

Testimony of Jamey Bell, Executive Director,
before the Human Services Committee

CONCERNING

*S.B. 843, An Act Implementing the Governor's Budget Recommendations concerning
Social Services*

March 3, 2009

Thank you, Senator Doyle, Representative Walker, and members of the Human Services Committee, for this opportunity to provide testimony concerning proposed appropriations which affect the health care programs for over 400,000 of the state's most financially and otherwise vulnerable people. I testify today for **CT Voices for Children**, whose mission is to promote the well-being of all of Connecticut's young people and their families by advocating for strategic public investments and wise public policies. I am also on the Board of Directors of the **CT Oral Health Initiative (COHI)** and a member of the **CT Coalition for Medical Interpretation (CCMI)**. Before last fall, I was a legal services lawyer for 26 years, and was lead counsel in *Carr v. Wilson-Coker*, a lawsuit which was settled in 2008 with significant increases in the fees paid to providers for children's oral health care in the Medicaid program.

I. CT Voices opposes elimination of non-emergency dental coverage for adults, and the imposition of prior authorization requirements for dental care, in the Medicaid program

The proposed 2009-2010 DSS budget eliminating adult dental coverage except in emergencies is poor fiscal, economic and public health planning because it is likely to result in:

- More emergency room visits to already overburdened hospitals, at much greater cost than non-emergency prevention and treatment. A study shows that when Maryland cut this segment of services back in 1993, dental visits to emergency departments increased 12 percent.
- Increases in painful, dangerous and expensive health problems-- including abscesses, infections, diabetes, heart disease, oral cancers, dental decay and gum disease—associated with lack of dental services and poor oral health.
- Worsening nutrition, particularly among elderly and disabled people.
- Transmission of bacteria that causes dental decay from mothers to their newborns.

Equally importantly, this cut would seriously undermine the progress made in just the last year toward improvements in *children's* access and utilization of services. Extensive efforts by advocates and policy makers, including the allocation of substantial additional financial resources, allowed the long-standing *Carr v. Wilson-Coker* litigation to be settled in 2008, with substantial increases in the payments for children's oral health care providers so that more of them could participate in the program. Already, since the increases took effect in April 2008, there have been significant increases in the number of providers available to children. The governor's proposed elimination of dental services for adults, and the institution of prior authorization requirements, undermines this progress in two ways. First, for young children of black and Hispanic mothers, dental care use is higher when

their mothers have a regular source of dental care. For low-income young children with Medicaid, increasing the mothers' access to dental care may increase the children's use of dental and preventive services, which, in turn, may reduce racial/ethnic inequalities in oral health.¹

Second, imposing a new administrative requirement on providers at a time when the state is trying to attract providers back into the system, is likely to undo progress made by the fee increases. Minimizing administrative burdens associated with participation in the Medicaid program was identified as a corollary necessary improvement, along with increases in provider fees.² This was achieved by "carving out" of oral health care services from the managed care program and operating the program through a third-party non-risk-based administrative services organization. Undermining this effort by imposing a brand new administrative burden, before the gains achieved by the recent program improvements have solidified, is a self-defeating, counter-productive move which will ultimately cost more in the end. Without greater access to providers, children will continue to experience difficulties obtaining lower-cost preventive care, leading to higher treatment needs, and the resultant higher costs.

Even in terms of saving money in the *short term*, the cut is misleading. The federal stimulus package increases the amount that Connecticut will be reimbursed for its Medicaid program during the next 9 calendar quarters. The FMAP will increase from 50 to at least 56.25 percentage point base rate increase (i.e 50 cents to 56.25 cents for each dollar spent in Medicaid).³ States with high unemployment (which includes CT) will receive additional percentage increases in their federal matching funds. Therefore, eliminating adult dental care coverage gives up opportunities to bring more federal matching money into the state for essential health services.

Furthermore, this cut foregoes opportunities in the newly enacted Children's Health Insurance Program (CHIP) bill to increase matching funds for adult pregnant women covered by Medicaid. Connecticut may be able to claim the CHIP matching rate (65 cents on the dollar) for pregnant women above 185% FPL. Currently, Connecticut covers pregnant women with family income under 250% FPL under Medicaid. Eliminating dental coverage for adult pregnant women therefore gives up a potential 65% federal match for women whose poor oral health may negatively impact their infants. In reality, now that the state has increased federal Medicaid funds available to it for the next two years, every dollar of "savings" in Medicaid saves the state fisc even less than it did before.

II. CT Voices opposes elimination of funding for medical interpreters in the Medicaid program, and the plan to defy state law requiring the amendment of the

¹ David Grembowski, Charles Spiekerman and Peter Milgrom, *Linking Mother and Child Access to Dental Care*, *Pediatrics* 2008;122:e805–e814, available at www.pediatrics.org/cgi/content/full/122/4/e805; Amina P. Alio, PhD and Hamisu M. Salihu, MD, PhD *Maternal Determinants of Pediatric Preventive Care Utilization among Blacks and Whites*, *JAMA*, Vol. 97, No. 6, June 2005

² James J. Crall, DDS, ScD & Burton L. Edelstein, DDS, MPH, *Elements of effective action to improve oral health and access to dental care for Connecticut's children and families*, Connecticut Health Foundation, 2001, available at <http://www.cthealth.org/matriarch/documents/oralhealthsum.pdf>

³ I. Lav, E. Park, J. Levitis, M. Broaddus, Center on Budget and Policy Priorities, *Recovery Act Provides Much-Needed Targeted Medicaid Assistance to States*, available at www.cbpp.org/2-13-09sfp.htm

Medicaid state plan to include foreign language interpreter services as a covered service

The proposed budget recommends cutting funding for interpreters under Medicaid, and states that “DSS will not amend the Medicaid state plan to include foreign language interpreter services as a covered service under the Medicaid fee-for-service program.” This is another short-sighted cut which is likely to instead *increase* costs, both financial and health, rather than save money.

The inability to communicate with a health care provider can cause serious injury or death. An estimated 22,000 Medicaid recipients in Connecticut have limited English proficiency. Sixty-five different languages are spoken by low-income residents with limited English proficiency (LEP) in Connecticut. When qualified interpreters are not available, patients and providers resort to using untrained staff, friends, or family members, including children. This can result in misdiagnosed or undiagnosed medical conditions, delayed or inappropriate care, medical mistakes, and higher costs for the entire system.

Furthermore, as with eliminating adult dental, this cut potentially decreases the federal matching funds available under the CHIP program. Under the new CHIP appropriation, Connecticut would be able to claim *75 cents* on every dollar spent on translation and interpretation services to help individuals enroll and renew Medicaid and HUSKY A and B coverage and to use medical services.

Finally, again, as in the last two years, this budget proposes to defy clear state law—Public Act 07-185, codified at Conn. Gen. Stat. Section 17b-128e-- requiring the DSS to amend the Medicaid state plan to add medical interpretation as a covered service. Currently, in the HUSKY program, the managed care organizations are charged with providing interpreter services within the administrative costs portion of their capitated payments. The policy reasons for making medical interpretation a covered service are clear: monitoring cost, access, utilization and quality is facilitated by the transparency and certainty of providing, and paying for, the service on a individual unit basis.

But beyond this concern is the *wholesale lack of any medical interpretation system* for the fee-for-service population, i.e. disabled adults and the elderly. This intentional refusal to make the service a covered service, despite repeated legislative directives to do so, flies in the face of sound fiscal and health policy. But the state’s intentional refusal to provide the service for an entire Medicaid population—the fee for service population—is especially problematic and may raise legal problems.

III. CT Voices opposes elimination of independent HUSKY performance monitoring (elimination of “Children’s Health Council Account”)

The proposed budget eliminates the Children’s Health Council account, claiming the funding is “to provide analyses of trends in HUSKY eligibility and to coordinate outreach activities.” This description is inaccurate: the analyses performed by the former Children’s Health Council, now by CT Voices for Children, are actually the only *independent* analyses of **utilization** of services that currently takes place. DSS’ reports to the Medicaid Managed Care Council, on an annual or even less frequent basis, are a compilation of the managed care organizations’ self-reported numbers of

members' use of services. DSS itself does not conduct independent assessment of the reports' accuracy, or any other performance monitoring in the nearly \$800 million dollar HUSKY program.

As the attached Voices' Policy Brief "Ensuring Accountability and Access to Care in the HUSKY Program Through Independent Performance Monitoring", February 2009, details,

Without independent tracking and oversight, families in HUSKY A may not get the care they need and *no one will know*. For families enrolled in HUSKY's managed care plans, the state pays a monthly fee for each HUSKY member, *whether or not the member receives any health services*. An analysis of HUSKY health care found that in 2007, the state paid millions of dollars for HUSKY members who did not get care. Nearly 16,000 children aged 2 to 19 (11% of all children in HUSKY A for the entire year) did not have *any care at all*, even though Connecticut paid the managed care plans over \$38 million to provide care for these children.

In addition, during a time of tremendous and potentially confusing changes in the system, as has occurred over the past year, maintaining independent performance monitoring can ensure accountability. After shifting all health care management *out* of risk-based managed care plans for the first time in the history of HUSKY, management has recently returned to at-risk managed care plans. There are also now three benefits (pharmacy, mental health and dental) carved out of managed care, and a pilot "primary care case management" system. Without the continuation of independent performance monitoring, it will be difficult if not impossible to assess the effects of these systemic changes on access to care.

IV. CT Voices supports maintenance of maximum funding for Early Care and Education, the development of a uniform reporting form for preschool and child care programs, and delay in implementing quality improvement systems until funding is available

The proposed budget appears to recognize the importance of continued funding early childhood care and education programming even in the face of great economic hardship. Continued support for programs like the State Funded Child Care Centers, Care 4 Kids, Head Start and the Family Resource Centers shows a recognition of the need to protect the state's most vulnerable population – children. These programs are vital to our extended economic viability as they not only serve as a critical link in providing early learning skills for children but are also an essential resource for working families. While appreciative that the budget is hold-harmless in many of these line items, it would be remiss to not acknowledge the fragility of the early care world and that a drop off in any one of these funding streams would create a fiscal nightmare that could jeopardize entire centers and programs.

In the coming months new federal funds will be available to the state as a result of the federal economic recovery package. As part of Connecticut's Early Childhood Alliance, Voices urges that the increased Child Development Block Grant funding not be used as a replacement for state funds currently allocated. This grant should be instead used to allow DSS to grant a parent who becomes unemployed the ability to continue to receive a childcare subsidy under Care4Kids for a period of time that is consistent with the period of unemployment benefits eligibility (26 weeks). Availability

of extended childcare benefits is especially important at a time of unemployment because the childcare setting can provide a child a stable environment during a time of certain economic and other stress for the family. Equally important is that extending childcare benefits allows *the child* to continue receiving quality early care and education, preparing the child for future educational success, and productivity as an adult worker.

Connecticut Voices for Children also strongly supports development of a uniform reporting form for all preschool and child care programs receiving state funding, for ease of administration and for accountability. This type of regulation change would not only create a stronger early childhood education system but would also allow for state dollars to be maximized on services to children as opposed to cumbersome bureaucracy.

Finally, while Voices stands behind critical steps taken in the past to improve quality in the early care system – such as the Quality Rating and Improvement System as well as increased workforce requirements – we oppose their implementation in a time where no resources can be provided to achieve these aims.

My colleague Sharon Langer, Senior Policy Fellow at Voices, will testify about other areas of the HUSKY budget.

Thank you very much for the opportunity to testify today.

