



Testimony on
Senate Bill 848 An Act Concerning Provisions of the budget Concerning Public Health
Public Health Committee
March 15, 2013

Senator Gerratana, Representative Johnson and members of the Public Health Committee, on behalf of the close to 7,500 physicians and physicians in training of the Connecticut State Medical Society (CSMS) and the American College of Surgeons Connecticut Chapter (ACP), thank you for the opportunity to provide this testimony to you today on Senate Bill 848 An Act Concerning Provisions Of The Budget Concerning Public Health. Specifically, we offer comments on Section 6.

Section 6 of Senate Bill 848 adds language to the Certificate of Need process (CON) in which an applicant must not only demonstrate how the proposal will improve quality, accessibility and cost-effectiveness of healthcare delivery in an area, also demonstrate a positive (1) change in the access of services to Medicaid recipients or indigent persons, (2) impact upon the cost-effectiveness of providing Medicaid services, patient population and payer mix including access to services by Medicaid and indigent services, and (3) a demonstrated good cause for failing to provide or in some way reducing access to services for Medicaid recipients or indigent persons, other than on the basis of the differential in reimbursement rates.

Our associations have been at the forefront of efforts to increase access to care for Medicaid recipients and underserved populations in our state. In addition to ongoing efforts with the Connecticut Department of Social Services (DSS) and Community Health Network, the Medicaid Medical Service Organization acting on behalf of DSS and involvement in establish programs such as Project Access, which provide free care to indigent populations, our continuing commitment to greater access to uninsured and under insured cannot be denied. Our concern with Section 6, however, speaks to our consistent position of opposition to the CON process in general, and its subjectivity in particular. While the intent is to benefit the Medicaid population, this type of language will in fact have the reverse impact: it will further reduce access to care. By limiting physicians who attempt to seek a CON, access to care will be limited not only for the Medicaid population, but also for other patients.

Since the inception of the CON decades ago, CSMS has continually raised concerns about the subjective process that establishes an unnecessary, expensive and time-consuming requirement

for physicians that simply delays access to care for patients. It is a process in which applicants are provided no certainty that meeting specific guidelines, criteria, policies and procedures will guarantee receipt of a CON. Therefore, the addition of the language in Section 6 adds another criterion for the application for a CON, requires information containing certain "estimates," adds yet another subjective layer to the process, and still does not guarantee a positive outcome of access for Medicaid recipients or other patients.

We have attached for your review a copy of testimony recently provided to this committee on Senate Bill 361 An Act Concerning the Certificate Of Need Process For Medical Devices, Equipment and New Technology. This testimony provided details of our concerns regarding the Certificate of Need process and reasons for our support of its elimination.

We ask that Section 6 of Senate Bill 848 be removed by this committee.