

6151

TESTIMONY OF THE COMMUNITY HEALTH CENTER ASSOCIATION OF CONNECTICUT

BEFORE THE HUMAN SERVICES COMMITTEE

REGARDING HB 6151-AN ACT ENHANCING THE UTILIZATION AND EFFECTIVENESS OF FEDERALLY QUALIFIED HEALTH CENTERS LOCATED IN THIS STATE

PRESENTED BY

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CHIEF EXECUTIVE OFFICER

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Community Health Center Association of Connecticut (CHCACT) represents twelve of the thirteen federally qualified health centers in Connecticut, all of whom are part of a national initiative that pledges to expand the capacity of health centers to provide health care services for the underserved – those persons who are uninsured, underinsured or cannot afford insurance co-pays. 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.

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, it is imperative that the public be better informed of the existence of FQHCs. This bill which proposes to inform the public about health care services available at federally qualified health centers and assisting in collaborative efforts between such centers and local health care providers will assist the health centers in pursuing their mission to provide affordable, accessible health care to as many Connecticut citizens as possible.

Federally qualified health centers provide primary health care services—including behavioral/mental health and oral health care to any citizen, regardless of ability to pay. The FQHCs are structured by design to offer comprehensive services including enabling

services (case management, transportation and eligibility assistance) to care for hard-to-reach patient populations in a cost-effective and efficient system. For the past 40 years, FQHCs have provided access to quality care to vulnerable populations at a low cost to Connecticut taxpayers. In 2007, 13 FQHCs provided a medical home for 240,802 patients across more than 100 service delivery sites in Connecticut.¹ Connecticut FQHCs serve a diverse population in both rural and urban settings.

The General Assembly has recognized that health centers are an integral part of state health care reform. The state has expanded eligibility in the Medicaid program and has implemented a new state funded health insurance plan, the Charter Oak Health Plan, for low wage earners. FQHCs are the major providers of care to these newly enrolled members.

Fulfilling a state need such as access to health care is a complex process that involves more than a written statute or a portal to a doctor's office. In order to be effective, health care must be tailored to the needs of the individual or population that it serves, and a myriad of socioeconomic factors need to be addressed in order for individuals to have productive visits with their provider. Health centers are specially structured to provide this level of care. FQHCs can offer double-edged relief to the local economy—as a network of independent non-profits consisting of more than 100 health center sites across Connecticut, the FQHCs employ a large body of health professionals and ancillary workers and are purchasers of local businesses' medical products and services. This financial support will allow health centers to complete oral health projects that have been started in order to keep up with the increase of users; to implement or improve their health information technology (HIT) capacity and to create a sustainable system that is closely connected to the network of health care systems in Connecticut.

The challenge for the state will be to link those additional residents in need of medical services with the FQHCs. Local and state health agencies, legislators and health administrators will need to coordinate plans with providers, minimize duplication of services and maximize all federal matches and other resources to make it affordable to state tax payers. As these bills recognize, FQHCs are uniquely positioned to accomplish those three objectives and stand ready to work with the General Assembly to do so.

¹ 2006 UDS, Bureau of Primary Health Care, preliminary data.