

**Testimony of the National Alliance on Mental Illness (NAMI) Connecticut
Before the Public Health Committee
March 11, 2015**

**COMMENTS regarding
HB 6938 AN ACT CONCERNING THE DELIVERY OF QUALITY HEALTH CARE AND
MODERNIZATION OF HEALTH CARE FACILITIES**

Good afternoon Senator Gerratana, Representative Ritter and members of the Public Health Committee. My name is Daniela Giordano and I am the Public Policy Director for the National Alliance on Mental Illness (NAMI) Connecticut. NAMI Connecticut is the state affiliate of NAMI, the nation's largest grassroots mental health organization dedicated to building better lives for all those affected by mental health conditions. NAMI Connecticut offers support groups, educational programs, and advocacy for improved services, more humane treatment and an end to stigma and economic and social discrimination. We represent individuals who live with mental health conditions and parents and family members of individuals living with mental health conditions. I am writing to you today on behalf of NAMI Connecticut to comment on *HB 6938 An Act Concerning the Delivery of Quality Health Care and Modernization of Health Care Facilities*.

Section 3 of HB 6938 proposes to require the Healthcare Advocate to conduct a study regarding the feasibility of using current federal funds or seeking federal funds for the state health care innovation plan (State Innovation Model, SIM, through the Centers for Medicare and Medicare Services Innovation Center, CMMI) to establish a model program in Waterbury for delivering a robust and economically sustainable continuum of value-based high-quality health care services, and report the findings of this study to the legislature by January 1, 2016. We appreciate and share the overarching stated goals of the SIM initiative, to improve the quality of care individuals in the state receive and individuals' health outcomes while reducing the overall cost of medical care. We also support the efforts of addressing access to critical health care services in the Waterbury community, which may be pursued with this proposed bill.

Since this is the first time the legislature is reviewing a bill directly related to the State Innovation Model, we want to take this opportunity to speak about one of our concerns in regards to the current implementation plans of this statewide health care reform effort, which is intended to impact almost all state residents across payers. Close to two dozen independent advocate (groups) expressed their concern regarding the fast and untested move of a third of Connecticut's approximate 700,000 Medicaid recipients into shared savings models, in a letter to the CMMI in September 2014. This concern is still relevant specifically because the concept of shared savings relies on the premise that in the current fee-for-service system, there is a tendency (intentionally or unintentionally) to prescribe more care than necessary. The idea is that through putting direct risk on health care providers and making them financially accountable for total cost of care of individuals they treat, that duplicative and unnecessary testing, lack of coordination of care etc. will be reduced/changed and produce savings which will be shared with health care providers.

This concern of **over-treatment** is not the case for people in Medicaid, who have low incomes and oftentimes more serious health concerns than people in commercial plans, and instead oftentimes have issues of **under-treatment** due to few providers in certain areas, particularly specialty areas. Thus moving individuals who are already more vulnerable due to their low income status and certain access issues into a model that has not been tested with less vulnerable groups, is of great concern. Additionally, since Connecticut moved away from risk-based management organizations to a non-risk administrative services organization (ASO) and has worked hard on using nationally certified person-centered medical homes (PCMH) to provide better quality of care and care coordination, access to primary care, quality control and even cost controls have been a success which we can be proud of and is worth continuing.

Please note that several advocates, including me, who represent different stakeholder groups impacted by certain health care needs, including people receiving Medicaid services, are working in SIM working groups and councils. These advocates are trying to ensure that their concerns are being considered.

Thank you for your time and attention. Please let me know if I can answer any questions for you.

Respectfully submitted,

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