State of Connecticut
OFFICE OF THE SPEAKER
LEGISLATIVE OFFICE BUILDING, ROOM 4100
HARTFORD, CONNECTICUT 06106-1591

Testimony of Speaker of the House Christopher G. Donovan
To the Human Services Committee in support of:

HB 5453, ***AAC Domestic Violence and Trauma-Informed Care***
HB 5450, ***AA Establishing a Basic Health Program***
SB 392, ***AAC Pharmacy Medicaid Reimbursement***

March 13, 2012

I appreciate the opportunity to express my support for some of the many important proposals before you this session.

HB 5453, ***AAC Domestic Violence and Trauma-Informed Care***
This legislation, along with a bill that will be filed with the Judiciary Committee in the coming days, comprise the 2012 legislative recommendations of the Speaker's Task Force on Domestic Violence. The bipartisan task force has met with many advocates, survivors, judges, prosecutors, attorneys, law enforcement officers, support service providers, and state agency staff. In 2010, this input helped shape the most sweeping changes to our domestic violence statutes since the Tracey Thurman Law passed in 1986. We have seen a lot of progress since 1986, but tragically, domestic violence continues to plague families in all of our communities. From 2010 to 2011, the Connecticut Coalition Against Domestic Violence service providers served 54,178 victims, providing emergency shelter, counseling and legal advocacy.

Recent studies have shown a strong link between untreated traumatic exposure and poor health outcomes, incarceration, unemployment and violence. I was pleased to learn that the Department of Children and Families was recently awarded a five-year $3.2 million federal grant to enhance the agency's capacity to identify and respond to children who have experienced trauma and to enhance access to evidence-based best practice interventions in the community. Consistent with this approach, this bill implements a standard definition of trauma-informed care to address some of the short and long term impacts of domestic violence.

This bill also requires the development of a public service announcement, within available appropriations, to raise awareness of teen dating and domestic violence. Although funds are tight, I am confident that working collaboratively, we can identify partnerships to support the production of this important community outreach tool.

Over the last few years, the task force has worked to expand staffing so that trained personnel are present at the state's emergency domestic violence shelters 24 hours a day, seven days a week. I would like to thank the Governor for maintaining this funding in his proposed budget adjustment for fiscal year 2013. The presence of support staff can mean the difference between keeping a victim safe and that victim returning to his/her abuser and the cycle of violence.

I would like to take this opportunity to express my appreciation to the members of the Domestic Violence Task Force, including those who serve on the Human Services Committee: Task Force Chair Rep. Mae Flexer, Rep. Peter Tercyak, Sen. Anthony Musto, Rep. Clark Chapin, Rep. Michelle Cook, Rep. Christopher Lyddy, and Rep. Terrie Wood.

HB 5450, ***AA Establishing a Basic Health Program***
The Basic Health Program (BHP) option is available under the federal health reform law to help states cover low-income adults with family incomes between 133 and 200 percent of the federal poverty level (FPL), who do not have access to employer-sponsored coverage, Medicaid or Medicare. The federal government will provide states with 95% of the premium and cost sharing subsidies it would have provided to this population if they were to purchase insurance in the exchange. The federal law gives states substantial flexibility in designing their programs. This bill provides for the design of Connecticut's plan within available federal funds. It also provides for the state to move eligible HUSKY beneficiaries to the Basic Health Program, receive a higher reimbursement rate and provide wraparound services to cover cost-sharing if applicable. Any excess federal funds are required to be put back into the program to increase provider rates and lower applicable cost sharing.

The Basic Health Program proposal responds to concerns that participating in the exchange will be unaffordable to this low-income population, even if subsidies are provided, as a single person in this category only earns $14,856-$22,240 a year. It is likely that hourly wage earners will churn between Medicaid and various subsidy levels on the exchange as their earnings change from month to month. In addition to creating an administrative burden on the Medicaid program, this puts a vulnerable population in jeopardy for interruptions in coverage that may leave them without a primary care provider or without needed prescriptions, working against our efforts to improve access to routine care and keep people out of emergency rooms. Churning will also put this population at risk for additional tax liability as their eligibility for tax subsidies changes from month to month.

Implementing this option reduces the number of people in the individual market who are eligible for the exchange, but is likely to reduce premiums by improving the health of the overall pool, as adults under 200% FPL tend to have greater health needs. This proposal is a win for low income adults and the state General Fund and I urge your support.

SB 392, ***AAC Pharmacy Medicaid Reimbursement***
This bill would increase the reimbursement rates for independent pharmacies under the Medicaid program. Connecticut sets pharmacy reimbursement rates for Medicaid and other medical assistance programs based on a discount off the average wholesale price (AWP). Currently, all pharmacies are reimbursed for brand name drugs at a rate of AWP minus 16%. This bill would increase the reimbursement rate for independent pharmacies. A number of states use different reimbursement rates based on type of pharmacy or Medicaid volume. I would encourage the committee to support this bill and the steps it takes to support local independent pharmacies serving our vulnerable Medicaid population.

Thank you for the opportunity to submit testimony. I urge the committee to support these important proposals.