Connecticut Academy
of Family Physicians

Statement concerning

House Bill 5172 – An Act Establishing the Connecticut Healthy Steps Program
And
House Bill 6600 – An Act Concerning the Establishment of the SustiNet Plan

Public Health, Insurance and Real Estate, and Human Services Committees

March 2, 2009

This statement is being submitted on behalf of the 700 members of the Connecticut Academy of Family Physicians concerning House Bill 5172 – An Act Establishing the Connecticut Healthy Steps Program and House Bill 6600- An Act Concerning the Establishment of the SustiNet Plan.

As the state affiliate of the American Academy of Family Physicians, we have worked with our national organization to put together a comprehensive and sound universal health care proposal. We hope that when this legislature is adopting its own version of universal health care that you make sure that the plan covers all Connecticut citizens and assures basic services for everyone including the following:

- Prenatal/maternity care including medically necessary inpatient prenatal & maternity care)
- Well baby/child care
- Evidence-based childhood & adult immunizations
- Evidence-based periodic evaluation & screening services (e.g. routine physical examinations & cancer screening
- Outpatient physician services & visits

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- Services in hospital outpatients department (e.g. emergency departments)
- Services in ambulatory centers (e.g. ambulatory surgery centers)
- Outpatient laboratory & radiology services
- Outpatient mental health services
- Outpatient prescription medications

In addition, we advocate that any plan also includes the following:

- Protects everyone against extraordinary medical costs.
- Leaves in place the current insurance market, including employer-based insurance, individually purchased insurance, medical savings accounts and the choice of opting out of coverage for services other than those assured by the basic benefits package and for costs below the extraordinary costs coverage threshold.
- Establishes a public/private oversight body, a state health board, to determine the extent of coverage under the basic benefits package, ensure that the entity designated to administer the plan does so appropriately and amend the basic benefits package over time based on evidence and outcomes data.
- Implements a payment system for services covered under the plan using a resource-based relative value system with a single conversion factor that is adequate for covered services.
- Promotes the expectation that every patient should have a personal physician, a family doctor, as their usual source of care.

We would also like to comment on a provision included in the SustiNet plan that we particularly support – the "medical home". The American Academy of Family Physicians developed the concept of the "medical home" and believes that everyone should have a personal medical home that serves as the focal point through which all individuals -- regardless of age, sex, race or socioeconomic status -- receive acute, chronic and preventive medical services. Through ongoing relationships with a family physician in their medical home, patients can be assured of care that is not only

accessible but also accountable, comprehensive, integrated, patient-centered, safe, scientifically valid, and satisfying to both patients and their physicians.

As adopted by AAFP and the American College of Physicians, American Academy of Pediatrics and American Osteopathic Assn. which together represent 333,000 physicians the medical home should include: 1. a personal physician who provides first contact and continuous care; 2. physician-directed practice, in which the personal doctor leads a team at the practice level; 3. whole-person orientation, with the physician providing or arranging for care for all stages of life, including end-of-life care; 4. coordinated care across the health system; 5. quality and safety, with evidence-based medicine guiding decision-making and utilization of information technology; 6. enhanced access to care through systems such as open scheduling and expanded hours; and payment that recognizes the value of a patient-centered medical home.

We understand that enacting universal health care will not be an easy task. We hope as you move towards final legislation you consider the above points and proposals. We would welcome the chance to work with you.

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