

Testimony of
THE COMMUNITY HEALTH CENTER ASSOCIATION OF
CONNECTICUT (CHCACT)
Before
The Appropriations Committee
regarding the Department of Social Services Budget
Presented by
Evelyn A. Barnum, J.D., Chief Executive Officer
March 4, 2011

The Community Health Center Association of Connecticut has the privilege of working with all 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. They are a large and absolutely critical component of Connecticut's health care delivery system. In 2009, 13 health centers in the state combined cared for over 289,000 unduplicated users and provided well over one million visits.

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 2009 Connecticut FQHCs cared for approximately 59,000 uninsured and provided 200,000 visits to these uninsured.

The FQHCs have several concerns with the Department of Social Services budget as proposed.

Cost sharing requirements for HUSKY will directly impact FQHC revenues. The FQHCs care for a patient population that is unable to pay co-pays. Any co-payment required is a **DIRECT REDUCTION** to their reimbursement. 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. In 2010, the uninsured patient visits reached over 216,000. The cuts to the DSS budget, combined with draconian cuts of 62% to the DPH funding for services to the uninsured, will decrease revenues beyond what the FQHCs will be able to absorb. Health centers "take all comers" regardless of the patient's ability to pay. The patients who have relied on health centers for many years and new patients, who seek out their services, will receive services whether or not they are able to pay the co-payments. Health centers will bear the additional burden for the unreimbursed portion of their services. In addition, they will have to re-double their efforts to assist patients in complying with their medication regimens. Currently, health centers rely on the 340B prescription medication discounts they can access for patients, patient assistance programs and philanthropy to assure their patients can obtain the medications they prescribe. The proposed co-payments for medication will be an additional cost health centers will scramble to cover because they know their patients will not be able to afford these costs.

Changes in Benefits for Medicaid Low Income Adults

Nearly 10% of all FQHC patients are for Medicaid Low Income Adults. As the number of persons enrolled in MLIA continues to grow this percentage will increase. Health centers are key providers to Medicaid Low Income Adults who for decades have been their patients under the State Administered General Assistance (SAGA) program.

Health centers do not differentiate their patients' care based on pay source. If an "alternative benefit package" for MLIA is instituted, it is unrealistic to imagine health centers will be able to or would want to manage the care of those patients differently. It will be a distinction without a difference. **All Medicaid enrollees should have the same benefit package.**

The FQHCs are deeply concerned that the General Assembly has an unrealistic expectation of the ability of health centers to absorb a barrage of revenue losses. CHCACT's member community health centers are very appreciative of the General Assembly's past support and ongoing interest in preserving the statewide system of care that health centers offer Connecticut's neediest children and families. In this time of state and federal budget cuts, the demand on FQHC services remains tremendous. On behalf of the patients and families currently served by FQHCs, we ask that the Committee be extremely cautious about co-payments and benefits changes that will over-stress and 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.