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**TESTIMONY OF SHELDON TOUBMAN CONCERNING H.B. 5560 (REQUIRING AN  
EVALUATION OF THE MEDICAID PROGRAM)**

Good afternoon, Members of the Human Services Committee:

My name is Sheldon Toubman, and I am a staff attorney with New Haven Legal Assistance Association. I am testifying concerning H.B. 5560, which would require a thorough evaluation of the Medicaid program by July 1, 2012. In light of the announcement on February 8<sup>th</sup> by the Malloy Administration of a major restructuring of the entire Medicaid program, which would not go into effect until July 1, 2011, and which will inevitably require some adjustments going forward, there is a serious question as to whether an evaluation along the timelines in the bill is appropriate: the evaluation will have to mostly be conducted in the spring of 2012, just as the completely revamped program is rolling out. It perhaps would make more sense to delay the completion date for that evaluation by another year.

Nevertheless, if such an evaluation is to take place, either by July 2012 or thereafter, we suggest some additional language to the bill to ensure that the bill's goal of a truly objective evaluation is met. Specifically, in order to remove the conflict of interest that many consultants in the Medicaid area have owing to their providing services to Medicaid managed care organizations, we urge that the language be buttressed with an exclusion for such entities. Even if they are not at the moment consulting with such entities, if they have in the past and likely will in the future, they have to be very cautious in not suggesting that a Medicaid program can run well without involving such entities, and thus will likely be biased toward a negative assessment of the newly non-risk Medicaid program. We have seen too many cases of consultants who, while nominally "independent," write their reports with an eye toward being hired by managed care organizations or insurers in the future — or not alienating existing clients who are such entities.

We also would recommend excluding as an "independent organization" any consultant which has contracted with the Department of Social Services in the past. The Department has taken strong positions in the past as to what model of health care delivery is appropriate, and has enlisted purportedly independent evaluators to produce evaluations which supported those predetermined positions. In any event, any entities which have contracted with the Department in the past will be concerned with saying anything which might alienate their former (and potentially future) client.

Accordingly, if the bill is to proceed, we recommend that this additional language be added:

"Provided, however, that no organization which, directly or through an affiliate, subsidiary or parent organization, has consulted to any managed care organization, insurance company or the Connecticut Department of Social Services, shall be contracted to conduct this evaluation as an independent organization."

While it may be inappropriate for a full evaluation of the Medicaid program to be conducted any time in 2012, since everyone shares the goal that any evaluation of the Medicaid program, no matter when conducted, must be objective, we believe this additional language is necessary in order to ensure that policy-makers receive a meaningful evaluation which can be relied upon.

Thank you for the opportunity to speak with you today about this important matter.