



Community Health Center Association of Connecticut

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Testimony of

Community Health Center Association of Connecticut

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Appropriations Committee

February 18, 2014

Thank you for this opportunity to **provide comments** on Governor Malloy's budget proposal regarding the budget for the Department of Public Health.

The Community Health Center Association of Connecticut (CHCACT) is a nonprofit organization that exists to advance the common interests of Connecticut's federally qualified health centers (FQHCs) in providing quality health care. Through training, technical assistance, public policy work and other initiatives, CHCACT supports the 14 FQHCs in their provision of comprehensive health care to over 340,000 residents across the state every year.

A profile of FQHC patients in Connecticut (2012):

- 95% low income (under 200% of federal poverty level)
- 60% Medicaid/HUSKY
- 23% uninsured
- 14,787 homeless
- 73% racial/ethnic minorities

FQHCs are grounded in their communities. They are governed by local Boards of Directors. Federal Law requires that at least 51% of each Board must be patients at the centers. FQHC staff – **over 2,700 people across the state** – live in the neighborhoods where the FQHCs are located. The FQHC know the cultures of and speak the languages of the patients they serve. A recent survey of staff at CT FQHCs revealed that the most common second language spoken by staff and patients was Spanish. But there was no consensus about the next most common language. FQHCs across the state responded that their next most common language was Creole, Bosnian, Albanian, Bangla...the list of languages went on and on!

Moreover, FQHCs provide more than just health care services. In addition to enabling services, FQHCs also have Medicaid Outreach workers, Certified Application Counselors for Access Health CT and SNAP Outreach workers on site. Patients are connected to services that they need to improve their quality of life.

On behalf of the state's health centers, I'd like to thank this Committee for the support you've shown in the past for the work the FQHCs do. Generally, CHCACT supports the Governor's budget proposals related to health and hospitals.

Currently, several initiatives are in the process of development and/or implementation to improve the delivery of health care and social services in our state. These projects, such as State Innovation Model (SIM), the Dual Eligibles Initiative, and the creation of Accountable Care Organizations, aim to change how consumers use health care and how providers deliver it. All of these are occurring as the Affordable Care Act is fully implemented. FQHCs and other health care providers continue to work with state and federal policymakers to flesh out the details of these programs and to help consumers understand these many changes.

Therefore, for at least the next several years, it is critical to ensure continued support of FQHCs, to provide financial stability through these changes. The Community Health Services line item, which supports FQHCs in their work, is slated for a reduction of approximately \$443,000 in FY '15 (from \$6.3 million in FY '14 to \$5.85 million in FY '15). Notably, this reduction was included in the budget passed last year. **Given the state surplus, CHCACT respectfully requests level funding for the current year instead.**

Finally, in response to some comments that arose earlier today, CHCACT informs the committee that the federal government has strict requirements regarding the establishment of new FQHCs. Although FQHCs are exempted from the State Certificate of Need (CON) process, providers seeking to be recognized as either FQHCs or FQHC look-alikes must demonstrate significant need in their communities in order to be designated as such (as well as meeting numerous other requirements). CHCACT would be happy to provide additional information about this process to the committee.

During this era of implementation of health reform, the FQHCs continue to be a critical part of the state's public health care system, providing care to some of the neediest residents of our state. In fact, FQHCs like hospitals are some of the only health care providers that turn no one away, including immigrants – both legal immigrants who have been here fewer than five years (and are therefore ineligible for Medicaid), and undocumented immigrants. Based on the experiences of Massachusetts, the role of health centers will likely increase with the increase in health insurance enrollment.

I ask this Committee to continue your historical support of health centers. Thank you.