

PA10-118

SB400

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**CONNECTICUT
GENERAL ASSEMBLY
HOUSE**

**PROCEEDINGS
2010**

**VOL.53
PART 16
4949 – 5314**

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these years. We'll miss you because you're part of our family here, but we wish you all the best in years to come. Thank you, very, very, much, Sergeant.

Come on up, Sergeant Bates.

Will the Clerk please call Calendar 494.

THE CLERK:

State of Connecticut, House of Representatives
Calendar for Wednesday, May 5, 2010.

On page 26, Calendar 494, Senate Bill Number 400,
AN ACT CONCERNING INSURANCE REIMBURSEMENT PAYMENTS TO
SCHOOL-BASED HEALTH CENTERS, favorable report of the
Committee on Insurance and Real Estate.

SPEAKER DONOVAN:

Representative Betsy Ritter.

REP. RITTER (38th):

Thank you, Mr. Speaker.

Mr. Speaker, I move for acceptance of the joint committee's favorable report and passage of the bill, in concurrence with the Senate.

SPEAKER DONOVAN:

Question is on acceptance of the joint committee's favorable report and passage of the bill, in concurrence with the Senate. Will you please proceed?

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REP. RITTER (38th):

Thank you, Mr. Speaker.

Mr. Speaker, the Senate in addressing this bill passed a Senate Amendment "A." I would like the Clerk please to call the amendment, LCO 4914 and then I be granted leave of the chamber to summarize.

SPEAKER DONOVAN:

Will the Clerk please call LCO 4914, which is designated Senate "A."

THE CLERK:

LCO Number 4914, Senate "A," offered by Senators Harris, Debicella, Representatives Ritter and Giegler.

SPEAKER DONOVAN:

Representative seeks leave of the chamber to summarize the amendment. Is there any objection with summarization?

Hearing none, Representative Ritter, you may proceed with summarization.

REP. RITTER (38th):

Thank you, Mr. Speaker.

Mr. Speaker, this is a strike-all amendment and will, in effect, become the bill. It requires each Connecticut licensed health insurer at the request of one or more school-based health centers to offer to

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contract with the center to reimburse covered health services to the insurers' enrollees. The offer must be made on terms and conditions similar to contracts offered to other health care service providers.

Mr. Speaker, I move adoption.

SPEAKER DONOVAN:

Question is on adoption.

Will you remark? Remark further? Remark further on the amendment?

If not, let me try your minds. All those in favor of the amendment, please signify by saying aye.

REPRESENTATIVES:

Aye.

SPEAKER DONOVAN:

All those opposed, nay.

The ayes have it. The amendment is adopted.

Remark further on the bill as amended?

Representative Giegler.

REP. GIEGLER. (138th):

Thank you, Mr. Chairman -- thanks, Mr. Speaker, I'm sorry.

I rise in strong support of the bill before us. In 2007/2008, over 22,000 students used school-based health centers. This amendment eliminated the mandate

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for individual and group health insurance. It allows another source of revenue and would allow sustainability for some of our programs. One of the issues has been that the insurance is not addressing them because they are not considered primary care facilities, open 24/7, and this would allow our schools, who have been getting cuts in these school-based health center programs, to allow them to get some additional funding.

And I urge your support.

Thank you.

SPEAKER DONOVAN:

Thank you, Representative.

Representative Cafero.

REP. CAFERO (142nd):

Thank you, Mr. Speaker.

I also stand in strong support of the bill. Ladies and gentlemen, it's funny, the -- as the country debated health care and where is the best place to provide said health care and where could we reach the most people who are in need, it has been my experience of late, especially in my Town of Norwalk, that school-based health centers are the answer. If we were only to have those health centers in every

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middle school and high school in the State of Connecticut, I think our -- those who find themselves without adequate healthcare, without adequate advice and counsel when they're not feeling well, either physically or mentally, would be far better off. They serve a -- an incredible service to our state and our young people.

And I would be in strong support of this measure.

Thank you, Mr. Speaker,

SPEAKER DONOVAN:

Thank you, Representative.

Representative Gibbons.

REP. GIBBONS (150th):

Thank you, Mr. Speaker. Good afternoon.

I also strong -- stand in strong support of this bill. I believe that any parent who has been up all night with a sick child who gets up at seven in the morning and wonders do I go to work; do I send my child to school; what am I going to do; the doctor's office isn't open or I don't have a doctor's office, if we had more school-based health centers, this would be the answer to that dilemma. I think school -- there should be a school-based health center in every single community. I think it should be open from

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seven in the morning until seven at night. It should be a way that working parents could take their child to a doctor to go and find out if the sore throat is just a sore throat or something really serious. I think this is a fabulous bill. I think insurance should be paying for it. It would do a long -- go a long ways towards alleviating our health care crisis.

And I hope that the Chamber supports this.

Thank you, Mr. Speaker.

SPEAKER DONOVAN:

Thank you, Representative.

Would you care to remark further on the bill as amended? Would you care to remark further on the bill?

If not, staff and guests please come to the well of the House. Members take their seats. The machine will be opened.

THE CLERK:

The House of Representatives is voting by a roll call. Members to the chamber. The House is voting by a roll call. Members to the chamber.

SPEAKER DONOVAN:

Have all the members voted? Have all the members voted?

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Please check the roll call board and make sure your votes were properly cast.

If all the members have voted, the machine will be locked and the Clerk will please take a tally. The Clerk will please announce the tally.

THE CLERK:

Senate Bill Number 400 as amended by Senate "A," in concurrence with the Senate.

Total Number Voting	132
Necessary for Passage	67
Those voting Yea	132
Those voting Nay	0
Those absent and not voting	19

SPEAKER DONOVAN:

The bill is passed.

Will the Clerk please call Calendar 486.

THE CLERK:

On page 25, Calendar 486, Substitute for Senate Bill Number 248, AN ACT CONCERNING ADVERSE EVENTS AT HOSPITALS AND OUTPATIENT SURGICAL FACILITIES, favorable report of the Committee on Judiciary.

SPEAKER DONOVAN:

Representative Betsy Ritter.

REP. RITTER (38th):

**JOINT
STANDING
COMMITTEE
HEARINGS**

**PUBLIC
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2010

Thank you very much.

Next, we have Representative Sayers followed by -- we'll go -- I'll get it straight.

REP. SAYERS: Thank you. I'm here to testify in support of Senate Bill 400 for insurance coverage of school-based health clinics.

In recent years we have begun to recognize the important role that these clinics play. They are a major source of preventative care, health care for our uninsured children in our major cities. Not only do they keep the students healthier, but they save transportation costs as well as time lost from school.

Having said this, we fund these clinics through state monies and Medicaid funding. If a child has private insurance, although they may bill the insurance, the insurance will not pay. This is not because of the quality of care school-based health centers provide. They are full-service clinics, including behavioral health as well as dental care and all the staff are fully qualified.

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They lack one criteria that would qualify them for insurance reimbursement, in that they follow the school year schedule and are not open 12 months of the year. This bill would make them a qualified provider and eligible for insurance coverage.

If a student had to leave school for a doctor or a dental appointment, it would be covered, but they would lose that additional time away from school and parents would lose time from work transporting them. We cover other areas such as minute clinics as well.

This bill would recognize the quality of care

provided by the school-based health services and provide to that private insurance.

And I do have -- want to make one more comment on another bill, one section of another bill, actually. And it's Senate Bill 428, Section 53 H. It -- which talks about locked psychiatric units in chronic disease hospitals.

Just to make a comment that these units are well-qualified to treat residents admitted under an emergency certificate. They are staffed by full-time psychiatrists and APRNs.

I was happy to see this in the bill. Nursing homes have a great problem getting services for residents when they experience an acute episode of their psychiatric illness. And the chronic disease hospitals have really filled in the void. They take these residents. They stabilize them and then they go back to the home from which they were residing.

So I think this is a very important piece of legislation and I also want to support that. Thank you.

SENATOR HARRIS: Thank you, Representative.

Are there any questions?

Representative Sayers, it's always good to have you back at public health. We, Betsy and I strive everyday to live up to your good service and legacy of this committee. So --

REP. MUSHINSKY: Well, thank you. I'm honored.

SENATOR HARRIS: Thank you for all.

Next, we're going onto Senate Bill 403, Kathy

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Bill 400. And we would be hearing from Jesse White-Frese to be followed by Jeffrey Walter.

JESSE WHITE-FRESE: Good evening, Senator Harris, Representative Ritter and members of the Public Health Committee. My name is Jesse White-Frese. I'm executive director of the Connecticut Association of School Based Health Centers. On behalf of the association, we thank you for Raised Bill 400, AN ACT CONCERNING INSURANCE REIMBURSEMENT PAYMENTS FOR SCHOOL-BASED HEALTH CENTERS.

Currently, school-based health center nurse practitioners are providing care to privately insured children, which accounts for 30 percent or about 39,000 visits annually of the total number of visits in school-based health centers statewide.

In large part these visits have not been reimbursed to school-based health centers as they have not been deemed primary care provider status. However, a visit by these same children seen at a Walgreens minute clinic is considered -- by the same nurse practitioner for the same service -- would be reimbursable.

While the minute clinic is considered a reimbursable visit for routine or acute care, the comprehensive continuum of care provided at a school-based health center does not fall into the same category.

As these visits could account for over \$3.6 million in revenue for school-based health centers, we would be remiss in this economy, and especially in light of the fact that school-based health centers are facing a possible \$2.75 million reduction to their line item in the budget -- not to pursue any

possibility for reimbursements due us for services rendered.

We're currently involved in discussions with one private insurer and we are hopeful that we'll be able to negotiate school-based health center contracts both with this insurer and with other insurance companies. Economically it is essential that we proceed with this action.

For most of the children and families we see, these services are vital to their survival. Without the school-based health centers, many of these children end up filling our emergency rooms with nonurgent care at 16 times the cost of a school-based health center visit. It's difficult to argue the cost savings differential between a school-based health center and the emergency room.

We know that in the last school year alone we saved the health care system more than \$310,000 when we provided 905 nebulizer treatments in school-based health centers at a cost of \$47,000, versus 6 -- I'm sorry -- \$362,000 for those same nebulizer treatments in emergency rooms.

This is the time for us to seek revenue where we can, to support essential health care services for children. Raised Bill 400 provides an opportunity for us to do that. Thank you.

REP. RITTER: Thank you very much for your testimony and thank you for waiting a very long time to deliver it.

Representative Giegler.

REP. GIEGLER: Thank you, Madam Chair.

And thank you so much for your patience in staying.

One question. Why do you think the school-based health centers cannot get primary care provider status?

JESSE WHITE-FRESE: There have been a number of issues around that and questions about it over the years. Some of which I could dispel a few of those for you right now, but one of the primary barriers has been that school-based health centers do not operate all year round on a full-time basis through the summer and so on. So that's been one of the reasons.

But we know that again, to use the example I did in my testimony, is that a child can go to a minute clinic and have acute-care there and that service can be reimbursed. That same nurse practitioner that works in the day in the school-based health center could work at night or on weekends in the minute clinic and that same child could come to the minute clinic and be reimbursed. That's not a primary care provider either. So that may have been something that was an issue at one point, but certainly seems to no longer be a major issue.

And the other issue has been raised about copays, but in fact we're perfectly able to bill for copays to the parents. We would not expect a five-year-old child to bring, you know, their \$20 co-pay to school with them for their private insurance visit at the school-based health center, but we could certainly bill for that.

Just as when my husband goes to the doctor and forgets to bring money for the co-pay, I

receive a bill and we pay that. So it would be the same situation. We would be able to deal with the co-pay issue in that way.

REP. GIEGLER: Would you have the staff that would be able to do the billing and also to the collections of it?

JESSE WHITE-FRESE: Uh-huh.

REP. GIEGLER: I'm sure with some of the clients that you have it might be difficult.

And I guess, the other question that I would say is that the -- should you get co-pay reimbursement? Do you think that you would be able to keep it and generate it back into the school-based health centers or do you think it would become part of the municipality or the town's budget?

JESSE WHITE-FRESE: Oh, no. No. That would certainly go back into the school-based health center operating budget. And because the school-based health centers are generally operated, as you know in your community, by a health department or community health centers, hospitals and private nonprofit organizations.

That money has been -- as long as it's tracked properly and there are the proper financial procedures in place, that those reimbursements -- just as right now when we bill to the HUSKY program for children that have HUSKY insurance, that that funding goes back into supporting -- those revenues support the operations of the school-based health centers.

REP. GIEGLER: Now, through the generation of some monies that's additional funding for school-based health centers, we know that most

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10:00 A.M.

of them are just operational during the course of the school year.

JESSE WHITE-FRESE: Uh-huh.

REP. GIEGLER: Some have the luxury of being a part-time during the summer, which is really advantageous for students who probably are not getting any kind of health care over the summer.

Do you think, by these funds, it would be adequate enough for you to be able to maybe extended hours in some of the sites that are around the state?

JESSE WHITE-FRESE: Uh-huh. That may be true in some of the communities, but do remember that it's really a -- the smaller proportion. 45 percent of the visits we have annually are for children with HUSKY insurance. And about 27 percent -- 27 to 30 percent are children that are privately insured. The other 29 to 30 percent are children that are uninsured.

And so it would generate some revenues and that really would very community to community. We have some communities that have a very larger proportion of children that use the school-based health centers that have private insurance, but the majority of the communities have larger proportions of children that use the centers that have HUSKY insurance.

REP. GIEGLER: And I know some of the locales have dental clinics as well.

JESSE WHITE-FRESE: Uh-huh.

REP. GIEGLER: However that would be under, you know, having to have the dental coverage.

Now would you be able -- is it in your intention that should you get insurance approval, that you also would be able to bill for dental coverage?

JESSE WHITE-FRESE: That -- what we're focusing on here with this is actually even just trying to receive reimbursements for the children that we provide care to that have private insurance for medical services, because we also provide behavioral health visits for the children that are privately insured as well.

And our intention, I think, is a stepped approach so that we would start initially with medical coverage, students that receive medical visits at the school-based health center, but certainly we would very much wish to proceed toward behavioral health and then dental coverage as well.

REP. GIEGLER: And as long as you're here, I know that the governor's budget cuts school-based health center funding, probably to about, I think we figured out about \$13,500 per site. And you also had a cut in the fall. Am I correct with that?

JESSE WHITE-FRESE: Yes.

REP. GIEGLER: Now, this kind of funding would help you because this threatens, does it not, your staffing abilities and programs, and the fact that you could lose staff and it would be very hard for you to replace it? Is that correct?

JESSE WHITE-FRESE: Uh-huh. Absolutely. And particularly in light of the fact, as you mentioned, the earlier cut earlier in the year and now in the last quarter of the year, a potential, facing a potential \$1 million reduction, really has a -- quite a serious

impact for some of the centers.

So that's our whole intent here is that this is the time for us to be seeking revenues in places where we can to be as efficient as we can and to be as thorough as we can, so that we can help to really diversify the funding streams that do support school-based health centers.

REP. GIEGLER: Well, thank you so much and I think the program that school-based health centers afford our communities is so valuable.

So hopefully, by being able to do this kind of billing it would help the school-based health centers stay healthy within our -- financially healthy, I should say, within our communities.

JESSE WHITE-FRESE: Uh-huh.

REP. GIEGLER: So thank you so much.

JESSE WHITE-FRESE: You're welcome. Thank you.

REP. RITTER: Are there any other questions from the committee? No.

Thank you very much for your testimony.

JESSE WHITE-FRESE: You're welcome.

REP. RITTER: The next bill that we have would be Senate Bill 402. And the first person I have on the list is Jeffrey Walter, who may have left. And the next is Terry Edelstein.

Okay. We'll go to the next bill, House Bill 5452. And the first person I have on the list is Dr. Steven Woilfsen.



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THE VOICE OF LOCAL GOVERNMENT

TESTIMONY
of the
CONNECTICUT CONFERENCE OF MUNICIPALITIES
to the
PUBLIC HEALTH COMMITTEE

March 12, 2010

CCM is Connecticut's statewide association of towns and cities and the voice of local government - your partners in governing Connecticut. Our members represent over 93% of Connecticut's population. We appreciate this opportunity to testify before you on issues of concern to towns and cities.

Raised Senate Bill 400 "An Act Concerning Insurance Reimbursement Payments to School-Based Health Centers, would require that individual and group health insurance policies provide coverage for services received at a school-based health center to the extent that such services are a covered benefit under the policy.

SB 400 is a well intentioned insurance mandate - - providing reimbursement to school-based health centers from insurance companies for services they provide.

School-based health centers are struggling particularly at a time when they are being hit with continuous cuts in state-aid. Perhaps the better way to help school-based health centers off-set costs would be for the State to fund them more adequately.

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If you have any questions, please contact Donna Hamzy, Legislative Associate
via email dhamzy@ccm-ct.org or via phone (203) 498-3000.

Anthem Blue Cross and Blue Shield
 370 Bassett Road
 North Haven, Connecticut 06473-4201
 Tel 203-239-4911



March 12, 2010

Statement
 Of
 Anthem Blue Cross and Blue Shield
 On

SB 400 An Act Concerning Insurance Reimbursement Payments To School-Based Health Centers

Good morning Senator Harris, Representative Ritter and members of the Public Health Committee, my name is Christine Cappiello and I am the Director of Government Relations for Anthem Blue Cross and Blue Shield in Connecticut. I am on testifying on SB 400 An Act Concerning Insurance Reimbursement Payments To School-Based Health Centers.

We understand that while the Connecticut Legislature looks to address the healthcare problem in Connecticut, school-based health centers are an obvious place for the delivery of healthcare as every child in Connecticut must attend school. We know from our experience when we were a health plan in the Husky program for more than 10 years, that school-based health centers were an important part of the delivery of care for the Medicaid Managed Care program.

While we believe that this is important goal and join in the effort to address the problem. However, we are not sure that this approach will reach the desired goal because school-based health clinics are not equipped, like a physician's office is, to be part of the insurer/provider billing structure that is in place. For example, many school-based health clinics are not set up to be able to collect copayments, coinsurance, etc. Therefore, if an Anthem member, or theoretically any member who had insurance with co-pays and deductibles as most commercial insurance plans have, went to obtain services from there (whether it is child or parent) the clinic would not be able to take the co-pay, etc. that is required under the member contract. This was not a concern when we participated in the Husky program because there were no co-pays or deductibles.

Another common commercial insurance practice that is a barrier is in order for a provider to contract with Anthem (or theoretically any Insurer); the provider must meet the insurer billing and other contract requirements, including referrals to other participating providers. It is our understanding that all school-based clinics are not on equal footing in their ability to fulfill these requirements.

Another point worth considering is that some school-based health clinics are fully funded by the city/town/municipality where the clinic is located. Therefore, parents of children who are served by these clinics have no financial responsibility for the services, in the event that their insurance doesn't pay. Anthem has a clause in its coverage documents that excludes Anthem's coverage of any services for which the member has no financial responsibility. As we remain concerned about the rising cost of healthcare, this seems to be counter to that because it would have insurance paying for something that would otherwise be free and therefore increase the cost of health insurance.

Thank you for the opportunity to speak on this bill and welcome any questions you may have.



Testimony in Support of **RB 400, AN ACT CONCERNING INSURANCE REIMBURSEMENT PAYMENTS TO SCHOOL-BASED HEALTH CENTERS.**

Connecticut Association of School Based Health Centers, Inc.
March 12, 2010

Good afternoon Senator Harris, Representative Ritter, and members of the Public Health Committee. My name is Jesse White-Fresé; I am the Executive Director of the Connecticut Association of School Based Health Centers, a statewide organization that represents seventy-eight school based health centers in nineteen Connecticut communities. On behalf of the Association, we thank you for Raised Bill 400, *An Act Concerning Insurance Reimbursement Payments to School-Based Health Centers*.

Currently, School Based Health Center (SBHC) nurse practitioners are providing care to privately insured children, which accounts for 30% (39,300 visits) of the total number of annual visits in SBHCs statewide. In large part, these visits have not been reimbursed to school based health centers as they have not been deemed primary care provider status. However, a visit by these same children, seen at a Walgreen's Minute clinic by the same nurse practitioner for the same service would be reimbursable. While the Minute clinic is considered a reimbursable visit for routine or acute care, the comprehensive continuum of care provided at a SBHC does not fall into this same category. As these visits could account for over \$3.6 million in revenue for SBHCs, we would be remiss in this economy, and especially in light of the fact that SBHCs are facing a possible \$2.75 million reduction to their line item in the budget, not to pursue any possibility for reimbursements due us for services rendered.

We are currently involved in discussions with one private insurer and are hopeful that we will be able to negotiate SBHC contracts both with this insurer and with other insurance companies. Economically, it is essential that we proceed with any action that might ensure uninterrupted services to children that utilize the SBHCs. For most of the children and families we see, these services are vital to their survival. Without the SBHCs, many of these children end up filling our emergency rooms with non-urgent care at 16 times the cost of a school based health center visit. It is difficult to argue the cost savings differential between a school based health center and the emergency room. We know that in the last school year alone, we saved the health care system more than \$310,000 dollars when we provided 905 nebulizer treatments in school based health centers at a cost of \$47,200 vs. \$362,000 in emergency rooms. This is the time to seek revenue where we can to support essential health care services for children. Raised Bill 400 provides an opportunity for school based health centers to be reimbursed for those services.

On behalf of the member communities of the Connecticut Association of School Based Health Centers, we thank you for your willingness to support the concept of **RB 400**, and we thank the commercial insurers for their interest in addressing this issue through non-legislative means.

Healthy Kids Make Better Learners

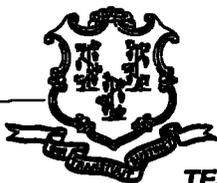
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STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

TESTIMONY PRESENTED BEFORE THE PUBLIC HEALTH COMMITTEE
March 12, 2010

Lisa Davis/Branch Chief, Public Health Initiatives, (860) 509-7794

Senate Bill 400 - An Act Concerning Insurance Reimbursement Payments to School-Based Health Centers.

The Department of Public Health is in support of and provides the following information with regard to Senate Bill 400.

School Based Health Centers provide a wide array of services to children and adolescents including diagnosis and management of chronic diseases and acute illnesses, physical exams, immunizations, routine health screenings, counseling, and provide health promotion and disease prevention programs to address obesity, sexually transmitted diseases, drug and alcohol use and adolescent pregnancy. Some SBHCs also provide oral health services

During the school year, 2007-2008, there were 22,421 students who utilized School Based Health Center Services in Connecticut. SBHCs are a key to student success by ensuring CT's children are healthy and ready to learn by

- Providing comprehensive healthcare where children spend the majority of their day, eliminating transportation and other problems that inhibit access to healthcare,
- Increasing access to physical, mental, and dental health services making access easier especially for students whose parents or caregivers work long hours or multiple jobs; and by
- Providing timely access to primary health care and preventive medicine reducing costly emergency room visits.

This proposed legislation would require that individual and group health insurance policies provide coverage for services received at a school-based health center to the extent that such services are a covered benefit. This would have a positive impact on school-based health centers. It would be another source of revenue to offset the costs of school-based health center operations. The reimbursable services provided at school based health centers would be at a minimum, equal to those services provided at other licensed outpatient clinics. Any additional dollars these reimbursements generate would benefit the School Based Health Center system of care and would increase the program sustainability

Thank you for your consideration of the Department's views on this bill.

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**CONNECTICUT
GENERAL ASSEMBLY
SENATE**

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SENATE

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Seeing no objection, so ordered.

SENATOR LOONEY:

Thank you, Mr. President.

THE CHAIR:

Mr. Clerk, please call.

THE CLERK:

Calendar page 35, Calendar Number 278, File
Number 404, Senate Bill 400, AN ACT CONCERNING
INSURANCE REIMBURSEMENT PAYMENTS TO SCHOOL BASED
HEALTH CENTERS, Favorable Reported, Committee on
Public Health and Insurance.

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Thank you, Mr. President. I move acceptance of
the Joint Committee's Favorable Report and passage of
the bill.

THE CHAIR:

Question is on acceptance and passage of the
bill. Will you remark, sir?

SENATOR HARRIS:

I will, Mr. President. Thank you very much.

Mr. President, the clerk is in possession of an

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amendment, LCO Number 4914. I ask that it be called
and that I granted permission to summarize.

THE CHAIR:

Mr. Clerk.

THE CLERK:

LCO 4914, which will be designated Senate
Amendment Schedule A. It is offered by Senator Harris
of the 5th District, et al.

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Thank you, Mr. President. I move adoption.

THE CHAIR:

Question is on adoption. Will you remark, sir?

SENATOR HARRIS:

Thank you, Mr. President. Mr. President, this is
a strike all amendment, it becomes the bill. It's
very sort, very simple, but very important.

School based health centers on the front line of
health care, providing health care to hundreds of
thousands of kids every single year. As a matter of
fact, I had some statistics here about the number, but
what this bill tries to do is in these school based

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health center, where the nurse practitioners are providing care, there are a number of children that are privately insured. As a matter of fact, the privately insured account for about 30 percent of the visits to school based health centers. Almost 40,000 visits per year. But these visits have not been reimbursed by the insurance carriers. For some reason there haven't been contracts that were entered into between the insurance companies and the school based health centers, which would enable these visits to be covered.

So it's interesting that if a child goes to a minute clinic where there -- one of these walk in clinics where there is a contract with a private insurer, a service would be covered, but the same service provided in the school based health center would not be covered.

And these visits could account for over 3.6 million dollars, we estimate, in revenue for school based health centers. And as we know, in these tough times, when we've been doing a lot of cutting, the school based health centers have been receiving their end of those cuts. As a matter of a fact, at one

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point they were facing an additional -- after already being cut -- 2.75 million dollar reduction in their line item in the budget. It would be so helpful to have these private dollars coming in to help our school based health centers. And again, this is nothing that's out of the ordinary because these services are covered in other settings, just not in the school based health center.

So what this bill will do -- it's not a mandate. We're not trying to mandate this. But it will push the health insurers towards offering the school based health centers contracts to cover the benefits that they cover in other settings.

I urge adoption of the amendment.

THE CHAIR:

Will you remark further?

Senator DeBicella.

SENATOR DEBICELLA:

Mr. President, very briefly, I stand in support of this amendment as well. Senator Harris has done a very good job in crafting a very narrow bill that deals with what we might call a distribution issue rather than what we normally talk about here, which is

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a coverage issues. This is not talking about any additional coverage, which tends to drive up costs. This is just talking about making sure that in school based health clinics, we're able to get kids access to the same type of coverage that they would enjoy elsewhere by visiting another type of doctor.

So I believe that this bill is very carefully crafted to ensure that it is not going to be a mandate on our health care system, but instead, is going to help to increase access to care.

So I stand in favor of this bill -- this amendment and of the underlying bill. Thank you, Mr. President.

THE CHAIR:

Thank you, Senator DeBicella.

Senator McLachlan.

SENATOR MCLACHLAN:

Thank you, Mr. President. I rise in support of this amendment. I'd like to say that I've had experience serving in the advisory board of the Danbury school based health centers and it was probably four or five years ago that we were looking for creative ways to generate some more revenue,

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knowing that budgets were continuing to go down. And one of the things that were talked about many years ago was how could we recruit insurance companies to be more proactive in funding services at school based health centers.

So I applaud our efforts, my colleague, the chair of the Public Health committee. This is a good move. It's good for our children. It's a good, creative way for us to lessen the burdens of the budgets in school based health centers. Thank you.

THE CHAIR:

Thank you, Senator McLachlan.

Will you remark further? Will you remark further on the bill?

Senator Harris.

I'm sorry. The question is on adoption.

If not, all those in favor indicate by saying aye.

SENATORS:

Aye.

THE CHAIR:

Opposed, nay.

Ayes have it.

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Will you remark further, Senator Harris?

SENATOR HARRIS:

Thank you, Mr. President. I do want to thank Senator Debicella. On all the bills that we worked on today he was an excellent partner as a ranking member of Public Health and I think he hit the nail on the head with this one.

This is really a cost savings measure. It is actually going to be providing better care. We know when we provide care, we actually save money, both public and private dollars. And it will help us with our budget because by providing this stream of revenue to the school based health centers, not only will we keep people healthy and save dollars, but it will take the pressure off the state budget to have to fill in the gaps to make sure that these important front lines of health care, the school based health centers survive.

I appreciate everyone's cooperation. If there's no objection, I'd ask that this matter be placed on consent.

THE CHAIR:

Seeing no objection, the item is placed on the

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consent calendar.

Senate will stand at ease.

(Senate at ease)

Senator Looney.

SENATOR LOONEY:

Thank you very much, Mr. President. Mr. President, if the clerk would call the next two items in order that I believe have been marked previously. Calendar page 23, Calendar 63, Senate Bill 185, and then the next bill after that will be Calendar page 26, Calendar 141, Senate Bill 188.

THE CLERK:

Calendar page 23, Calendar Number 63, File Number 45, Senate Bill 185, AN ACT CONCERNING ADVERTISING BY NON LICENSED TRADESPERSONS, Favorably Reported, Committees on General Law and Judiciary.

THE CHAIR:

Chairman of the committee on General Law, Senator Colapietro, you have the floor, sir.

SENATOR COLAPIETRO:

Thank you, Mr. President. I move the Joint Committee's Favorable Report and passage of the bill.

THE CHAIR:

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Calendar 219, Substitute for Senate Bill

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Calendar 220, Substitute for Senate Bill

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Calendar page 32, Calendar 234, Substitute
for Senate Bill 167.

Calendar page 35, Calendar Number 278,
Senate Bill Number 400.

Mr. President; that completes the items
placed on consent calendar number 2.

THE CHAIR:

Thank you, Mr. Clerk, the machine will be
open.

THE CLERK:

Mr. President, there's one correction.
Calendar page 2, Calendar 118 was not placed on
consent, that was referred to Finance, Revenue
and Bonding.

THE CHAIR:

Thank you, Mr. Clerk.

Senator Fasano.

Have all members voted? Have all members

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voted?

Please check the board to make sure your votes are properly recorded? Have all members voted?

The clerk will announce the tally.

THE CLERK:

The motion is on adoption of the consent calendar number 2.

Total number Voting	32
Those voting Yea	32
Those voting Nay	0
Those absent and not voting	4

THE CHAIR:

The consent calendar passes

Senator Looney.

SENATOR LOONEY:

Thank you, Mr. President. Mr. President, I believe the clerk is now in possession of Senate Agenda Number 5 for today's session.

THE CHAIR:

Mr. Clerk.

THE CLERK:

Mr. President, Clerk is in possession of