

**Testimony of the Connecticut Association of Directors of Health**  
*In Support of Raised Bill 425: An Act Concerning a Basic Health Program*  
To the Distinguished Co-Chairs and Members of the Public Health Committee  
March 21, 2012

Good afternoon, Senator Gerratana, Representative Ritter, and members of the Public Health Committee. My name is Patrick McCormack and I am President of the Connecticut Association of Directors of Health (CADH) and the Director of the Uncas Health District, serving the towns of Bozrah, Griswold, Lisbon, Montville, Norwich, Sprague, and Voluntown.

CADH, on behalf of Connecticut's local health departments, supports Raised Bill 425, *An Act Concerning a Basic Health Program*. As you know, the Affordable Care Act provides Connecticut the unprecedented opportunity to establish a State Basic Health Program (SBHP), which could provide affordable and comprehensive health benefits to low-income individuals at a cost that is neutral to the state. It is imperative to establish the SBHP this session to ensure timely planning and preparation for full implementation in 2014.

A SBHP can provide continuity of care for an estimated 75,000 state residents that may otherwise be ineligible for Medicaid or the Health Insurance Exchange. Without the SBHP, these individuals may remain un- or under-insured. Aligning the SBHP closely with Medicaid will allow those whose income may fluctuate, to transition seamlessly through networks, without ever losing coverage. Through the SBHP consumers will have access to early and continuous integrated medical, mental, and preventive health services instead of relying solely on costly crisis interventions such as emergency rooms or hospitals.

Connecticut is unique nationally in the extent to which it provides Medicaid coverage to vulnerable populations, such as children, the parents and needy caretaker relatives of children, and pregnant women. Should some of that population receive coverage from a SBHP, rather than Medicaid, it is critical that benefits remain at least as rich, that cost-sharing limits remain comparable, and that consumer safeguards remain in place to the same extent as in Medicaid. Local health departments are particularly concerned about ensuring that preventive services continue to be provided with minimal or no individual cost-sharing.

In developing a SHBP, CADH also welcomes the opportunity for public health to be a key partner in statewide health reform. Public health promotes health programs and policies that support good health; prevents disease outbreaks and conditions that give rise to poor health; and protects people from health threats. As such, public health is critical to ensuring cost containment in statewide health reform by addressing health at a population level, often well before individual problems become acute.

Should a SHBP be established, we look forward to engaging with the Department of Social Services and other partners to ensure that a SHBP:

- Promotes quality and cost-saving public health initiatives and population-based health services;
- Supports the critical role that local health departments play in providing community-based preventive care services; and
- Recognizes local health departments as the data and information experts for the communities they serve.

Accordingly, CADH supports Raised Bill 425. CADH is a nonprofit organization comprised of Connecticut's 77 local health departments and districts. Local health directors are the statutory agents of the Commissioner of Public Health and are critical providers of essential public health services at the local level in Connecticut. Thank you for your consideration.