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In Support of Raised Bill Nos. 6308 and 6305**

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Thank you for this opportunity to address the Committees regarding Raised Bill Nos. 6308 and 6305. Because we see these two Bills as inextricably intertwined, we ask your indulgence in allowing us to address both of them simultaneously.

Advocacy for Patients with Chronic Illness provides free information, advice and advocacy services to patients with chronic illnesses. It is rare that a day goes by when we don't get asked to help someone manage the costs of caring for a chronic illness. Even with insurance, copays and items not covered by insurance are crippling. But more universally, the high cost of insurance itself is the greatest burden. Our group insurance, which we obtain through MEHIP, costs \$1148 per month per person. That's \$14,000 per employee per year. This is unsustainable and has hampered our ability to grow our nonprofit business. Thus, we testify here not only on behalf of consumers, but as a consumer who would be greatly benefited by the passage of either of these Bills.

We are at a very exciting juncture in Connecticut's health care history. Congress passed landmark health insurance reform on March 23, 2010. The Patient Protection and Affordable Care Act (PPACA) takes very important steps towards ensuring expanded coverage by eliminating pre-existing condition exclusions and providing tax credits for consumers who cannot afford insurance on their own, as well as a host of consumer protections and benefits. PPACA takes some important steps towards reducing the rate of growth of the cost of health care, as well. However, it does not do enough in the area of cost and, in particular, the cost of insurance itself.

Connecticut can finish the job. And by implementing the Connecticut Healthcare Partnership – especially by implementing the Partnership's pooling mechanism¹ through the Sustinet Plan – we will. By doing so, we will become a national leader in health care cost containment while preserving quality and access. Governor Malloy already has taken a huge step forward in announcing that the HUSKY plans and Charter Oak will be converted from managed care to a self-insured model. By implementing the Partnership through Sustinet, you can take us the rest of the way. You can make history. In Vice President Biden's words, "this is a big f&%#@ deal."

Both the Partnership and Sustinet would build upon the state employee plan to offer a new alternative to non-state public employers, nonprofit employers, and small businesses.

¹ The Partnership would create one large pool with the state employees, non-state public employers, nonprofit employers and small businesses, whereas Sustinet would create three pools: the state employees, HUSKY and Charter Oak, and a third for non-state public employees, nonprofits, and small businesses.

They do so without in any way diluting the coverage for which the state employees have bargained. You have been presented with detailed economic analyses that show that this would save the state a tremendous amount of money. It also would reduce insurance premiums by spreading risk over larger pools of people. Study after study has shown that pooling is absolutely central to reducing premiums. In one fell swoop, with these Bills, you will guarantee that employers who currently cannot afford insurance will be able to do so. And since you have endorsed pooling in the past, with implementation hampered only by a veto pen that will not be used again with respect to this legislation, we trust that we needn't say much more about the need to take the step of building upon the state employee plan to create new alternatives to non-state public employers, nonprofit employers, and small businesses.

But there is more to say, because you also have an opportunity to take that step through a remarkable plan that many experts have spent years designing: Sustinet. Since I cannot sing the praises of all of Sustinet in what's left of my three minutes, I would like to focus on the section that means the most to the chronically ill, section 11 of Raised Bill 6305.

Chronic illness accounts for 75% of every health care dollar spent in the United States. Without addressing the cost of chronic illness, we cannot control health care costs. In addition, we know – the studies are clear – that patients who participate in their own care are more compliant with doctor's orders and, thus, they achieve better health outcomes. Thus, it is axiomatic that designing ways to encourage patients to participate in their own care will help to control health care costs.

The architects of Sustinet knew this, and from the very start, they have built patient-centeredness into the plan. In the many hours I have spent over the past year on the Sustinet Medical Homes Advisory Committee studying the benefits of patient-centeredness, I have come to believe that encouraging providers to transition to patient centered medical homes is the right way to achieve patient-centeredness. Patients with chronic illnesses are taught self-regulation, learning to monitor and manage their own care. A provider is available 24/7, at least by telephone, to address emergent questions, reducing the use of emergency rooms. Care is provided in culturally and linguistically appropriate ways. And most significantly, the patient is not required to coordinate his or her own care among providers. The primary care physician is the patient's partner, ensuring that providers share information about the patient as appropriate; that transitions from hospital to home are managed well to avoid hospital readmissions; that the patient receives all preventive care services; that mental health care is provided when needed; and that patients' needs are met not only in the doctor's office, but also at work, at school, and in the community.

This is not just touchy-feely nonsense. Nor is it even solely about the quality of care – although it most certainly is about that. Patient-centered chronic care plans like medical homes save money because they improve health outcomes.

Thus, while we certainly support the creation of the Connecticut Health Partnership, we urge you to fulfill the goals of pooling through Sustinet implementation. In so doing, you will promote the health of all of Connecticut's citizens, expand access to health insurance by making it more affordable, and take a significant step in controlling the growth of health care expenditures.

It simply is the right thing to do.