



**Testimony before the Human Services Committee
February 26, 2008**

**Support SB 413
Oppose Sections 1 and 2 of SB 34**

Good afternoon, Senator Harris, Representative Villano, and members of the Human Services Committee. My name is Alicia Woodsby, and I am the Public Policy Director for the National Alliance on Mental Illness, CT (NAMI-CT). I am here today to speak in support of SB 413, An Act Establishing a Community Provider Rescue Fund Account and Community-Based Services Commission, and in opposition to Sections 1 and 2 of SB 34, An Act Implementing the Governor's Budget Recommendations with Respect to Social Service Programs.

Section 4 of SB 413 calls for an appropriation of \$135 million into the Rescue Fund, which is equivalent to a 9% Cost of Living Adjustment (COLA). NAMI-CT supports the 9% COLA for nonprofit community providers who represent half of the mental health and substance abuse service system. The Governor's budget provides **NO Cost of Living** increases for grants to mental health and substance abuse providers, which will only serve to further erode the delivery of basic services in our state. To keep providers in the service network, there must be a COLA for providers to realistically have the ability to maintain continuity of care and quality services for people in need. We are essentially forcing our nonprofit providers to cut back on staff and services. We cannot continue to chronically under-fund them any longer.

Section 1 of SB 34 deletes the requirement that DSS make medical interpretation a covered service under Medicaid. Inability to communicate with a health care provider can result in serious injury or death. An estimated 22,000 Medicaid recipients in CT face an additional barrier to accessing health care, limited English proficiency. This barrier also ends up costing our health care system because of the more costly interventions needed due to delayed or inaccurate diagnoses.

Section 2 of SB 34 would gut the current Medicaid definition of medical necessity by making it the same as the definition under the SAGA program, which is the same proposal put forth and rejected by this committee last year. This change in definition would deprive Medicaid recipients of medical care that they need to lead healthy and productive lives. These very low income CT residents cannot pay for health care services denied by Medicaid. Often they end up sicker and the care provided by Medicaid is more expensive.

We join a broad coalition of advocacy groups, healthcare experts, and legal advocate in opposing these cuts. I have attached our joint statement.

Thank you for your time and consideration.

PLEASE SUPPORT

1

Legislation that Improves Access to Quality Health Care for HUSKY Children and Their Parents by:

- Providing Continuous Eligibility for HUSKY Children to prevent these children from cycling in and out of the health care system.

2

Increase Eligibility for Aged, Blind and Disabled Medicaid

- Connecticut now only provides Medicaid coverage for people who are elderly and disabled with incomes of up to 60% of the federal poverty level (FPL).
- Last session, the Legislature raised the eligibility income for Medicaid for almost all other low income populations but did not raise the income eligibility for these very vulnerable people.
- We are urging the legislature to provide Medicaid coverage for people who are elderly and/or disabled with incomes up to 185% of the federal poverty level. This is the same income eligibility for the parents and caregivers of HUSKY children.

3

Oppose The Proposed Cuts to Medicaid/ HUSKY in the Governor's Budget

- The Governor's Budget deleted the requirement that DSS make medical interpretation a covered service under Medicaid. Inability to communicate with a health care provider can result in serious injury or death. An estimated 22,000 Medicaid recipients in CT face an additional barrier to accessing health care, limited English proficiency.
- The Governor once again proposed limiting the definition of medical necessity for Medicaid. This change in definition would deprive Medicaid recipients of medical care that they need to lead healthy and productive lives. These very low income CT residents can not pay for health care services denied by Medicaid. Often they end up sicker and the care provided by Medicaid is more expensive.

AARP, AIDS LIFE Campaign , CT AIDS Resource Coalition, CT Association of Area Agencies on Aging, CT Association of Human Services, CT Chapter of the American Academy of Pediatrics
CT Children's Medical Center, CT Community Providers Association, CT Conference of United Church of Christ, CT Hospital Association, CT Medical Society, CT Oral Health Initiative, CT Voices for Children, CT Women's Consortium, Latino Policy Institute of the Hispanic Health Council, Legal Assistance Resource Center of CT, National Alliance on Mental Illness-CT (NAMI-CT), National Association of Social Workers/CT Chapter, National Council of Jewish Women, Connecticut, National Multiple Sclerosis Society Connecticut Chapter, Permanent Commission on the Status of Women
Planned Parenthood of CT, St. Francis Hospital