

13



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H.B. No. 6350 AN ACT CONCERNING THE BUDGET FOR THE BIENNIUM ENDING JUNE 30, 2015, AND OTHER PROVISIONS RELATING TO REVENUE.

Good morning Chairs and Members of the Appropriations Committee,

My name is Margaret Flinter; I am the Senior Vice President and Clinical Director of the Community Health Center, Inc. and a nurse practitioner here in Connecticut for more than thirty years.

Thank you for the tremendous efforts you are all investing into both the fiscal challenges, but also the very human and deeply emotional work that you are undertaking in the General Assembly this session.

And it is a hard time, no doubt about it. I am much more used to hearing accolades and high rankings for our state, and it is hard for all of us to hear and read in the New York Times that most of the states are showing strong evidence of recovery from the great recession, while our Connecticut economy lags.

We know we have to sacrifice. It was very hard when the Governor eliminated the Patient Centered Medical Home payments to our organization. We at the Community Health Center had made the investments in our clinical care programs that led to our being the first and only NCQA Level 3 Patient Centered Medical Home—but we understood that Connecticut faced very, very hard choices. We hope these payments, which move us towards paying for value and quality, will resume in the future-but I did not come before you in protest.

Today I come to speak as clearly as I can against the proposal to eliminate HUSKY A Parent insurance coverage for Husky parents with incomes between 133% and 185% of poverty. There is no evidence to suggest that these individuals will actually be able to afford health insurance premiums in the commercial market on the health insurance exchange, even with maximum subsidies, nor the co-payments and deductibles. But there is plenty of evidence to suggest that they will not be able to afford insurance, and will defer preventive and routine care based on out of pocket expenses.

Nobody in this room is more excited than I am about the progress we have made as a country and a state towards our ultimate goal of universal coverage. When I served as co-chair of the HealthFirst and Primary Care Access Authorities here a few years ago, we studied all of the issues regarding getting to coverage—and getting to care that improved health and health outcomes—and our final recommendations look quite remarkably like what has evolved at the national level.

Our recommendations were very much based on building upon the strong foundation we have in Connecticut: coverage for not just the absolute bare minimum services, but the basic platform of medical, dental, and behavioral health care. Not just coverage for the absolutely destitute, but coverage for those living at very low incomes but above, not just below, the federal poverty level.



Serving underserved and uninsured patients at Connecticut's largest network of community health centers.

I ran the data of our Husky A parents seen in 2012---18,000 men and women, who have in common the fact that they are the parents who are raising the next generation. Of that 18,000, I can't isolate how many are in the spread between 133% and 185%, but our team estimates about one fourth, at a minimum, would be affected and lose coverage at a time when we are working so hard to help people gain coverage.

I ask you, as nurse, a health center leader, and a policy wonk, to please reconsider and reject the proposed elimination of Husky A parent coverage for patients with incomes between 133% and 185%.