



TESTIMONY BEFORE THE PUBLIC HEALTH, INSURANCE & REAL ESTATE AND
HUMAN SERVICES COMMITTEES REGARDING **H.B. 6600** -
AN ACT CONCERNING THE ESTABLISHMENT OF THE SUSTINET PLAN

March 2, 2009

Co-Chairs and members of the Public Health, Insurance & Real Estate and Human Services Committees, my name is Brian Ellsworth and I am President & CEO of the Connecticut Association for Home Care & Hospice (CAHCH), whose members serve over 100,000 elderly, disabled, and terminally ill Connecticut citizens. The Association is pleased to provide comments on H.B. 6600, which proposes to establish the Sustinet Plan.

The Association commends the authors of this proposal for their thoughtful approach to the vexing issue of providing comprehensive and cost effective health insurance option. The Association wishes to briefly highlight several issues raised by the Sustinet proposal.

First, we are very pleased to see that the “minimum standard benefits package” includes home health and hospice services. These are important cornerstones of any insurance plan. Both home health and hospice care have been repeatedly found to be cost effective and are strongly desired by the general public.

Section 6 of the bill introduces the concept of a “**medical home**,” with priority implementation for those enrollees that are **chronically ill**. The medical homes will focus on assisting chronically ill enrollees with self-management, provide care coordination across settings and be accessible on a 24-hour basis. These concepts are not new for home care and hospice providers...in fact we have been providing a “medical home” for patients in their own homes for many years. The Association strongly encourages the General Assembly to ensure that there is a central role for home health agencies in any health insurance reform approach that adopts a medical home model.

Section 5 of the bill discusses interoperable health information technology and section 8 focuses on prevention. The Association is hopeful that a properly structured health reform plan would motivate the widespread adoption of home-based **telemonitors** for chronically ill persons and increase rates of **immunization** of enrollees. Home health agencies have been successful in applying these prevention strategies to Medicare patients, but we have encountered roadblocks in the form of coverage limitations when attempting to do so for Medicaid patients.

Finally, we were pleased to learn that the Sustinet Plan intends to bring provider rates up to “market levels.” Commercial insurers and the Medicaid program are both notoriously low payers for home health care, necessitating that such care be subsidized from other sources – primarily the Medicare program. The penny-wise, pound-foolish practice of **inadequate reimbursement** by insurers and the State results missed opportunities for even bigger savings and enhancements to enrollees’ quality of life and should be ended in any comprehensive health reform plan.

CAHCH appreciates this opportunity to provide brief comments to the General Assembly as it embarks on a process of reforming the health care system. We are ready to provide assistance and further detailed comments as the process unfolds.

Thank you.