



**AARP Testimony in Support of
S.B. 425, An Act Concerning a Basic Health Program
Public Health Committee
March 21, 2012**

AARP is a membership organization that helps people 50+ live their best life. We are a nonprofit, nonpartisan social mission organization with nearly 600,000 Connecticut members. Our mission includes support for innovative ways, such as Basic Health Programs, to deliver affordable quality health care.

We are pleased that the Public Health Committee has raised S.B. 425 to establish a Basic Health Program (BHP) in Connecticut. Overall, we believe the approach outlined in S.B. 425 would maximize consumer benefits, limit cost-sharing, and establish critical consumer safeguards. AARP supports the legislative oversight and approval process outlined in section 2, and we strongly support using available funds to increase provider rates. However, we would recommend that you ask the Committee, established in subsection 1(d), to evaluate transition issues for individuals that move between Medicaid and BHP.

AARP supports the intention in section 1(b) to offer consumers the same “benefits, limits on cost-sharing and other consumer safeguards” available for Medicaid beneficiaries. While this decision will partly depend on the federal subsidies available to fund BHP, we believe every effort should be made to maximize benefits, minimize cost-share and enhance consumer protections.

S.B. 425 also requires legislative oversight and approval of the Basic Health Program in Section 2. This approval process will provide consumers and advocates an additional opportunity to give feedback and share best practices from other states.

Additionally, AARP is pleased that S.B. 425 recommends using available funds to increase provider reimbursements rates, which should help address concern over health care access and the availability of doctors to treat BHP clients. AARP strongly supports this approach, however, we urge legislators to develop a system to ensure that individuals transitioning between Medicaid and the BHP (due to fluctuating income) do not experience gaps in coverage, alterations in health care providers, or any interruption in ongoing treatment.

For example, if the BHP pays higher rates than Medicaid, some health care providers will accept BHP clients but not Medicaid clients. This could result in some individuals losing their doctors, if they later become eligible for Medicaid. AARP recommends that the Committee established under section 1(d) evaluate the issue of transitions to ensure a seamless transition between Medicaid and BHP. This makes sense because that Committee already includes Medicaid and BHP providers.

Overall, S.B. 425 establishes a solid framework for BHP. AARP is pleased to support this effort and looks forward to working with you on future implementation. Thank you.