

**Testimony of
THE COMMUNITY HEALTH CENTER ASSOCIATION OF
CONNECTICUT (CHCACT)**

Before

**The Appropriations Committee
regarding the Department of Social Services Budget**

Presented by

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The Community Health Center Association of Connecticut has the privilege of representing twelve of the thirteen Federally Qualified Health Centers (FQHCs) in Connecticut. FQHCs provide critical access to and high quality primary care and preventive services to patients in underserved areas of our state regardless of ability to pay. To give you some idea of the scale of their work as an essential component of Connecticut's health care delivery system, it is important to note that in 2007 all 13 health centers in the state combined cared for almost 241,000 unduplicated users at over 100 sites across the state. This represents an increase of 70% since 2001 due to expansion of the number of centers and sites of service. Patient visit volume has increased 9% each year since 2003 to over one million visits last year for medical, dental and mental health services.

Connecticut health centers have been making many changes in order to be ready to step up to the challenge of caring for more Connecticut citizens as the demand for access to health services has grown steadily. Connecticut's FQHCs have utilized \$25.8 million in state bonds released in 2006 to add to or enhance infrastructure at their respective health center sites. Health centers have increased their office and clinical space, purchased new equipment, expanded their hours and hired more clinical providers. The timing of the American Recovery and Reinvestment Act could not be better as data shows that the health centers' medical user population grew by almost 8% annually in 2005-2007 and dental users grew by 13% annually for 2006-2007.

Medicaid patients make up nearly 50% of the population of patients served by FQHCs. The second largest percentage of patients at health centers are the uninsured. In 2007 Connecticut FQHCs cared for approximately 63,000 uninsured. Nearly 5-10% of all FQHC dental visits are to SAGA recipients --all of them adults.

The FQHCs have three main concerns as the biennial budget is crafted:

The elimination of Medicaid reimbursement for adult dental services other than emergencies will have a devastating effect on the FQHC dental practices. In 2007 and 2008, the Connecticut Health Foundation (CHF) funded an in-depth assessment of the dental practices at the nine CHCACT member centers that provide dental services. Approximately 125,450 dental visits are provided annually by those nine FQHCs. Nearly half of patients in those FQHC dental practices are adults. As a result of the CHF grant, we learned that because a large number of patients were presenting as emergency dental patients the health centers needed protocols to better manage same day appointments for emergency patients in an effort to reduce the impact these unscheduled patients were having on the efficiency and productivity of FQHC dental

practices. If not managed properly, emergency dental patients can quickly overwhelm the daily schedule and turn dental programs into "band-aid" practices. The proposed cut to Medicaid dental services for adults means the FQHCs must anticipate more emergency dental care which will further tax a system that struggles to be efficient and cost effective. In addition, the limitation of Medicaid reimbursement to adult dental emergencies will impose onerous documentation requirements to assure that the services provided are within the State's definition of dental emergencies and reimbursable. A high volume of emergency patients and treatments will not allow the health centers to meet their quality standards for completion of treatment plans for their patients. Practitioners forced to conform their practice to such a high volume of emergency patients are unlikely to stay in the FQHC practices that focus so heavily on Medicaid patients. Health centers efforts to recruit and retain staff to build these FQHC practices to handle a large volume of patients will be thwarted.

In addition, two of the proposed DSS budget changes will dramatically impact the FQHCs ability to function. Even now, for every paying patient the FQHCs serve, a patient who is uninsured also receives services. The rate of uninsured patients at FQHCs averages 45%. The FQHC mission and model focus on patients who are unable to pay for healthcare services.

Elimination of State-Funded Non-Emergency Medical Assistance to Non-Citizens will be drastically FQHC revenues. FQHCs are well known for the cultural and linguistic competencies of their staff. Diversity in the FQHC workforce meets the need for multilingual and multicultural providers in dozens of Connecticut communities. The current volume of non-citizens cared for at FQHC will be added to the count of uninsured patients.

Cost sharing requirements for HUSKY will further impact FQHC revenues. The FQHCs care for a patient population that is unable to pay co-pays and will likely become uninsured if required to pay increased premiums. The result will be greater losses for each patient visit. Health center uninsured visit volume has grown between 1998 and 2006 by 145%. Between 2006 and 2007 before the economic downturn, the volume of uninsured visits rose 10% in one year alone to 171,154 visits. CHCACT anticipates that the uninsured patient volume in 2009 will skyrocket. The cuts to the DSS budget will accelerate the growth of uninsured visit volume and decrease revenues beyond what the FQHCs will be able to absorb.

The FQHCs are deeply concerned that the General Assembly has an unrealistic expectation of the ability of health centers to absorb additional uninsured adult dental patients, additional uninsured non-citizens, additional uninsured children and families if cost sharing results in loss of insurance among the HUSKY population. CHCACT's member community health centers are very appreciative of the General Assembly's past support and on-going interest in preserving the statewide system of care that health centers offer Connecticut's neediest children and families. In this time of state and national economic crisis, however, as more and more people become unemployed the demand on FQHC services will be tremendous. On behalf of the patients and families currently served by FQHCs, we ask that the Committee be extremely cautious about any cuts to reimbursement that will destabilize the FQHC infrastructure which is so critical to public health at a time when so many Connecticut citizens must turn to the safety net.