Community Health Center Association of Connecticut

Testimony of Sara LeMaster, MPAP
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Community Health Center Association of Connecticut
HB 5040
March 1, 2022

Chairs and distinguished members of the Human Services Committee:

Thank you for the opportunity to speak on HB 5040. I'm here today to testify on behalf of the Community Health Center Association of Connecticut. Connecticut's health centers collectively serve over 380,000 residents every year, and specialize in providing care for traditionally underserved communities. Health centers do not turn people away based on their ability to pay for services, and patients have access to same-day medical, dental, and behavioral health services. Twenty percent of health center patients identify as Black, and 48% identify as Hispanic or Latino. A majority (58%) receive Medicaid benefits[1].

I'm immensely proud of the work that our health centers have done in helping our communities work through the Public Health Emergency. Throughout the course of the COVID-19 pandemic, health centers have been working diligently to protect our communities and support our public health infrastructure. Connecticut's community health centers have provided over 930,000 COVID tests and fully vaccinated over 386,000 residents since August of 2020[2].

This bill will add behavioral health providers to the list of eligible recipients of funds from the state loan repayment program, which the legislature reestablished in the 2021 budget. Adding these providers will give them access to student loan reimbursement, which will lower their debt burden and improve the ability of our health centers to recruit and retain providers.

Our health centers have experienced a significant increase in the demand for behavioral health services since the start of the Public Health Emergency in 2020. In 2019, the average behavioral health patient saw their provider 9.1 times per year, and that number jumped in 2020 to 11.4 times per year[3]. This number does not include the patients that have been waitlisted because there are not enough providers to support the current level of need. In addition to the increased need for providers and appointments, our health centers have also experienced a significant increase in diagnoses of depression, anxiety, and other behavioral health issues since the beginning of the Public Health Emergency in 2020. Increasing access to state loan repayment will assist our health centers in their provider recruitment efforts. The Governor's budget (HB 5037) includes a significant increase to the State Loan Repayment Program. This increase will greatly assist in recruiting and retaining providers.

I have included with my testimony additional data to illustrate the need for additional behavioral health providers, as well as a description of the State Loan Repayment Program. Thank you for the opportunity to speak on this important issue.

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[1] 2021 UDS data
[2] https://www.nachc.org/research-and-data/covid-19-vaccine-testing-data-by-state/
[3] 2021 UDS data

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About the National Health Service Corps' State Loan Repayment Program[4]:

The State Loan Repayment Program provides matching federal contributions to state loan repayment for healthcare providers who are US citizens or nationals, licensed to practice in the grantee state, and work in Health Provider Shortage Areas. All funds that go towards this program are exempt from federal income and employment taxes.

To qualify for the State Loan Repayment Program, 4 main criteria must be met.

1. Location: grantee must be one of the 50 states, or on a short list of other eligible entities
2. Matching Funds:
    a. State must match or exceed federal contributions towards the SLRP
    b. Matching funds cannot come from federal sources; federal funds cannot be used to cover SLRP administrative costs
        i. Can be provided by state apportionments, state education loan repayment programs, donations from eligible service sites, private foundations, or community organizations, as long as none of this money comes from a federal source
3. Administration: Must be managed by a state agency
4. Use of Federal Funds: Federal funds received through SLRP must be used to make loan repayment awards
    a. State/territory share of funds can be used to repay qualifying loans of health professionals, administrative costs of the SLRP grant, or a combination of both.

The program also has some restrictions. A State Loan Repayment Plan cannot:

1. Be awarded to people already benefiting from a previous state loan repayment program unless they complete their state obligation first
2. Operate under terms more favorable than the NHSC Loan Repayment Program, although it could:
    a. Fund different disciplines
    b. Fund certain types of practice sites (although employment in a Health Provider Shortage Area is required)
    c. Vary the length of the service commitment required (although a minimum of two years is required)

[4] https://nhsc.hrsa.gov/loan-repayment/state-loan-repayment-program/application-requirements.html#location

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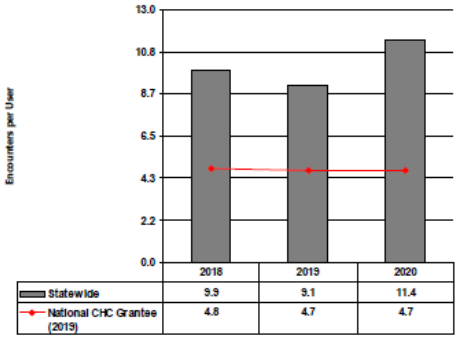
Encounters Per User - Mental Health

State (CT) Health Center Data - 3 year trend (2018 - 2020)



	2018	2019	2020
Statewide	9.9	9.1	11.4
National CHC Grantee (2019)	4.8	4.7	4.7

Formula (Using UDS Table Info): (T5L20CB+T5L20CB2/T5L20CC

Formula Narrative: Total Mental Health Services Encounters Divided by Total Mental Health Users

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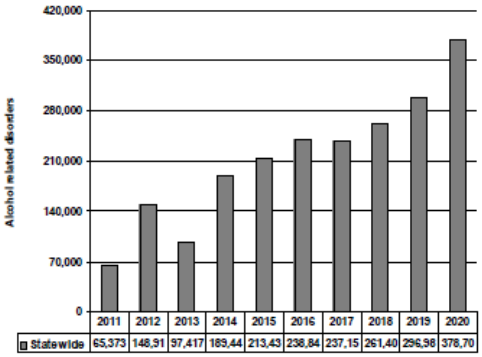
Selected Diagnosis - Number of Visits for Patients with Depression and other mood disorders

State (CT) Health Center Data - 10 year trend (2011 - 2020)



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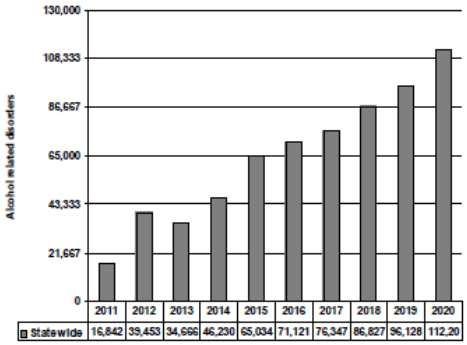
Selected Diagnosis - Number of Visits for Patients with Attention deficit and disruptive behavior disorders

State (CT) Health Center Data - 10 year trend (2011 - 2020)



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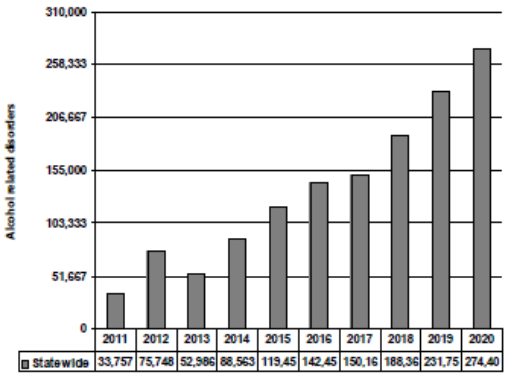
Selected Diagnosis - Number of Visits for Patients with Other mental disorders

State (CT) Health Center Data - 10 year trend (2011 - 2020)



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