



Community Health Center Association of Connecticut

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Testimony of

THE COMMUNITY HEALTH CENTER ASSOCIATION OF CONNECTICUT (CHCACT)

Before

The Human Services Committee

Regarding House Bill 5450: An Act Establishing a Basic Health Plan

Presented by

Evelyn A. Barnum, J.D., Chief Executive Officer

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The Community Health Center Association of Connecticut (CHCACT) has the privilege of working with all Federally Qualified Health Centers (FQHCs) in Connecticut. FQHCs provide critical access 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 2011, 14 health centers in the state combined cared for over 328,000 unduplicated users and provided well over one and a half million visits.

CHCACT supports this legislation to create a State Basic Health Plan (SBHP) and to do so *this session* in preparation for full implementation in 2014. An SBHP – an option under the Affordable Care Act – would provide another option for health coverage for individuals who are ineligible for Medicaid, but who may have difficulty affording insurance on the private market, or even with subsidies through the upcoming Health Insurance Exchange. Specifically, SBHP could be offered to individuals between 133% and 200% of federal poverty level (about \$30,000 to \$46,000 for a family of four), often the working poor. The program could be funded entirely with federal funds and, as contemplated by this proposal, would mirror the state Medicaid plan. It is estimated that almost 75,000 state residents would be eligible for a SBHP and the comprehensive health care it would provide.

FQHCs specifically focus on populations under 200% of federal poverty level. For example, using 2011 data from nine FQHCs, the majority (53%) of their patients reported being under 100% FPL; an additional 26% were between 100% and 200% FPL. (Notably, only 4% were over 200% FPL. Sixteen percent of patients did not report their income). Almost 24% of these reporting health centers' patients were uninsured, most of whom are likely over 100% of FPL, and would benefit from a State Basic Health Plan.

Close alignment between the SBHP and Medicaid is critically important for FQHCs because it has been their experience that the populations served by FQHCs go on and off Medicaid depending on their circumstances. Assuring that the benefits, cost sharing, eligibility/enrollment and network of providers for the SBHP be similar and/or identical to the Medicaid program is

essential to provide continuity of care for Connecticut citizens whose income is between 133% and 200% FPL.

FQHCs fully support the State's efforts to reduce the number of uninsured Connecticut citizens and thereby reduce health care costs by linking patients to medical homes, reducing inappropriate use of emergency department services and reducing the number of avoidable hospitalizations. These goals are best realized by providing the coverage and access that a SBHP would provide.

Some will argue that passage of this legislation is premature, that additional information is needed before full design of an SBHP is attempted. However, I would recommend that the Legislature pass this proposal this session, in order to provide the time needed to properly design the SBHP and ensure coordination with existing programs. Waiting to pass this legislation until next year simply delays that process.

On behalf of the patients and families currently served by FQHCs, we ask you to support this legislation through this Committee and to passage and implementation. *CHCACT's* member community health centers are appreciative of the Committee's support and ongoing interest in preserving and improving the statewide system of care for Connecticut's residents.

Thank you.