



Senator Harp, Representative Walker, Senator Gerratana and Representative Johnson.

My name is Suzanne Lagarde and I am the current CEO of Fair Haven Community Health Center in New Haven. Fair Haven Community Health Center serves the poorest patient population in the state with >99% of our patients <200% Federal Poverty Level. No matter which of the three proposals currently being considered is adopted, Fair Haven will lose the most of all CHCs in the state, namely over \$300,000, which is more than 50% of our current apportionment. This would be a blow that would be hard to overcome.

With the implementation of the Affordable Care Act, the numbers of uninsured are expected to fall drastically. One would naturally expect that this decrease in the uninsured would have a favorable impact on the CHCs, the safety net for uninsured and underserved. However, the truth is that the impact on the CHCs will be severely dampened by two facts:

- HRSA has instructed all CHCs that we must continue to provide care at markedly reduced rates to those uninsured individuals who choose not to enroll in QHPs. In other words, individuals who are uninsured and who qualify for subsidized insurance through the Exchange but who refuse to enroll, are still entitled to care on a so-called "sliding scale" at CHCs. At Fair Haven, a typical patient in this category pays on average less than \$20 per visit.
- HRSA has also instructed all CHCs that we must provide care at markedly reduced rates to all QHP recipients with a deductible. Deductibles on the silver and bronze plans are \$3000 or higher. Hence most patients with "insurance" will still require major subsidies from CHCs in order to obtain routine care.
- The net result of these two rulings by HRSA is that from the CHCs perspective, the true decrease in uninsured will be quite small.

Another concern that is the fact that the formula used by DPH relies on data from 2012. While I fully understand why historical data must be used to determine current financing, the formula unfairly penalizes the centers that have recently increased the breadth and depth of their services. At Fair Haven Community Health Center, we will begin providing dental services in early 2014. If a DPH formula is adopted, Fair Haven Community Health Center will not be receiving support for the delivery of uncompensated dental care.

In closing, I am asking our legislators to keep each CHC "whole", ie to hold harmless each center and not allow major changes in the amount of support for uncompensated care. The unintended consequences of adoption of one of these proposals could result in dire consequences for one or more of the states CHCs.

Thank you for your time.

Suzanne Lagarde MD
CEO, Fair Haven Community Health Center