

State of Connecticut

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Good morning Chairman Harris, Chairman Ritter, Senator Debicella, Representative Giegler and distinguished members of the Public Health Committee. For the record, I am State Comptroller Nancy Wyman and I would like to thank you for the opportunity to testify on several initiatives before the Committee today.

For the last several years in Connecticut and across the nation we have been attempting to address the problems of access to health care and the uninsured. The current economic uncertainty and the increase in the number of people without healthcare has shown a spotlight on the enormity of health care problem providing the spark needed to begin to transform our health care system immediately.

Access to care eludes the nearly 46 million citizens who remain uninsured in America. More than 8.6 million of those that go without care are children, mostly from working, low-income families. At a staggering cost of \$2.3 trillion per year, we are faced with a serious threat that strains our budgets daily and will impact the economy for years to come.

The dialogue occurring, both here in Connecticut and in the halls of Congress, will hopefully generate new innovations and practical solutions to this complex issue. As elected officials, we grasp the significance of the problem of providing affordable health care.

I support **House Bill 6675, "An Act Increasing Access to Health Care in Connecticut."** This piece of legislation would require the Commissioner of Social Services Office to work in collaboration with the Comptroller and the Commissioner of Public Health to recommend to the legislature initiatives to most effectively use the temporary increase in health care funds as a result of the federal stimulus package.

The intent is to spend these funds in a manner that has the greatest impact on improving access to health care. We would be tasked with examining provider reimbursement rates, the expansion of existing programs, ways to improve the delivery of care and developing health information technology. In particular we would be making sure Connecticut gets its fair share of federal health care funds.

The Office of the State Comptroller is in a unique position to bring new and innovative ideas to the table. As the need to transform our healthcare system has become more urgent, I have recently restructured my office to establish the Healthcare Policy and Benefits Services Division. In part, this new division is charged with analyzing the numerous health care proposals and initiatives that are being put forth here and across the nation and help identify solutions for the citizens of our State.

I am also testifying with regard to **Senate Bill 678, "An Act Concerning Health Care Cost Containment."** Section 1 of this bill would create the Connecticut Health Care Cost Containment Authority, a quasi-public agency, responsible for developing a wide-ranging model of healthcare reform in our state. I am very concerned about the creation of an agency outside the purview of the state that has significant administrative authority over tax payer dollars. Recent history has demonstrated that the lack of oversight can lead to abuse and excesses. The "Quasi-Public" nature of this type of entity would give enormous responsibility to individuals that are not employed by the state or elected to the positions at which they serve. In addition, at a time when the State is facing overwhelming budget shortfalls, removing funds from the general fund will result in increased costs to the State because those funds are not earning returns that would normally be credited to the general fund. It may also cause duplication, for example the state would also need personnel in order to report to the federal government on the expenditure of funds.

In addition, Section 3 of this bill would require the Comptroller to work in collaboration with the Commissioner of the Department of Social Services to implement a shared decision making demonstration project and for the Commissioner of Social Services to report to the Legislature on the status of the demonstration project. The shared decision making appears to be an effort to ensure that the patient is fully informed on all aspects of a course of treatment and that as a result will reduce medical costs. I believe there are some unanswered questions regarding this proposal and I am happy to meet with and work with the Committee to further refine and clarify this concept.

Lastly, I'd like to testify in support of **House Bill 1121, "An Act Concerning Mental Health Parity and the Administration of the Charter Oak Health Plan."** This bill would include coverage of mental health services, consistent with the state's mental health parity law, in the Charter Oak Health Plan. Denying individuals coverage for mental health should not be the manner in which we contain health care costs. As we look for ways to increase the number of insured individuals and families in Connecticut, we must be mindful to provide care that is both affordable *and comprehensive*.

Thank you for the opportunity to comment on these proposals.