

Human Services Committee JOINT FAVORABLE REPORT

Bill No.: HB-5459

AN ACT INCREASING RATES OF MEDICAID REIMBURSEMENT FOR

Title: CERTAIN PROVIDERS.

Vote Date: 3/19/2024

Vote Action: Joint Favorable Change of Reference to Appropriations

PH Date: 3/12/2024

File No.:

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SPONSORS OF BILL:

Human Services Committee

CO-SPONSORS OF BILL:

Rep. Mary M. Mushinsky, 85th Dist.

Rep. John-Michael Parker, 101st Dist.

Rep. Sarah Keitt, 134th Dist.

REASONS FOR BILL:

Medicaid reimbursement rates have fallen out of pace with steadily rising inflation rates and the cost of living. As such, specialty care providers, autism services, dental providers, and early intervention providers have struggled to keep up with costs, often opting not to accept or limit the number of Medicaid patients. Connecticut ranks 30th in the Medicaid-to-Medicare Fee Index. When further differentiated, Connecticut is near the bottom of all states, ranking 42nd, for all services other than Primary Care and Obstetrics/Gynecology. Low Medicaid reimbursement rates have caused a wide disparity and lack of access to necessary healthcare services. The purpose of this bill is to increase rates of Medicaid reimbursement for certain providers. This will strengthen the network of Medicaid providers available to Medicaid beneficiaries, as more providers will be incentivized to participate in the Medicaid program.

RESPONSE FROM ADMINISTRATION/AGENCY:

Department of Social Services (DSS), Commissioner, Andrea Barton Reeves: opposes this bill recommending that a discussion about Medicaid rates be made after the completion of Phase 2 of the Medicaid Rate Study in January 2025. It is stated this would ensure the analysis supporting any changes takes into consideration the status of rates across the entire

Medicaid program. It is stated this bill does not give DSS the necessary flexibility to adjust rates based on analysis of each rate and the access to services. It is stated this bill would increase state costs beyond the enacted Governor's budget. It is stated Section 2 of this bill would require changes to the current Medicaid state plan, be scrutinized by CMS for federal claiming purposes, and increase costs not in the state budget. It is recommended to use the pending results of phase 2 of the Medicaid rate study to develop a recommendation regarding reimbursement for chronic disease hospitals. It is stated that DSS cannot support Section 3 of this bill, as Connecticut Children's Medical Center (CCMC) receives supplemental physician payment equivalent to paying its affiliated physicians at 100% of Medicare. It is stated it is not appropriate to provide further increases to CCMC as it already receives supplemental payment that is not available to other Medicaid providers. It is stated that Section 4 of this bill cannot be supported as the increased reimbursement rate would increase Medicaid costs by approximately \$9.3 million annually. It is recommended rather than specifying a specific reimbursement rate, DSS analyze coordination with the Office of Early Childhood to inform an appropriate potential adjustment for Birth to Three. It is stated that DSS previously covered e-consults until CMS directed it not to do so. It is stated DSS is actively exploring the feasibility of resuming coverage of e-consults. It is stated that Section 8 of this bill is unnecessary as this work is already underway.

Commission on Women, Children, Seniors, Equity & Opportunity, Lead Aging Policy Analyst, Michael Werner; supports this bill stating there has been a particularly challenging reduction in participating enrolled dental providers (specialists & surgeons), as well as enrolled primary care dentists since 2021. It is stated this is exacerbated in rural areas and Eastern Connecticut. It is stated Section 5 of this bill will ensure greater preventative health outcomes for dental and mental health. It is stated poor oral health can harm the mental well-being of individuals due to impacts on their eating, speech, and self-esteem. It is stated that individuals experiencing dementia have a higher risk of poor oral health as they have trouble with daily routines and comprehensive oral care. It is stated there has been an association between gum disease and dementia, as well as gum disease and the formation of amyloid plaque associated with Alzheimer's disease.

Office of the Child Advocate, Child Advocate, Sarah Eagan; supports this bill stating the preliminary Medicaid rate report from DSS displays the poor Medicaid reimbursement rates for behavioral health services. It is stated that the current mental health crisis and workforce crisis are closely connected to that lack of funding. It is stated that IICAPS, the state's most utilized in-home therapy service, now has a waiting list of more than 500 families and multiple regions of the state where the service is not available at all. It is stated that some parents feel their only choice is to give up custody to the state so their child can access the behavioral health support that they need. It is stated Connecticut must address the gaps in children's behavioral health services and federal Medicaid law requires that states ensure children are screened and effectively connected to necessary services. It is stated that compliance with federal EPSDT requirements means that the state must have an adequate network of services and a system that provides reasonable access to those services. It is stated that there are concerns the state is not in compliance with federal EPSDT requirements for children.

Office of the Healthcare Advocate, Acting Healthcare Advocate, Sean King; provides recommendations for this bill stating that there be precautions taken to ensure certain specialty providers do not receive a windfall due to increased Medicaid payments. It is stated

most providers see a mix of patients with different types of coverage. It is stated that at times a cost-shift can occur, where commercial insurers are required to reimburse the providers at higher rates to offset lower reimbursements from Medicaid. It is stated if Medicaid reimbursement rates are increased without offsetting the impact on commercial rates or Medicaid beneficiary access, some providers may be collecting a government subsidy as a profit.

State of Connecticut, State Comptroller, Sean Scanlon; supports this bill stating that reimbursing providers for e-consultations and ensuring that Medicaid providers are reimbursed their costs makes financial sense for the State of Connecticut and makes moral sense to implement for the one million Medicaid enrollees in Connecticut. It is stated that e-consults provide cost-effective specialty care to a patient in 24 to 72 hours, rather than costly face-to-face visits with several months of waiting time. It is stated that the State of Connecticut could save approximately \$6.5 million annually due to this cost difference. It is stated that numerous studies across the country have shown that approximately 80% of specialty visits can be resolved via e-consult, resulting in increased access to care for patients and savings in Medicaid dollars. It is stated that increasing Medicaid rates would be a long-overdue investment for Connecticut.

NATURE AND SOURCES OF SUPPORT:

Aculabs Inc., President, Peter Gudaitis; supports this bill and provides recommendations. It is stated that the exclusion of laboratory providers from participating provider status is a disservice to the State's senior citizens and hinders fair competition and innovation in the healthcare market. It is requested that an amendment be made to this bill to include laboratory providers in the study of Medicaid provider rates. It is stated that engaging with the long-term care community will provide valuable insights into improving patient care and increasing competition.

Benhaven Children's Behavioral Services, Clinical Director, Arlene Kaye; supports this bill stating that Medicaid insurance codes currently reimburse at rates that are up to 50% lower than those provided in neighboring states. It is stated that the Family Guidance service, a critical component of home service support, is not reimbursed at all. It is stated that compared with neighboring states, Connecticut ranks last for every autism service authorized through Medicaid. It is stated that many agencies providing ABA and Autism services are unable to accept Medicaid because current reimbursement will not cover operating costs. It is stated that the core deficits of Autism are best addressed at a young age, and if services are unavailable, children will have poorer outcomes as adults and will result in more burden on state agencies. It is stated that increasing rates provided by Medicaid for Autism Services will provide greater access to care for children and families.

Brooker Memorial, Executive Director, Christina Emery; supports this bill stating that 80% of patients at Brooker Memorial are Husky beneficiaries and 5% are uninsured. It is stated that Brooker Memorial had a net loss of \$208,281 in FY 22-23, translating to \$22.49 per visit. It is recommended to not increase reimbursement rates of adults at the expense of children. It is stated that low-income children in Litchfield County need dental care, as only 62% of Husky-enrolled children in Litchfield County visited a dentist in 2022. It is stated that to expand access, an additional dentist is required, which is only possible with a rate adjustment. It is recommended that this bill be amended to create parity for private, non-profit

safety net providers. It is stated that increasing reimbursement rates for Husky patients to that of the prospective payment system (PPS) rate paid to FQHCs for dental care would ensure that all children in Northwest Connecticut have access to critical services.

CHNCT Holdings Inc., Telehealth Network Director, Richard Albrecht; supports this bill stating it would improve access to specialty care for Medicaid patients and save the state Medicaid program millions of dollars annually. It is stated that e-consults would increase accessibility to specialty care for Medicaid recipients. It is stated that without policy and coverage to enable primary care providers to utilize e-consults, low-complexity medical conditions must be referred to a specialist for an in-person visit, resulting in unnecessary medical costs and wait times. It is stated that the State could realize an annual net savings of over \$6 million in year one. It is stated this bill would save the State money and improve access to care for Medicaid beneficiaries.

Connecticut Association of School Based Health Centers Inc., Executive Director, Melanie Wilde-Lane; supports this bill and provides recommendations. It is recommended that Section 5 of this bill be rewritten to increase clarity. It is stated that electric consultations will allow for timely consultation and is cost-effective. It is stated this bill will allow FQHC organizations that sponsor school-based health centers to continue to offer support for young people who can then continue to thrive and remain in school.

Connecticut Children's, President and CEO, Jim Shmerling; supports this bill stating that Connecticut Children's devotes significantly more care to patients who rely on Medicaid than hospitals whose primary focus is on adult medicine. It is stated that Connecticut Children's has a higher acuity and Medicaid patient percentage compared to other hospitals in the state. It is stated that low Medicaid payments have a more dramatic impact on the financial viability of Connecticut Children's due to the high Medicaid patient population. It is stated that pediatric medicine generally costs more than adult medical services, causing an unsustainable Medicaid shortfall. It is stated that state leaders must treat children equitably by recognizing their unique needs and costs in Medicaid through pediatric-specific program design and financial investment.

Connecticut Chiropractic Association, Past-President, Francis Vesci; supports this bill stating that the treatment of a patient with Medicaid as their only insurance carrier is under-reimbursed compared to a patient covered under Medicare. It is stated that evaluation and management codes are considered a non-covered service, and the cost of a new or returning Medicaid patient's evaluation is shifted to the patient. It is stated that over 40% of new Medicaid patients will decline to make an appointment when they learn that they must pay for the examination. It is stated because of these disparities in reimbursement and non-coverage of services, many chiropractic physicians opt not to accept any new Medicaid patients, or not enroll in the program altogether. It is stated that introducing a more equitable fee schedule for chiropractic manipulation as well as evaluation and management codes, will incentivize those practitioners who have not enrolled or who have disenrolled from Medicaid to reconsider their position on participation in the program.

Connecticut College of Emergency Physicians, Legislative Chair, Daniel Freess; supports this bill stating that emergency departments are the safety net of the American healthcare system. It is stated that Medicaid reimbursement in Connecticut typically covers no more than 50-60% of the cost of care, forcing physicians and hospitals to operate at a loss

in caring for patients on Medicaid. It is stated that Medicaid reimbursement rates have not increased alongside increased inflation and costs. It is stated that Medicaid patients have limited access to care as many physicians are unable to accept Medicaid patients due to the low reimbursement rates. It is stated that emergency departments are closing and consolidating services due to the lack of resources and unfunded mandates of EMTALA, the federal statute that guarantees emergency care regardless of the ability to pay. It is stated this bill would increase the overall access to care for the State's Medicaid population.

Connecticut Community Nonprofit Alliance (The Alliance), Public Policy and Advocacy Associate, Monika Nugent; supports this bill stating that reimbursement rates for behavioral health, autism spectrum disorder, and birth-to-three services are vastly below the cost to deliver such services. It is stated that with increased reimbursement rates, behavioral health providers can start to bridge the gap between providing these important services and stabilizing their budgets, ensuring that they provide these services into the future. It is stated that reimbursement increases should be provided while a better cost-based reimbursement methodology is being developed. It is stated that the rate increases in this bill for behavioral health services, birth-to-three services, and certain other providers are a necessary step to making sure that everyone in Connecticut continues to have access to these crucial services.

Connecticut State Dental Association, Executive Director, Kathlene Gerrity; supports this bill stating the current reimbursement rate is not enough for dentists to run a dental practice, resulting in many dental providers not accepting new Medicaid patients or ending participation with Medicaid. It is stated that it costs a provider \$63 after Medicaid reimbursement for a basic, routine dental cleaning. It is stated that reimbursement rates for adult care should match pediatric rates, at a minimum. It is recommended that the language in line 23 of this bill be worded better to avoid ambiguity. It is requested that there be a benchmark that automatically adjusts to the economies of scale within Connecticut and provides the level of reimbursement necessary to provide oral health care. It is stated that failing to raise rates will increase the long-term costs of caring for patients, as deferred care compounds the costs of treatment.

Connecticut State Medical Society; supports this bill stating that the Connecticut Medicaid physician network fails to meet the needs of its enrollees due to long wait times for specialist consultations, a lack of primary care options, and a lack of access to mental health services. It is stated that increasing Medicaid reimbursement rates would increase access to healthcare as it would increase the number of physicians in the Medicaid network. It is recommended to pass a bill that establishes equitable grounds for all physician specialties, mandating uniform rate increases across the board, as this ensures fairness and stability within Medicaid reimbursements, ultimately benefiting both healthcare providers and the patients they serve. It is stated that access to healthcare will lead to favorable outcomes and reduced costs. It is stated that Connecticut ranks 30th in the Medicaid-to-Medicare Fee Index. It is stated that Phase 2 of the Medicaid reimbursement rate study would only delay action further, and it is unnecessary to decide to increase Medicaid physician payment rates.

Connecticut Society of Eye Physicians; supports this bill stating that low Medicaid reimbursement rates are often less than the service provided, resulting in a penalty for providing care to Medicaid patients. It is stated that providers are put in a difficult position to either reduce or drop participation in Medicaid. It is stated that physicians must decide whether to provide care or keep their offices open. It is stated that there are only six pediatric

ophthalmologists in the entire state of Connecticut who take new Medicaid patients, causing parents or guardians to take time off from work, and children to miss full days of school. It is stated this is onerous and expensive for these families. It is stated if Medicaid rates were increased to the level of Medicare rates, the patient access problem would improve since all practices in Connecticut accept Medicare patients.

Connecticut Oral Health Initiative, Executive Director, TJ Clarke II; supports this bill stating adjusting dental service rates to a percentage of the five-star benchmark will ensure parity for adult and pediatric dental services. It is stated many vulnerable lower-income seniors in Connecticut are not getting the dental care they need, and untreated tooth decay is a significant problem. It is stated that barriers to access include difficulty finding an oral health provider access who accepts Medicaid or getting an appointment, lack of needed treatments covered, past trauma, anxiety about going to the dentist, and lack of oral health literacy. It is stated that increasing the Medicaid reimbursement for dental providers would lead to expanded access to dental services, increased provider participation, higher quality of care, and oral health equity.

Connecticut Orthopaedic Society, President, Dante Brittis; supports this bill stating the CT Legislature statutorily granted Medicaid payment parity for podiatrists four years ago, as the rates of podiatrists are the same as physicians. It is stated that Medicaid reimbursement for common procedures and office visits is 40 to 60 percent less than Medicare reimbursement. It is stated Medicaid reimbursement should be at the same level as Medicare at a minimum. It is recommended that language be added to this bill that would provide for a cost-only reimbursement policy for implants used in the treatment of Medicaid patients in an Ambulatory Surgery Center setting and prioritize access to low-cost, high-quality surgical center care. It is recommended that the need for additional Medicaid funding be addressed immediately, without further studies, by funding at the same level as Medicare.

Emergency Department Practice Management Association (EDPMA), Government Affairs, Kevin Daley; supports this bill and provides recommendations. It is recommended that the term “select providers” in Section 1 of this bill be amended to mention “emergency physicians”, as this term is vague and allows DSS to choose which specialties receive rate increases. It is recommended that the term “physicians specialty services” be amended to include specified rate increases for emergency physicians (EPs). It is stated that EPs and emergency departments (EDs) are mandated by federal law to stabilize and treat anyone coming to an ED, regardless of their insurance status or ability to pay, often providing a safety net to Connecticut residents who do not have a primary care provider. It is stated ED visits between 1997 and 2007 nearly doubled the projected rate, which was attributed to an increase in visits by Medicaid adult and pediatric populations. It is stated that EDs and EPs are the front line for patient care, and these increased responsibilities should be reflected in this bill.

Fairfield County Medical Association, Executive Director, Mark Thompson; supports Section 1(b)(2) and Section 8(a) of this bill stating that this bill will strengthen the network of physicians who can participate in the Medicaid program, increasing access to services.

Fair Haven Community Health Care, MD, John McDonagh; supports this bill and provides some benefits to e-consults. It is stated that e-consults provide a quicker patient connection to specialist evaluation, minimizing delays in diagnosis. It is stated that e-consults allow

specialists to review key elements of the relevant portion of the patient chart, such as previous medications and previous testing, order appropriate testing, and tailor treatment to the patient. It is stated that e-consults allow primary care providers to provide treatment for low-complexity conditions that would not warrant an in-person visit.

Family Physician, Nicole Jackson; supports this bill stating that access to specialty care has been challenging for Medicaid patients. It is stated a patient who lost her job during the COVID-19 pandemic had a lapse of health insurance coverage until they received Medicaid. It is stated that their existing rheumatologist does not accept Medicaid, so the patient was forced to establish care with a new rheumatologist. It is stated that a previously covered medication, which had helped the patient's joint pain and psoriasis, was discontinued by this new specialist. It is stated that the patient was referred to a dermatologist to treat their symptoms. It is stated that it has taken over one year to establish care with a dermatologist, as UConn Dermatology is the only specialist that accepts Medicaid in the area. It is stated that many specialists do not accept Medicaid patients because reimbursement rates are too low compared to private payors, thus threatening the financial stability of their business. It is stated this inadvertently limits access to specialty care for the most vulnerable patients in Connecticut, such as the previously mentioned patient. It is stated that competitive and fair Medicaid reimbursement is essential for the provision of equitable and accessible health care.

Gaylord Specialty Healthcare Director of Health Advocacy, Kathy Reilly; supports this bill, stating that a Medicaid rate increase would create payment parity for all the state's long-term acute care hospitals (LTCHs). It is stated that labor has been an issue due to the acute shortage of qualified skilled personnel, resulting in increased recruitment and retention costs. It is stated that there is a cost deficit to treat Medicaid patients of approximately \$1,750 per day. It is stated that the \$200 increase in daily Medicaid rate will allow access to treat more patients who are on Medicaid.

Home Care Association of America Connecticut DSS Medicaid Committee, Chair, Mario D'Aquila; supports this bill if homemaker-companion agencies participating in Medicaid programs are included. It is stated that HCAOA Connecticut supports additional funding in the state budget for human services programs to DSS to adequately reimburse and support home care agencies participating in Medicaid programs. It is requested that HCAOA CT receive a 4.6% increase in Medicaid reimbursement rates, the same percentage that minimum wage increased on Jan. 1, 2024, and that the increase be applied retroactively to Jan. 1, 2024, so home care providers can recoup losses incurred since that date. It is requested that Medicaid reimbursement rate increases are tied to annual increases in the minimum wage. It is stated that reimbursement would allow agencies to maintain current services and keep pace with increasing costs. It is stated that home care providers have not received an increase in reimbursement that other important waiver programs have received. It is stated that with an increase in reimbursement rates to home care providers participating in Medicaid programs, Connecticut would recognize the value of their services while helping to meet their needs as they strive to assist seniors, individuals with disabilities, and veterans living in their own homes

Private Practice, Clinical Psychologist, Kimberly Daniels; supports this bill, stating that Medicaid rates have been stagnant for years, with a small increase equated to \$4.50 per session within the past two years. It is stated that Medicaid reimbursement rates are far

below the reimbursement rates of other companies, such as Aetna, which reimburses over \$160 for the same billing code. It is stated that the Medicaid reimbursement rate is not feasible for private practice practitioners. It is stated that while currently participating with Medicaid, they will not continue to participate when their enrollment status ends. It is stated that Medicaid reimbursement rates force many behavioral health providers to drop participation, leaving a large portion of already vulnerable Medicaid beneficiaries unable to access services.

Radiological Society of Connecticut, Inc., President, Thomas Farquhar; supports this bill stating that the proposed increased rates are a long overdue start to bring Connecticut Medicaid provider reimbursement back in line with neighboring states. It is stated that in 2015, DSS reduced payment to the provider component of Medicaid payments for imaging examinations from x-rays to CT scans, causing two private radiology practices in the city of Hartford to close shortly thereafter. It is stated that the DSS cuts targeted only independent radiologists, not hospitals or hospital-employed physicians. It is stated that low reimbursement rates have put pressure on outpatient imaging offices that provide the full range of imaging services. It is stated these imaging offices provide value to patients as they can conveniently provide services for routine, outpatient, and screening exams.

Serenity Wellness LLC, Psychiatric Nurse Practitioner, Meredith Bailey; supports this bill and requests that psychiatric APRNs be included in the rate review under "behavioral health providers." It is stated that Medicaid reimbursement for medication management has not increased over ten years, and psychiatric APRNs are more likely to accept insurance and Medicaid over their MD counterparts. It is stated that other states, such as Oregon and Washington, contract with APRN-run practices that agree to take a certain percentage of Medicaid patients and negotiate rates comparable to commercial payors. It is stated that Oregon Medicaid pays \$120 for a 25-minute follow-up, whereas Connecticut Medicaid only pays \$58.49 for the same service. Comparatively, United, Cigna, and Aetna range from \$118 to \$137 for the same CPT code. It is stated that the practice has had to stop accepting pediatric patients and limit Medicaid patients to under 30% of total practice patients to remain sustainable. It is stated that Medicaid does not reimburse for therapy add-on codes- thus, resulting in an inability to provide both therapy and medication management in the same visit. It is stated commercial payors reimburse for the same therapy add-on codes. It is stated that including psychiatric APRNs in the Medicaid rate review would increase access to mental health care.

Yale Child Study Center, Clinical Director of the Intensive In-Home Child and Adolescent Psychiatric Services (IICAPS) Network, Victoria Stob; provides support stating that an increase in Medicaid rates will address the inflation and cost of living increases that have occurred over the past decade. It is stated that staffing shortages and psychiatric acuity have decreased access to services for children and families. It is stated that waitlists for all services in the continuum of care are impossibly long. It is stated that chronic underfunding has made mental health services for children and families difficult to access exactly at the time that they are most needed to prevent the current crisis from turning into a permanent, multigenerational catastrophe. It is stated that IICAPS must be prioritized as it serves the most multi-stressed, multi-diagnosis, multi-need families in crisis across the state

Yale University, Assistant Professor of Medicine/Associate Professor of Cardiology, Anita Arora/Erica Spatz; support this bill stating that electronic consults (eConsults) are a

vital component of care, allowing primary care providers (PCPs) to provide timely care for low-complexity specialty care problems. It is stated this will benefit patients as it replaces the need to wait to see specialists, take time off from work, and find transportation. It is stated that the Yale Medicine eConsult program provides eConsult services to patients, whose majority come from federally qualified health centers, and 44% of whom are Medicaid beneficiaries. It is stated that this program is highly valued by both PCPs and specialists, with increased demand to expand the program. It is stated data suggests that eConsults can replace in-person referrals, which can save costs for both the patient and the payor. It is stated this bill will help to improve the quality and efficiency of health care provided to patients enrolled in Medicaid.

The following individuals have provided written testimony in support of this bill.

It is stated billing rates for Birth to Three have not been increased since October of 2017, while the cost of doing business in Connecticut has risen 20% since then. It is stated based on a study done with the Office of Early Childhood, OPM, and others, billing rates are recommended to be raised to \$167 per hour. It is stated the current rate of \$120.00 per hour for early intervention sessions is 29% lower than the recommended rate outlined in the cost report. It is stated that the Federal Individuals with Disabilities Education Act (IDEA) dictates the professional positions and professional credentials required to work in Birth to Three. It is stated that the already small employment pool is becoming significantly smaller due to competition from private rehabilitation centers, hospitals, and education systems. It is stated caseloads have risen due to financial constraints, causing clinicians to find employment elsewhere and causing a system collapse due to an unstable workforce. It is stated this negatively impacts families and children's care. It is stated additional funding is greatly needed to allow providers to attract and retain the highly skilled professionals needed to support young children and their families across the State.

Abilis Birth to Three, Director, Karen Feder

Benchmark Birth to Three, Director, Tina Banas

Benchmark Birth to Three, COTA, Anne Brennan

Benchmark Birth to Three, Speech Language Pathologist, Marisa Mercuri

Benchmark Birth to Three, BCBA, Cathy Kulmann

Benchmark Birth to Three, Occupational Therapist, Amy Philosophy

Benchmark Birth to Three, Speech Language Pathologist, Alexis Possidento

Benchmark Human Services, COTA, Michelle DiDonato

Benchmark Human Services, Carly Wysoczanski

Benchmark Human Services, Developmental Therapy Associate, Stefania DiStefano

Benchmark Human Services, Speech Language Pathologist, Maya Edelman

Benchmark Human Services, Office Manager, Kail Dawn

Benchmark Infant Toddler, BCBA, Minoo Makkencherry

Benchmark Infant & Toddler, Occupational Therapist, Anna Predmore

Benchmark Infant & Toddler, Occupational Therapist, Courtney Pulie

Benchmark Infant & Toddler, Developmental Therapist, Amanda Nelson Reid

Benchmark Infant & Toddler, Developmental Therapist, Melissa Robusto

Benchmark Infant & Toddler, Physical Therapist, Trish Vidal

Beacon Services of Connecticut, Senior VP of Operations, David Gallaway

Beacon Services of Connecticut, BCBA, LBA, & DT, Victoria Daique

Beacon Services of Connecticut, AVP of Treatment, Amie Hahn

Beacon Services of Connecticut, BCBA, Kaylee Parker

Beacon Health Services of Connecticut, Julie Nichols
Benhaven's Children's Behavioral Services, Board Certified Behavior Analyst, Jaime Jensen
Birth to Three, Developmental Therapist Associate, Christine Adams
Birth to Three, Speech-Language Pathologist, Gretchen Albright
Birth to Three, Julia Cook
Birth to Three, Developmental Associate, Vicki Holt
Birth to Three, Physical Therapist, Seidy Rodriguez
Birth to Three, Behavior Analyst, Lindsay Sandy
Birth to Three, Developmental Therapist, Jenna Solis
Birth to Three, Speech Language Pathologist, Jacqueline Arnott
Birth to Three, Speech Language Pathologist, Natalie Bell
Birth to Three, Speech Language Pathologist, Penney Borovsky
Birth to Three, Physical Therapist, Shawn Breen
Birth to Three, COTA & DSP, Rachel Butler
Birth to Three, Speech Language Pathologist, Meredith Carpe
Birth to Three, Occupational Therapist, Nicole Cocce
Birth to Three, Speech Language Pathologist, Christina Cook
Birth to Three, Behavior Analyst, Megan Feragne
Birth to Three, Physical Therapist, Sue Freeman
Birth to Three, Occupational Therapist, Elena Harvey
Birth to Three, Occupational Therapist, Julie Hill
Birth to Three, Developmental Therapy Specialist, Shannon Hopkins
Birth to Three, Speech Language Pathologist, Jenean Jourdan
Birth to Three, Occupational Therapist, Michelle Lilling
Birth to Three, Insurance Coordinator, Diane Lipari
Birth to Three, Developmental Therapist, Liberty Mahon
Birth to Three, Behavior Analyst, Pamela McKenna
Birth to Three, HR, Ethan Peplau
Birth to Three, Physical Therapist, Amanda Roy
Birth to Three, Licensed Clinical Social Worker, Valerie Sanon
Building Bridges LLC, Speech Language Pathologist, Mary Bornstein
Building Bridges LLC, Speech Pathologist, Brianne Byrne
Building Bridges LLC, Developmental Therapy Specialist, Jennifer Foley
Building Bridges LLC, Physical Therapist, Kim Ingram-Noonan
Building Bridges LLC, Developmental Therapist, Kimberly Perrotta
Building Bridges LLC, Developmental Therapist, Michelle Rodrigue
Building Bridges LLC, Physical Therapist, Laura Summers
Building Bridges LLC, Occupational Therapist, Deborah Ford
Building Bridges LLC, Developmental Therapist, Bethany Holt
Building Bridges LLC, President, Steven Hunt
Building Bridges LLC, Speech Language Pathologist, Kathryn Lamontagne
Building Bridges LLC, Speech and Language Pathologist, Kathryn Roman
Building Bridges LLC, Occupational Therapist, Ashley Slattery
Children's Therapy Services, Speech Language Pathologist, Kelsey McGregor
Children's Therapy Services, Director, Cindy Jackson
Children's Therapy Services, Annette Mauro
Children's Therapy Services, Speech Language Pathologist, Abbie Mcgough
Children's Therapy Services, Physical Therapist, Amy Blais
Connecticut Resident, Matthew Mauro

Connecticut Resident, Amanda Michel
Connecticut Resident, Nicholas Sands
Connecticut Resident, Dara Dickhut
Connecticut Resident, Craig Barletta
Connecticut Resident, Cheshire, Audra Fleury
Connecticut Resident, Greg Gaillard
Connecticut Resident, Developmental Therapist, Megan Puniello
Connecticut Resident, Kathlyn Reynolds
Connecticut Resident, BCBA, Kristin Stoeke
Connecticut Resident, DTA, Annie Wojciechowski
CREC Birth to Three, Occupational Therapist, Deborah Hayes
CREC and Theracare, Developmental Therapist, Brandy Kerns
CREC Birth to Three, Developmental Therapist, Samantha Milne
CREC Birth to Three, Occupational Therapist, Patricia Martineck
CREC Birth to Three, Developmental Therapy Specialist, Marisa Rodriguez
CREC/Soundbridge Birth to Three, Physical Therapist, Susan Flanagan
Creative Interventions LLC, Speech Language Pathologist, Madeline Moulton
Creative Interventions, Lindsey Nathman
Creative Interventions LLC, DSP, Hilary Osgood
Creative Interventions LLC, BCBA & Executive Director, Maris Pelkey
Creative Interventions LLC, Birth to Three Coordinator & Developmental Therapy Specialist, Melissa Wilkens
Creative Interventions LLC, Lauren Hyne
Creative Interventions LLC, Human Resources Manager, Melissa Campbell
Creative Interventions LLC, Director of Comprehensive Services & Occupational Therapist, Kate Giampetruzzi
Creative Interventions LLC, Occupational Therapist, Amy Lambeck
Creative Interventions LLC, Billing/Office Assistant, John Nieb
Creative Interventions LLC, Behavior Analyst, Amanda Perrin
EastConn Birth to Three, Director, Rebecca Breen
EastConn Birth to Three, Developmental Therapist, Michelle Busha
EastConn Birth to Three, Early Childhood Specialist, Melanie Smith-Cervera
EastConn Birth to Three, Speech Language Pathologist, Ashley Laferriere
EastConn Birth to Three, Assistant Program Coordinator, Jennifer Miles
EastConn Birth to Three, Speech Language Pathologist, Michelle Mlyniec
EastConn Birth to Three, Occupational Therapist, Katelyn Morrissette
EastConn Birth to Three, Speech Language Pathologist, Bonny Richards
EdAdvance Birth to Three, Director, Bruni Edwards
Griffin Health, President and CEO, Patrick Charmel
Harc, Inc., President and CEO, Russell Coleman
Harc, Inc., Physical Therapist, Erin Harris
Harc, Inc., Developmental Therapy Associate, Renee Walkley
Harc, Inc., Teacher, Anna Cormier
Harc, Inc., Birth to Three Program Director, Sheila Murrhiy
HARC-Stepping Stone, SLP, Danielle Morek
HARC-Stepping Stones, Physical Therapist, Karen Rusling-Tiemann
Harc Stepping Stones, Speech-Language Pathologist, Rebecca Rachel
Reachout Inc., Parent/Developmental Therapist, Jeannie Barletta
Reachout Inc., Developmental Therapy Associate, Debra Bianchini

Reachout Inc., Speech Language Pathologist, Sarah Culbertson
Reachout Inc., Social Worker, Beth Gaillard
Reachout Inc. Developmental Therapist, Laura Gilbert
Reachout Inc., Speech Language Pathologist, Kaili Rehm
Reachout Inc., Physical Therapist, Karen Galvin
Reachout Inc., Special Educator, Ginger May
Reachout Inc., Director, Elaine Balsley
Sarah Kids Steps, Fransheska Perez
Sarah Inc./KIDSTEPS, Speech Language Pathologist, Reagan Wentzell
SARAH Inc. KIDSTEPS, Director of Child & Family Services, Jenna Tenore
SARAH Inc., Quality Manager & Physical Therapist, Kathy Klimczak
SARAH Inc., Program Manager, April Limauro
SARAH Inc., CEO, Denise Daviau
Stepping Stones, Developmental Therapist, Krosryn DeConti
Stepping Stones Birth to Three, Speech Language Pathologist, Jeannine Fossett Nash
The Arc of Connecticut, Inc., Director of Advocacy, Carol Scully
Yale University, Professor Emeritus, Robert Kerns

The following individuals have submitted written testimony in support of this bill.

It is stated that Connecticut has underinvested in its Medicaid program for decades. It is stated that Connecticut spends 27% less on Medicaid than its northeastern peers. It is stated that from 2017 to 2022, this consistent underspending has left more than \$7.5 billion in federal revenue on the table. It is stated that in combination with the state share, this is revenue that could have strengthened the care delivery system, driving better health outcomes for Medicaid beneficiaries, reduced pressure on commercial prices, and contributed to the broader economy. It is stated that the State currently reimburses medical specialty care below 60% of Medicare. It is recommended that this bill be amended to specify that rates should be increased to cover the cost of care, or in any case, no less than 100% of Medicare and pegged to an appropriate price index to maintain the adequacy of such rates over time. It is stated this would ensure equity of access for Medicaid beneficiaries and improve healthcare outcomes. It is stated this bill should be amended to require Medicaid payment at 100% of the cost for the services rendered by Connecticut's hospitals, whether DRG-based or per diem, including inpatient behavioral health services. It is stated in 2022, Connecticut hospitals paid \$850 million in taxes, which, when combined with federal matching dollars, was nearly sufficient to fund Medicaid hospital coverage in its entirety. It is stated that investment in Medicaid would ensure access to high-quality Medicaid services and reduce pressure on commercial prices.

Connecticut Hospital Association
Day Kimball Health, Chief Executive Officer, Kyle Kramer
Hartford HealthCare, Government Affairs, Melissa Riley
Hospital for Special Care, President & Chief Executive Officer, Lynn Ricci
Middlesex Health, President & CEO, Vincent Capece Jr.
Prospect CT, Inc., President & Chief Executive Officer, Deborah Weymouth
Stamford Health, President & CEO, Kathleen Silard
Trinity Health of New England, Interim Chief Financial Officer, Sean Fitzpatrick
Yale New Haven Health, Sr. Government Relations Officer, Ann Hogan

The following individuals have submitted written testimony in support of this bill.

It is recommended that an amendment be made to Section 5 of this bill to phase in rate increases that eventually address the identified \$75,000,000 gap between rates and costs of federally qualified health centers (FQHCs). It is stated that based on a private study, Connecticut's FQHC rates must be raised to protect access to care for current and future patients. It is stated that in 2022, health centers lost over \$75 million from medical and dental visits. It is stated that the addition of eConsults to the Medicaid program will lead to quicker treatment, save money, reduce barriers, and free up specialists' appointment schedules. It is stated that based on a DSS study in 2018, eConsults are projected to save \$6.5 million annually by avoiding specialty care visits.

[Community Health Center Association of Connecticut \(CHC/ACT\), Chief Executive Officer, Shawn Frick](#)

[Cornell Scott-Hill Health Corporation, CEO, Michael Taylor](#)

[Generations Family Health Center, Chief Executive Officer, Melissa Meyers](#)

[Southwest Community Health Center, President & Chief Executive Officer, Mollie Melbourne](#)

[StayWell Health Center, President & CEO, Donald Thompson](#)

The following individuals have provided written testimony in support of this bill.

It is stated that inadequate Medicaid reimbursement rates have not kept up with the increases in inflation, causing waitlists for in-home programs to continue to grow, such as the Functional Family Therapy (FFT) program, which currently has a six-month waiting list. It is stated that the Multi-Dimensional Family Therapy (MDFT) and Intimate Partner Violence Family Assessment, Intervention, and Response (IPV-FAIR) programs are consistently at or above capacity, turning away referrals daily. It is stated CFA closed its IICAPS program in New London County due to budget deficits, despite high community demand, with 36 families on the waitlist at the time of closure. It is stated that a recent study by the executive branch shows that the State's Medicaid program spends less than half of what comparable states allocate, resulting in operational deficits for us and leaving many underserved. It is stated lack of resources causes clinician burnout, turnover, extended wait times, and overwhelmed emergency departments. It is stated that an increase in Medicaid rates would help retain skilled staff, attract new talent, reintroduce essential services, and meet community needs.

[Child & Family Agency \(CFA\), Director of In-Home Services, Lauren Chaplin](#)

[Child & Family Agency \(CFA\), Director of Outpatient Services and Intimate Partner Violence-Family Assessment Intervention Response Program, Brittany Sanchez](#)

[Child & Family Agency \(CFA\), Chief Operating Officer, Erin Saylor](#)

[Child & Family Agency \(CFA\), Managing Director of Behavioral Health Services, Courtney Seely](#)

The following individuals have provided written testimony in support of this bill.

It is stated an increase in Medicaid reimbursement is necessary to meet the basic costs and needs of psychiatric office visits. It is stated that Medicaid reimbursement for CPT codes 90792, 99213, and 99214 is half to one-third of other private insurance providers. It is stated that nurse practitioners are increasing in numbers, doubling since the passage of PA 14-12 allowing APRNs to practice without a collaborative agreement with a physician after 2000 hours and three years, and are opening practices to address problems within the communities they serve. It is stated that failure to increase reimbursement rates will result in psychiatric providers removing or limiting participation in Medicaid, resulting in decreased access to mental health services for vulnerable, low-income populations.

A Brand New Day, PMHNP, Jennifer Landolt
Connecticut Resident, APRN-PMHNP, Marissa Bayerl
Connecticut Resident, PMHNP, Mona Chiurillo
Connecticut Resident, APRN, Cristina Meehan
NP Wellness Care LLC, Nurse Practitioner, Lynn Rapsilber

The following individuals have provided written testimony in support of this bill.

It is stated that this bill would increase access to behavioral healthcare for Medicaid beneficiaries. It is stated that low Medicaid reimbursement rates have caused providers to opt out of or limit Medicaid participation. It is stated many Medicaid patients are forced to receive services from the overburdened, local non-profit organizations that are also eligible for state and/or federal grants to supplement their overall funding. It is stated increasing the Medicaid rate across the board for behavioral health providers can result in increased provider networks and outpatient treatment options for patients seeking care.

Connecticut Psychological Association, Legislative Committee Member, Mark Spellmann
Connecticut Psychological Association, Legislative Chair, Marcy Russo
Connecticut Resident, Danbury, Jessica Elizondo
Yale Child Study Center, Vice-Chair for Clinical Affairs, Yann Poncin

The following individuals have submitted written testimony in support of this bill.

It is stated that home health and non-medical home care have experienced 16 years of flat funding combined with the added inflationary impact. It is stated this has caused limited access to care for Medicaid beneficiaries. It is stated that providers cannot wait until Phase 2 of the Medicaid rate study is completed, as chronic underfunding has created workforce shortages. It is requested that the medication administration rate be restored to 2016 levels. It is requested that home health, medical admin, complex care (for adults and pediatrics), and non-medical home care Medicaid rate increases be indexed to the federal CPI. It is requested that a Medicaid Home Health Social Work rate be developed. It is stated that investing in Medicaid Home Care services will provide greater access to care for tens of thousands of people who want to receive care in their homes.

All Pointe Homecare, Co-Owner, Coco Sellman
Connecticut Association for Healthcare at Home, President & CEO, Tracy Wodatch

11 individuals have submitted written testimony anonymously in support of this bill.

NATURE AND SOURCES OF OPPOSITION:

Quest Diagnostics, Senior Director, Deirdre Flannery; opposes this bill and asks for an amendment to the current version to expressly include independent laboratory providers among the certain providers identified for the Medicaid rate study as contemplated in Public Act 23-186. It is stated that DSS advised Quest Diagnostics that Phase 2 of the Medicaid study will include laboratory services. However, the current version of this bill does not reference laboratory services as part of the study. It is stated that Phase 2 of the Medicaid study must include laboratory providers to determine whether the methodology for lab rates is: (1) comparable with the five-state rate benchmark as defined in section 1 of this act, and

(2) sufficient to ensure an adequate pool of providers to meet the needs of Medicaid enrollees.

Connecticut Society of Pathologists, Director, Barry Ziman; opposes this bill as currently written and requests an amendment to expressly include pathology and laboratory medicine under the category of “select providers.” It is stated that Phase 1 of the Medicaid rate reimbursement study found that pathology and laboratory services reimbursement rates are at 77% non-facility and 74.6% facility of the five-state average, 50% of the Medicare non-facility rate, and 56% of the facility Medicare rate. It is stated that diagnostic pathology and laboratory services are critical to the health infrastructure of Connecticut. It is stated that failure to include pathology and laboratory services in this bill will drive greater health inequities, afflicting the economically disadvantaged and most vulnerable in the state population.

NATURE AND SOURCES OF GENERAL COMMENT:

Connecticut Association of Optometrists, Optometrist, Brian Lynch; provides general comments and recommendations for this bill. It is requested that optometrists be included in the term “physician specialty services.” Optometry’s role as Medicaid’s primary eyecare provider has grown and will continue to grow. It is stated that all commercial carriers and Medicare reimburse optometrists and ophthalmologists equally. It is requested that this bill require optometrists and ophthalmologists to be reimbursed identically.

Connecticut Podiatric Medical Association, President, Kristen Winters; provides general comments on this bill. It is stated that this bill recognizes the insufficient reimbursements that currently characterize the Medicaid program in the state of Connecticut. It is stated that low payments discourage provider participation in the program and make it more difficult for enrollees to get the medical care they need. It is stated that podiatrists should be included in the term “physician specialty services” as podiatrists have fee parity in statute with those who practice in chapter 370.

Connecticut State Society of Anesthesiologists, President, Greg Rutkowski; provides general comments and recommendations for this bill. It is requested the Medicaid rate for anesthesiologists be raised over three years to be near the Medicare rate. It is requested to increase the rate by 20% in FY 2025 and then 15% and 10% for FY 2026 and FY 2027, respectively, based on the 2023 rate. It is stated that anesthesiologists are paid only 25% of commercial rates. It is stated that increasing the state Medicaid rate in Connecticut for anesthesiologists will provide additional funds for hospitals, other facilities, and private practice groups to hire additional anesthesiologists, thereby increasing access to care.

Laboratory Corporation of America Holdings (LabCorp), Director of Government Relations & Public Policy, Katherine Pregel; provides general comment on this bill. It is stated that the current bill does not include laboratory services in the Department of Social Services Medicaid rate study. It is stated that access to medically necessary clinical diagnostic laboratory testing is critical for the health of Connecticut Medicaid members. It is requested that this bill be amended to expressly include independent laboratory providers. It is stated that the inclusion of laboratory services in HB 5459 will ensure that the Commissioner will have adequate information to determine whether the methodology for laboratory reimbursement rates is comparable with the five-state rate benchmark as defined

in section 1 of this act, and sufficient to ensure an adequate pool of providers to meet the needs of Medicaid enrollees.

Reported by: Jessica Elizondo

Date: April 10, 2024