Testimony of the Connecticut Children's Medical Center
to the Human Services Committee regarding
***House Bill 5437* An Act Concerning Nonemergency Medical Transportation**
for Medicaid Recipients
March 3, 2016

Senator Moore, Representative Abercrombie, members of the Human Services Committee, thank you for the opportunity to share our thoughts about *House Bill 5437 An Act Concerning Nonemergency Medical Transportation for Medicaid Recipients.* I am Patricia McIntosh, Child and Family Support Services Manager at Connecticut Children's Medical Center. I am submitting this testimony in opposition to this bill.

Connecticut Children's is a nationally recognized, 187-bed not-for-profit children's hospital serving as the primary teaching hospital for the University of Connecticut School of Medicine Department of Pediatrics. Connecticut Children's is consistently named among the best in the nation for several of its pediatric specialties in the annual *U.S. News & World Report* "Best Children's Hospitals" rankings.

A comprehensive array of pediatric services are available at our hospitals in Hartford and Waterbury, with neonatal intensive care units in Hartford (Level 4) and the University of Connecticut Health Center (Level 3), along with a state-of-the-art ambulatory surgery center, five specialty care centers and 10 practices across the state and in Massachusetts. Our Level 1 Pediatric Trauma Center and Primary Care Center are the busiest between Boston and New York. Connecticut Children's has more than 2,400 employees with a medical staff of nearly 1,100, practicing in more than 30 subspecialties.

If the State of Connecticut wants to maintain access to the full spectrum of pediatric health care services for all of its children, there must be a relationship between Medicaid cost coverage for the services Connecticut Children's provides and Medicaid volumes. While the number of children served by Connecticut Children's has risen, Medicaid cost coverage has decreased since 2008 from 91% to a projected 65% in 2016. This has resulted in Connecticut Children's Medicaid shortfall increasing from $7.6 million to $65 million per year during the same time period.

Connecticut Children's has taken its commitment to promoting children's healthy development to a new level through the establishment of the Office for Community Child Health (OCCH). Social determinants—the circumstances in which people live and work—powerfully affect health. In fact, social and environmental factors are estimated to have twice the impact on the overall health of individuals as does the health care they receive. OCCH has embraced a broader definition of community benefit that includes community-building activities. Indeed, even a cursory review of our community-oriented programs reveals the extent to which they address such social determinants of health as housing (e.g., Connecticut Children's Healthy Homes), community safety (e.g., Injury Prevention Center), and

early childhood development (e.g., *Help Me Grow*® National Center). OCCH helps the Medical Center make our children healthier through community based prevention and wellness.

At Connecticut Children's Medical Center, our team of social workers identifies and addresses the social and emotional needs of children and families in the healthcare setting. For some families, this work includes arranging transportation for patients who rely on Medicaid. We have had numerous challenges in our interactions with the State's contracted provider, Logisticare, that we believe are relevant to your consideration of House Bill 5437. Our social workers report overwhelming frustration with Logisticare and that their poor service has an impact on patients. In general, social workers report that Logisticare staff are rude, unhelpful and never take responsibility for their errors. Social workers spend extraordinary amounts of clinical time just trying to get Logisticare to do their job. I have included some recent examples of problems to illustrate these points.

1) In the Neonatal Intensive Care Unit there are ongoing problems scheduling rides for the parents of critically ill infants including:

    a) Parents are not allowed to make the reservation themselves because Logisticare does not believe their statements that they need transportation to visit their child;
    b) The wait time to talk to a Logisticare representative is reported to be never less than 45 minutes;
    c) The Logisticare representatives will deny transportation if the request is less than 48 hours in advance even when the social worker explains the urgent nature of the request. The last incident of this nature was 2 to 3 weeks ago.

2) Oncology:

    a) Logisticare has documentation that four year old child with cancer cannot ride with any other unrelated patient because he is undergoing chemotherapy and is very medically fragile. At least three times in the last year the cab has arrived with additional passengers. The mother was told that unless she and her child get in the cab they will not be transported to the hospital. The child was coming to the hospital for chemotherapy. The last time that this problem occurred was within the last six weeks.
    b) A child with cancer waited four hours in the emergency room for transportation home. The child had had a leg amputated and is almost blind based on the effect of the disease. The family of another oncology patient offered a ride because of concern for the child's welfare. Logisticare coded this trip as a "no show" by the patient.

3) Endocrinology:

    The social worker requested immediate transportation for a ten year old and his parent because the child was newly diagnosed with Type 1 Diabetes. The request was put "on hold" because it was made less than 48 hours before the appointment. Logisticare had been informed of the urgent nature of the request. They requested a form certifying that that the child needed to be accompanied by the parent even though he was only ten years old. When the social worker questioned Logisticare, she was first told that all children over one year old needed a form from the medical provider verifying that they needed a companion to ride along with them, then stated that all children over seven years

of age need a companion, and then they said "never mind". This interaction occurred within the last three weeks.

4) Nephrology:

   Earlier today (March 3), a social worker spent 2½ hours on the phone with Logisticare, and was on hold for 20 minutes of that time. The request for transportation was for a patient being discharged from the Pediatric Intensive Care Unit. The patient has an appointment later today for dialysis, but the patient's dialysis equipment is at home in Manchester. The request was for Logisticare to pick up the patient and mother at the hospital, take them home and then proceed to Bloomfield for dialysis. Logisticare indicated that this request must be processed as two requests, and there would be a four hour window in between the two trips. This patient's care will be acutely compromised by any delays in dialysis.

I would be happy to serve as a resource for you as you debate this proposed legislation.

Thank you for your consideration of our position. If you have any questions about this testimony, please contact Jane Baird, Connecticut Children's Director of Government Relations, at 860-837-5557.