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**CONNECTICUT
GENERAL ASSEMBLY
HOUSE**

**PROCEEDINGS
2013**

**VOL.56
PART 16
5210 – 5544**

Mr. Clerk, will you please call Calendar Number 590.

THE CLERK:

Mr. Speaker, on page 33 of today's calendar, House Calendar 590, favorable report of the joint standing committee on Human Services, Substitute Senate Bill 1026, AN ACT CONCERNING AN ADEQUATE PROVIDER NETWORK TO ENSURE POSITIVE HEALTH OUTCOMES FOR LOW-INCOME RESIDENTS.

SPEAKER SHARKEY:

Representative Morris, you have the floor, sir.

REP. MORRIS (140th):

Good evening -- good evening, Mr. Speaker.

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

SPEAKER SHARKEY:

The question is on acceptance of the joint committee's favorable report and passage of the bill in concurrence with the Senate.

Will you remark, sir?

REP. MORRIS (140th):

Anticipating an increase of up to 100,000 residents in Medicaid rolls when the Affordable Care

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Act takes effect next year, this bill requires the Council on Medical Assistance Program Oversight to study obstacles to achieving adequate healthcare provider network for Medicaid recipients and to recommend strategies to improve access to such provisions -- providers and health outcomes for recipients across racial and ethnic lines.

I urge adoption.

SPEAKER SHARKEY:

Thank you, sir.

Do you care to remark? Do you care to remark further on the bill that's before us?

Representative Wood of the 141st.

REP. WOOD (141st):

Thank you, Mr. Speaker.

I stand in support of this bill. I think it makes sense to figure out where Medicaid is working and where we can make it stronger, and I urge our colleagues to support this bill.

Thank you, Mr. Speaker.

SPEAKER SHARKEY:

Thank you, madam.

Would you care to remark? Would you care to remark further on the bill that's before us?

Representative Sawyer of the 55th, you have the floor, madam.

REP. SAWYER (55th):

Yes, Mr. Speaker.

I just had a question. I looked at the bill and I was looking at it online. And a technical question, I saw that there was a Senate amendment and will they be calling the Senate amendment?

Through you, Mr. Speaker.

SPEAKER SHARKEY:

Representative Morris, do you care to answer that question?

REP. MORRIS (140th):

I'm not sure of the question, Mr. Speaker.

SPEAKER SHARKEY:

Representative Sawyer, was your question of the proponent of the bill whether he was going to call an amendment?

REP. SAWYER (55th):

Yes, Mr. Speaker.

REP. MORRIS (140th):

Mr. Speaker --

SPEAKER SHARKEY:

Is that -- I'm sorry, is that the question you

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were asking, Representative Sawyer?

REP. SAWYER (55th):

Yes, Mr. Speaker.

It was my understanding -- perhaps, I made a mistake but I thought the Senate had passed an amendment.

Through you, Mr. Speaker.

SPEAKER SHARKEY:

Representative Morris.

REP. MORRIS (140th):

Mr. Speaker, that is correct. The Senate did not accept the amendment. This is a substitute language that was voted upon by the Senate. And for that reason that's why we're voting -- on concurrence with the Senate's vote.

SPEAKER SHARKEY:

Thank you, sir.

Representative Sawyer.

REP. SAWYER (55th):

I thank the gentleman for his answer, and it was my misunderstanding that it had failed and not passed.

Thank you, Mr. Speaker.

SPEAKER SHARKEY:

Thank you, madam.

Yes, just to be clear, the Clerk has informed us that there was an amendment called but it failed.

Would you care to remark? Would you care to remark further on the bill that's before us?

If not, staff and guests to the well of the House. Members take your seats. The machine will be open.

THE CLERK:

The House of Representatives is voting by roll.

The House of Representatives is voting by roll. Will members please return to the chamber immediately.

SPEAKER SHARKEY:

Have all the members voted? Have all the members voted? Would members please check the board to make sure your vote is properly cast.

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

The Clerk please announce the tally.

THE CLERK:

In concurrence with the Senate, SB 1026.

Total Number Voting 134

Necessary for Passage 68

Those voting Yea 134

Those voting Nay 0

Those absent and not voting 16

SPEAKER SHARKEY:

The bill passes in concurrence with the Senate.

Will the Clerk please call Calendar Number 382.

THE CLERK:

On page 49, Calendar Number 382, favorable report of the joint standing committee on Finance, Revenue and Bonding, Senate -- Substitute Senate Bill 909, AN ACT CONCERNING UNEMPLOYMENT CONFORMITY.

SPEAKER SHARKEY:

Representative Tercyak.

REP. TERCYAK (26th):

Thank you very much, Mr. Speaker.

I move for acceptance of the joint committee's favorable report and passage of the bill.

SPEAKER SHARKEY:

In concurrence with the Senate, sir?

REP. TERCYAK (26th):

In concurrence with the Senate. Thank you very much.

SPEAKER SHARKEY:

Thank you, sir.

The question before the Chamber is acceptance of the joint committee's favorable report and passage of

**JOINT
STANDING
COMMITTEE
HEARINGS**

**HUMAN
SERVICES
PART 3
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COMMISSIONER RODERICK BREMBY: Well, at least Rosa can keep track of the important -- good afternoon, Senator Slossberg, Representative Abercrombie, Distinguished Members of the Human Services Committee. I'm Rod Bremby, Commissioner of the Department of Social Services. I appreciate the opportunity to testify before you this afternoon on several bills that impact the Department of Social Services.

I'll start first with Senate Bill 1022 providing incentives to meet long-term care goals. This bill would amend the Department's existing authority to consider a nursing facility rate change when a facility's actions are being undertaken for the purpose of carrying out the state's strategically balancing plan for long-term care services and supports.

Specifically, the bill requires the Department to increase a facility's rate in any case where a facility voluntarily decreases its bed capacity either temporarily or permanently. The bill does not provide the Commissioner with any discretion to deny such rate increases, nor does the bill require that the facility permanently decrease its overall licensed bed count despite receiving a higher rate for an unfilled bed.

The Governor and Legislature have recognized the need to shift away from institutional care and recently announced the addition of \$10 million in bond funding and \$3 million in General Fund support to the state budget this fiscal year to help nursing facilities right-size by diversifying care models, downsizing, and modernizing.

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The coordination of benefits can often exceed 30 days, which under this bill would result in advance payments to nursing facilities. Although other sources may ultimately pay, the administrative burden of issuing advance payment and then obtaining reimbursement would create a significant administrative burden for the Department.

Over the past year, we've had ongoing conversations with the industry. The Department has and continues to modify our internal processes with the regard to eligibility determination for long-term care Medicaid clients. For example, the department has developed less labor-intensive asset review procedures for both DSS and the applicant.

In addition, we've rewritten several forms so that they are more customer friendly. Finally, with the assistance of the nursing home industry, the department is developing a long-term care Medicaid application that is specific to the financial and categorical requirements of a long-term care eligibility determination.

In addition to these discussions with industry leaders, staff from nursing facilities and home care agencies meet regularly with the Department's eligibility and policy staff in an effort to enhance communication and resolve specific concerns as they arise. The Department opposes the legislation as it is proposed here but will continue to work with the industry to come up with less costly solutions.

Senate Bill 1026, ADEQUATE PROVIDER NETWORK TO ENSURE POSITIVE HEALTH OUTCOMES FOR LOW INCOME RESIDENTS -- this bill seeks to establish a

commission to study access to Medicaid, including such aspects as provider enrollment process, provider education, reimbursement, and means of improving health and cost outcomes and reducing racial and ethnic disparities.

The Department feels that these matters already fall squarely under the jurisdiction of the Medical Assistance Program oversight council, which as a subcommittee dedicated to consumer access issues. Creating a new and separate commission would therefore be a duplicative effort.

House Bill 5919, PRESUMPTIVE ELIGIBILITY, MEDICAID ELIGIBILITY FOR HOME CARE -- while we generally support presumptive eligibility as a means of enabling access to services, we have several concerns about this bill.

The bill does not recognize when an application is pending a Medicaid eligibility determination there is no way for the system to permit payment to provider agencies. Thus, all claims would have to be held until the Medicaid determination is complete and the application is approved or denied.

The bill also calls for funding from the Older Americans Act, the OAA. While the OAA funds a variety of health, supportive, and in-home nutrition and caregiver services that all support the state's rebalancing efforts away from institutional-based care to community-based care, these funds are not allocated to subsidize actual care plan costs.

In addition, applicants who are ultimately denied Medicaid eligibility, which we believe to be between 25 and 30 percent of the waiver applicants, would be eligible for the

here? Okay. Marcia is not here. Is Rick Pittman here? Okay. Susan Walkama? Daniela Giordano. Okay. Daniela Giordano.

DANIELA GIORDANO: Oh, yeah. I'm here. I was just actually talking to a colleague of mine who wasn't here for her testimony. (Inaudible).

SENATOR SLOSSBERG: Yeah, sit in that, you've got, this is the hot seat.

DANIELA GIORDANO: I don't mind that. It's nice to be (inaudible). Senator Slossberg and Distinguished Members of the Human Services Committee, thank you very much for having us here today. I'm also going to try and actually combine three bills that I want to testify on and one testimony so we don't have to call me three times.

My name is Daniela Giordano, and I'm the public policy director for the National Alliance on Mental Illness in Connecticut. And I am here today on behalf of NAMI Connecticut to support three bills, obviously, the one that's being heard right now, 1023, in regards to the revenue retention by nonprofits.

And as you've heard from other people who are actually representing nonprofits, they do do a great job with usually a lot of barriers and restraints, especially in the fiscal arena. And I, we would really appreciate if you'd really consider this proposal as organizations that provide effective and efficient services should be awarded and rewarded for their work.

And we are concerned about nonprofits really having to provide services in a very bleak fiscal environment and really just this legislative session, as you know, having

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gotten the first cost of living adjustment increases in four years.

We also support S.B. 1026, AN ACT CONCERNING AN ADEQUATE PROVIDER NETWORK TO ENSURE POSITIVE HEALTH OUTCOMES FOR LOW INCOME RESIDENTS IN CONNECTICUT. This bill would improve health outcomes and ensure that Medicaid recipients have timely access to an adequate network of health care providers in time for the expansion of the Affordable Care Act.

It would establish a commission to study the obstacles to achieving adequate healthcare provider network for Medicaid recipients and recommend strategies to improve access to Medicaid providers and improve the health outcomes for all recipients. It would look to reduce spending, especially providing care to the recipients that really have the highest cost and highest need and reduce racial and ethnic disparities as well.

Studying these well-known issues is particularly important to people in the mental health community, as people with mental health conditions who receive care through Medicaid have a good array of services available to them but oftentimes encounter barriers, including limited access due to waiting lists or providers who simply decline to accept Medicaid coverage.

Thirdly, we support Raised Bill 6545, AN ACT CONCERNING DRUG PRIOR AUTHORIZATION FOR MEDICAID RECIPIENTS. And the purpose of this proposal is to make changes in Medicaid's prior authorization requirements to ensure that eligible Medicaid recipients and prescribers are informed of medication denials based on prior authorization issues.

Despite these exemptions and exceptions for medications that treat psychiatric conditions, what is even more important to consider but is often forgotten is the importance of accessible and coordinated care for all conditions, whether they are considered medical or mental, because people with diagnosed mental health issues have a high prevalence of also having medical conditions that require treatment, and the medications are subject to prior authorization for those kind of conditions. Thank you very much for your time.

SENATOR SLOSSBERG: Thank you, Daniela. Appreciate your testimony and your patience today. Are there any questions? No? We don't have any questions.

DANIELA GIORDANO: Thank you.

SENATOR SLOSSBERG: Thank you. Our next speaker is Kristen Tierney followed by Jeff Shaw.

KRISTEN TIERNEY: Hi. Good afternoon. Thank you very much, Senator Slossberg and Human Services Members. I'm testifying today in support of Bills 1023 and 1026. Nonprofits are vitally important to our mental health care system in Connecticut.

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When closing our state-run mental health hospitals in the 1990s, the Legislature did so stating that nonprofits in our state were better equipped to handle this demographic and with a promise of funding. This funding is vitally important to their ability to operate.

Our nonprofits operate on a shoestring and offer desperately needed support services to our loved ones who suffer from mental illness. As long as nonprofits comply with our state

regulations and reporting, please allow them to retain any extra funds. They will be put to good use.

On Bill 1026, due to budget cuts, Bridgeport Mental Health, I wrote it here, but it's actually Child Guidance, has gone from offering counseling to low-income families from five to two days a week. As a result, there are now waiting lists. This is neither adequate nor acceptable mental health care.

Having children and families wait six weeks between appointments is unacceptable under any successful mental health care model. We need to have acceptable and accessible mental health services that are properly funded.

The Legislature is looking later in the week at Bill 374, this week, which will legislate the screening of each child in our public school system therefore identifying more children and families in need with no place to go. This is not a model for success.

Throughout this Legislative session, our state psychiatric and mental health professionals, service providers, and caregiving families have testified to the dire need for more mental health professionals in our state, better reimbursement, and easier access. Thank you for your continued funding and support of mental health services in Connecticut.

SENATOR SLOSSBERG: Thank you very much for your testimony. I couldn't agree with you more. I think the worst thing you can do is tell a parent that their child has a need and then not have the resources to address it, so it's a really scary place we're in right now with

regard to this, so thank you for being here
and for sharing that with us.

KRISTEN TIERNEY: Thank you.

SENATOR SLOSSBERG: Are there questions? No.
Okay.

KRISTEN TIERNEY: Thank you.

SENATOR SLOSSBERG: Thank you. Our next speaker is
Jeff Shaw. Is Jeff here, Jeff Shaw? Okay.
That takes care of Senate Bill 1023. We're on
to Senate Bill 1025.

A VOICE: This one?

SENATOR SLOSSBERG: Our next speaker is Mag
Morelli -- Mag was here -- followed by James
Dahl.

MAG MORELLI: Thank you. Apologize. Senator
Slossberg, Members of the Committee, my name
is Mag Morelli, and I'm the president of
Leading Age Connecticut, a membership
organization representing over 130 mission-
driven and not-for-profit provider
organizations serving older adults throughout
the continuum of long-term care.

We've submitted testimony on four separate
bills today, but I just want to speak very
briefly to Senate Bill 1025, AN ACT CONCERNING
ADVANCED PAYMENTS. I know we've had a lot of
testimony on this this morning. The state,
you know, the state's current Medicaid
eligibility system is just not able to qualify
long-term care applications in a timely manner
right now.

And as a consequence, consumers are not able
to access the services in the community, as

partner with the state to provide Medicaid funding to residents in need. We're simply asking families to be partners in that as well and do their fair share by paying the applied income. Thank you very much.

SENATOR SLOSSBERG: Thank you very much, and thank you for keeping it short. Appreciate it. Any questions? And congratulations on your designation.

JAMES DAHL: Thank you.

SENATOR SLOSSBERG: I believe that concludes Senate Bill 1025. We're on to Senate Bill 1026. Our first speaker is Sheila Amdur followed by Marcia DuFore. Afternoon, Sheila.

SHEILA AMDUR: Good afternoon. Good afternoon, Members of the Human Services Committee. My name is Sheila Amdur. I am the interim president and CEO of the Connecticut Community Providers Association. And I'm very pleased today to testify on this bill, and I'm also want to thank you for raising 1023 also, the revenue retention bill, which I think is essential to the long-term health of the nonprofit sector.

But 1026 deals with really what is going to happen in this state as of January 1st, 2014, when we have about 200,000 new enrollees under the healthcare exchange and including about 50,000 new people under Medicaid. And it was interesting in looking at some of the data on this that this also, we also will continue to have about that same number of people who are uninsured.

We're joined today by quite a few other colleagues who are going to be testifying in support of this bill. And this bill is really

to deal with the issues of access, and will there be access, and how do we achieve positive health outcomes and particularly in relationship to the people that Medicaid serves who disproportionately are from racial and ethnic minorities.

The, we have healthcare reform hitting at the same time that the Governor's proposed budget has made deep, is proposing very deep cuts in Medicaid. Basically, it also proposes, I think you're going to be hearing more and more from us about this. Behavioral health services we, will basically be almost shut down as of next January 1st unless we do something about those grant accounts. We're going to be presenting you with more information on that.

So we think that nobody in this state is really looking at what is going to happen to access? If you have this many more people coming into the system and particularly in the Medicaid system with a number of, with how grossly underfunded that system is, what actually, where will they actually get, you know, services, and what's going to happen to the people who are already getting Medicaid? How is their access impacted?

So that even though the state is getting a windfall of over \$250 million as the (inaudible) program is picked up by the feds, we haven't addressed this issue. Now Mercer, who is a, Mercy Consulting, which the state uses very heavily, gave OPM a report about healthcare reform expansion and basically said, and I quote, that an analysis of the Connecticut Medicaid provider infrastructure should be taken to assess the impact of expanding Medicaid-eligible population as

required by the ACA. And as I said, none of that has taken place.

So this legislation addresses how we achieve an adequate healthcare provider network for Medicaid Recipients. We're not asking, there's no, we have no, we're not asking that the state put any money into this, because we actually think that the issue is critical enough that we're hopeful that we can get foundation funding. We don't have that yet in hand.

But we're hopeful that we can get that to underwrite this. The state did get a federal grant that if they're successful with it should lead to a much larger federal grant related to healthcare reform. It's a state innovation model grant, the SIM grant, except that model is really, it deals with payment reform and aligning Medicaid the way Medicaid pays with, more with the private, with private sector in terms of bundled payments and case rates and so on. It's not dealing with this issue.

So we, just so sum up, it's very, it's just pretty, it's pretty clear, we believe the state's flying blind at this point as to what is going to happen with healthcare reform hits. And you may be told otherwise by other people who are working on this, on the, in the public side, but I would ask you if they, if you are told that, ask them to demonstrate to you how they are dealing with this issue.

And for those of you who are on Appropriations, I think you obviously have to deal with this issue in terms of how, what the compression of the system is going to be based upon the cuts that are in the budget. I'd be happy to answer any questions.

SENATOR SLOSSBERG: Thank you very much, Sheila. We appreciate your work, and the information that you're sharing with us, I think we'll, this is obviously, I wouldn't say the beginning of the conversation, but it's certainly not the end of it either, so --

SHEILA AMDUR: Right.

SENATOR SLOSSBERG: -- are there any other, are there any questions? Okay. Thank you for your testimony.

SHEILA AMDUR: Thank you.

SENATOR SLOSSBERG: The next speaker is Marcia DuFore. Is Marcia here? Okay. Mark Chudwick followed by Barry Kasdan.

MARK CHUDWICK: Good afternoon. Good afternoon, Senator Slossberg, Representative Abercrombie, Members of the Human Services Committee. My name is Mark Chudwick. I serve as communications director for Visiting Nurse Services of Connecticut. I'm here today presenting testimony on behalf of the Connecticut Association for Healthcare at Home.

Our association represents 60 licensed and certified home health and hospice providers that performs from five million home- and community-based visits for homebound Connecticut residents each year. Our association supports Raised Bill 1026, AN ACT CONCERNING AN ADEQUATE PROVIDER NETWORK TO ENSURE POSITIVE HEALTH OUTCOMES FOR LOWER INCOME RESIDENTS.

This act would create a special commission made up of healthcare providers and advocates

that serve Connecticut's low income citizens to examine the obstacles to creation of an adequate provider network for these individuals and to make sure recommendations on ways to overcome these obstacles to ensure appropriate access to achieve positive health outcomes.

Now historically, Connecticut has struggled to develop robust provider networks for its low income residents. This issue will escalate significantly later this year when the tenants of the Patient Protection and Affordable Care Act take effect requiring all citizens to acquire health insurance coverage. It's estimated that this requirement will impact some 300,000 Connecticut residents who do not currently have insurance.

Some 75,000 of those individuals will automatically qualify for coverage under the state's Medicaid program. And we have significant concerns about the state's current Medicaid system's ability to be able to adequately serve this new population. In the home health arena, most Medicaid patients are served by nonprofit providers like my organization, VNS of Connecticut.

Our nonprofit mission is to do everything possible to ensure that all Connecticut residents have access to high quality home health and hospice services regardless of their ability to pay. However, mounting financial and regulatory pressures are causing all nonprofit home health providers to lose ground in serving their missions while at the same time remaining financially viable.

As an example, VNS of Connecticut has seen a significant increase in Medicaid patients since the beginning of the current economic

downturn. Last year, our agency served nearly 2,000 Medicaid patients across the state at a loss to our agency of more than \$3.7 million. And pressure like this are requiring all nonprofit home providers to revisit their Medicaid access policies in order to remain financially viable.

A number of our agencies, our peer agencies, have closed their doors over the past 18 months. We believe that the special commission is absolutely necessary to identify all of the obstacles facing Medicaid provider networks and to develop solutions to ensure adequate access for our most vulnerable citizens. Thank you.

SENATOR SLOSSBERG: Thank you very much for your testimony and for the good work that the Visiting Nurses do. Representative Case.

REP. CASE: Thank you, Madam Chair. Great testimony.

MARK CHUDWICK: Thank you.

REP. CASE: Love it. Being on Appropriations and working through Human Services, I think we all like to hear a little bit from your agency with the 2,000, I believe, people who you have worked with in the past year on the dollar number that you have saved with keeping the people at home with the VNA system rather than having them in a facility, because by having the dollar number and having statistics in front of us is really going to help us with how we move forward.

MARK CHUDWICK: Mm-hmm. I would estimate it's about \$1,000 a day for a hospital visit. Our visits are about \$150.

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REP. CASE: Is there any way, I mean, I know you're just one small group, but finding out that the VNAs across the state, what the statistics are?

MARK CHUDWICK: We can have the association put that information together for you.

REP. CASE: If you can put that together, I think that would help us out on Appropriations and, you know, just give us an idea so that we have a better way to attack this and show that we're saving money by the VNA system.

MARK CHUDWICK: We'd be happy to do that.

REP. CASE: I appreciate it. Thank you.

MARK CHUDWICK: Sure, absolutely.

REP. CASE: Thank you, Madam Chair.

SENATOR SLOSSBERG: Okay. Thank you. Thank you for your testimony. Representative Ackert.

REP. ACKERT: Thank you, Madam Chair. One of your sentences, you said that you, the 2,000 Medicaid patients, the VNS lost \$3.1 million?

MARK CHUDWICK: That's correct. That's correct.

REP. ACKERT: Because you're sure --

MARK CHUDWICK: Point seven million.

REP. ACKERT: \$3.7 million?

MARK CHUDWICK: Correct.

REP. ACKERT: Yep. How does that happen? Or, I mean, without, and if you're even going to serve more --

MARK CHUDWICK: Well, that's the question. The way that we are able to at least approach breakeven is that in the home health industry, home health system, Medicare is the only payer that provides us with a margin. Right now, home care, home health providers lost money on Medicaid and all commercial, most commercial insurances.

REP. ACKERT: Okay.

MARK CHUDWICK: And the way that we make up for our losses on those is to take care of more Medicare patients.

REP. ACKERT: Okay. All right. Thank you for your testimony. Thank you, Madam Chair.

SENATOR SLOSSBERG: Okay. Thank you. Thank you, again.

MARK CHUDWICK: Yeah (inaudible).

SENATOR SLOSSBERG: I think that's it. The next speaker is Barry Kasdan.

BARRY KASDAN: Good afternoon --

SENATOR SLOSSBERG: Good afternoon.

BARRY KASDAN: -- Senator Slossberg and Representative Abercrombie. And I've submitted my testimony. You have that, and I'm going to sort of piggyback on Sheila Amdur's comments.

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For those that don't know me, I'm the president and CEO of Bridges. We're a behavioral health agency in Milford, Connecticut, but we're a regional provider of the services and serve thousands of children

and adults each year, and many of them are disabled and poor.

Coming to us is the only provider services in the area. We are here to support Senate Bill 1026. And as Sheila pointed out, there is a coming together right now of the budget crisis and the need for this Commission to study Medicaid and access to services.

Basically, there is no strategy or planning taking place currently to help nonprofit providers even position themselves and understand what they will do come January 2014 when some 50,000 people may be knocking at our doors. We currently see Medicaid recipients in our system. The rates that we receive cover 40 to 50 percent the cost.

There is no way without the grants that are now going to be cut by the Governor's budget to sustain these services. We cannot even begin contemplating how we will handle a surge of 50,000 people statewide coming in seeking services that we provide. And to move into this arena with no planning and no strategy in place really calls for some emergency action and steps on part of the Legislature in taking a look at how this transition will take place.

The bottom line being that if the resources are not there, and as Sheila said, for the first time in my career sitting at tables with my colleagues, I've begun hearing people saying we probably can't afford providing outpatient services anymore. Okay? And if that is where we're heading, the, we see a caseload of consumers and clients that no other providers will see.

Every day we get referrals from private practitioners who no longer will take

insurance and can't deal with and provide services for the acuity level of people that come to our agencies. And this is happening statewide.

There will be a crisis in the streets of every city and town in the state of Connecticut if these, this goes down, in terms of the budget cut and no plans in place to help providers deal with the transition. So let me stop there.

SENATOR SLOSSBERG: Okay. Thank you very much, Barry. Appreciate that. Let me just first say it's obviously, you know, you're from Milford, I'm from Milford. I know the incredible work for those of you who don't know, incredible work that Bridges does for so many people but also for you personally for the amount of work that you do outside of, you know, running an agency that serves so many people in our communities but also, you know, all of the planning the background.

So I consider you a valuable resource. I, you know, I encourage anybody on the Committee who has any questions, you know, the interest here is obviously to make sure that we have a system that works, and I appreciate the work that you do.

BARRY KASDAN: Thank you.

SENATOR SLOSSBERG: So I don't have any questions, because I've asked you all of them 10,000 times and probably at, you know, 10:00 o'clock at night when you were trying to be home with your family. So are there any questions for Barry?

A VOICE: No.

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SENATOR SLOSSBERG: No? All right.

BARRY KASDAN: Can I just make one comment on another bill which has to do with the retention of revenues?

SENATOR SLOSSBERG: Sure.

BARRY KASDAN: Because I think that most of, all of our funding sources review our budgets at the end of the year when we do eight-month reports. If any of us are reporting excess revenues over expenditures, they ask questions, there are systems in place to be checking all of that.

For an agency such as mine, the simple answer I have to you is that those dollars were just simply if we had them, it's rare that we have them, would just simply roll over into the service system. We're not going to bank them away. They're not significant enough to us to accumulate anything. Okay?

And most situations we have a little excess not because we're making money on anything. We're losing, and we're subsidized by other sources, the United Way, the cities, the towns. The reason we sometimes have a little excess is we had a delay in filling the position.

Well, we'll take that money and roll it into the budget for the following year. Okay? So I think it's sort of a no-brainer in terms of allowing nonprofits to hold onto the few dollars that are there. They're not going to bank it away and make millions on that. Okay? Thank you.

REP. ABERCROMBIE: Deb Polun.

DEB POLUN: Good afternoon. I'm sorry Senator Slossberg had to leave right now, but I totally understand. For the record, my name is Deb Polun. I am the director of government affairs and media relations for the Community Health Center Association of Connecticut.

And the Community Health Center Association of Connecticut is a nonprofit organization that supports the work of the 14 federally qualified health centers in our state, which collectively serve 329,000 Connecticut residents every single year of all ages and backgrounds, predominantly but not exclusively very low income individuals across our state.

And I did submit written testimony in support of Senate Bill 1023 and House Bill 6545, but I wanted to focus my oral remarks on our support for Senate Bill 1026. As other speakers before me have noted, the Medicaid provider network is currently not adequate for the approximately 600,000 Connecticut residents who receive Medicaid.

Governor Malloy's budget proposal projects that there could be 700,000 Connecticut residents receiving Medicaid in two years. So we know that the system is not adequate right now. We know it's going to grow by about 16 or 17 percent over the next couple of years, so we know that we need to do something.

Now notably, the federally qualified health centers in Connecticut, it's part of our mission to serve anybody who walks in regardless of ability to pay. And so across the state, any Medicaid enrollee or anybody can walk into a federally qualified health center and receive comprehensive medical care and sometimes dental and behavioral health care as well.

So this isn't about the federally qualified health centers. It's about the patients who go there and often need referrals to specialists and other providers. And it's very difficult to make those referrals sometimes because there just aren't enough providers accepting Medicaid.

Moreover, we know that we're facing a provider shortage in general. There aren't enough people who are entering the field to begin with. There aren't enough people of that, there aren't enough of those people who are staying in Connecticut to practice, and so those situations exacerbate the existing problem with attracting people to become Medicaid providers.

Establishing a time limited commission with no financial fiscal note on it would be a great solution and a good way to bring all the stakeholders together and hopefully come up with some actionable recommendations for the Legislature to consider for next session. So I would ask for your support of that bill.

Just briefly, I do want to mention that I am available for questions if you have any. And, you know, I just wanted to mention our support for, thank you, for changes and improvements to the system for prior authorizations for Medicaid enrollees. The system is broken right now. There was a good faith effort last year by the Legislature to improve the system, but now it's been about six or seven months.

We know that what was put into place last year isn't working, and so we'd like to try something different to make the system work better and limit the number of places where it can fall through the cracks, and people end up

HB6545

**JOINT
STANDING
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**HUMAN
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PART 4
871 – 1165**

2013



T1



Testimony before the Human Services Committee

Roderick L. Bremby, Commissioner

March 5, 2013

Good morning, Senator Slossberg, Representative Abercrombie and distinguished members of the Human Services Committee. My name is Roderick Bremby and I am the Commissioner of Social Services. I appear before you today to testify on several bills that impact the Department of Social Services (DSS).

SB 1022 AAC Providing Incentives to Meet Long-Term Care Goals

This bill would amend the department's existing authority to consider a nursing facility rate change when a facility's actions are being undertaken for the purpose of carrying out the state's Strategic Rebalancing Plan for long-term care services and supports. Specifically, the bill requires the department to increase a facility's rate in any case where a facility voluntarily decreases its bed capacity, either temporarily or permanently. The bill does not provide the Commissioner any discretion to deny such rate increases. Nor does the bill require that the facility permanently decrease its overall licensed bed count despite receiving a higher rate for an unfilled bed.

The Governor and legislature have recognized the need to shift away from institutional care and recently announced the addition of \$10 million in bond funding and \$3 million in general fund support to the state budget this fiscal year to help nursing facilities "right-size" by diversifying care models, downsizing, and modernizing.

The intent is to implement a strategic, coordinated approach to reducing beds where projections indicate that they will not be needed, and ensuring that nursing facilities diversify their services to reflect the home care trends. A request for proposals to help nursing facilities "rightsize" by diversifying their business models is currently under development.

Furthermore, under the State Balancing Incentives Payment Program, Connecticut will receive an enhanced match rate of 2 percent for non-institutional long-term services and supports funded under Medicaid from this month through September 2015, which boosts the federal reimbursement rate to 52 percent in this area.

These initiatives currently underway have been developed as part of an overall policy strategy to incentivize system restructuring. The proposal in SB 1022 is not in line with this strategy and funds have not been allocated for an additional rate increase.

SB1023

SB1024

SB1025

SB1026

HB5919

HB6544

HB6545

facilities. Although other sources may ultimately pay, the administrative burden of issuing advance payment and then obtaining reimbursement would create a significant administrative burden for the department.

Over the past year, as a result of ongoing, regular discussions with the industry, the department has and continues to modify our internal processes with regard to the eligibility determination for long-term care Medicaid clients. For example, the department has developed less labor-intensive asset review processes for both DSS and the applicant. In addition, we have rewritten several forms so that they are more consumer-friendly. Finally, with the assistance of the nursing home industry, the department is developing a dedicated long-term care Medicaid application that is specific to the financial and categorical requirements of a long-term care eligibility determination.

In addition to these discussions with industry leaders, staff from nursing facilities and home care agencies meet regularly with the department's eligibility and policy staff in an effort to enhance communications and resolve specific concerns as they arise.

The department opposes the legislation as it is proposed here, but will continue to work with the industry to come up with less costly solutions.

SB 1026 AAC an Adequate Provider Network to Ensure Positive Health Outcomes for Low Income Residents

This bill seeks to establish a commission to study access to Medicaid, including such aspects as the provider enrollment process, provider education, reimbursement, and means of improving health and cost outcomes and reducing racial and ethnic disparities. The department feels that these matters already fall squarely within the jurisdiction of the Medical Assistance Program Oversight Council which has a subcommittee dedicated to consumer access issues. Creating a new and separate commission would, therefore, be a duplicative effort.

HB 5919 AAC Presumptive Medicaid Eligibility for Home Care

While we generally support presumptive eligibility as a means of enabling access to services, we have several concerns about this bill.

The bill does not recognize that when an application is pending a Medicaid eligibility determination, there is no way for the system to permit payment to provider agencies. Thus, all claims would have to be held until the Medicaid determination is complete and the application is approved or denied.

The bill calls for an Access Agency to develop a screening tool. If a screening tool were to be created, it should be uniform and developed by the department as the agency that administers the program. Otherwise, this sets up the potential for incongruent standards across the state.

T16

Testimony before the Human Services Committee
Tuesday March 5, 2013
S.B. Bill 1023 Revenue Retention for Non-Profits/S.B. Bill 1026 Adequate
Provider Networks

Kristen Tierney

Good Afternoon Senator Slossberg, Representative Abercrombie, and members of the Human Services Committee.

I'm testifying today in support of Bills 1023 and 1026.

Bill 1023: Non-profits are vitally important to our mental health care system in Connecticut. When closing our state run mental health hospitals in the 1990's the Legislature did so stating that non-profits in our state were better equipped to handle this demographic and with a promise of funding. This funding is vitally important to their ability to operate.

Our non-profits operate on a shoestring and offer desperately needed support services to our loved ones who suffer from mental illness. As long as Non-Profits comply with our state regulations and reporting please allow them to retain any extra funds, they will be put to good use.

Bill 1026: Due to budget cuts Bridgeport Mental Health has gone from offering counseling to ~~low income families from five to two days a week.~~ As a result there are now waiting lists. This is neither adequate nor acceptable mental health care. Having children and families wait 6 weeks between appointments is unacceptable under any successful mental health care model.

We need to have acceptable and accessible mental health services that are properly funded. The Legislature is looking at Bill 374 & 5740 later this week which will legislate the screening of each child in our public school system, therefore identifying more children and families in need—with no place to go. That is not a model for success.

Throughout this Legislative session our state psychiatric and mental health professionals, service providers and caregiving families have testified to the dire need of more mental health professionals in our state, better reimbursement and easier access. Thank you for your continued funding and support of mental health services in CT.



Community Health Center Association of Connecticut

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T26

Testimony of

Community Health Center Association of Connecticut

Presented by

Deb Polun
Director, Government Affairs/Media Relations

Human Services Committee

March 5, 2013

Thank you for this opportunity to comment today on three bills before you:

- SB 1023, *An Act Concerning Revenue Retention By Nonprofit Health And Human Services Providers* – CHCACT Supports;
- SB 1026, *An Act Concerning An Adequate Provider Network To Ensure Positive Health Outcomes For Low Income Residents* – CHCACT Supports;
- HB 6545, *An Act Concerning Drug Prior Authorization For Medicaid Recipients* – CHCACT Supports.

The Community Health Center Association of Connecticut (CHCACT) is a nonprofit organization that exists to advance the common interests of Connecticut's federally qualified health centers (FQHCs) in providing quality health care. Through training, technical assistance, public policy work and other initiatives, CHCACT supports the 14 FQHCs in their provision of comprehensive health care to over 329,000 residents across the state every year.

A profile of FQHC patients in Connecticut (2012):

- 94% low income (under 200% of federal poverty level)
- 58% Medicaid
- 23% uninsured
- 16,000 homeless
- 73% racial/ethnic minorities

SB 1023, *An Act Concerning Revenue Retention By Nonprofit Health And Human Services Providers* – CHCACT Supports

CHCACT supports this proposal, which would benefit both the state and nonprofit providers. The bill would reward providers that are able to meet contract obligations/deliverables efficiently, by allowing those contractors to retain extra funds at the end of the contract year.

Currently, if nonprofit providers have unspent funds at the end of a grant cycle, they must return those funds back to the appropriate state agency. This structure provides no incentive for

efficiencies and further contributes to an existing system of underpaying nonprofits. As the Committee knows, nonprofits already struggle with fiscal challenges, a lack of access to capital funds and an overreliance on government contracts, which, in the current environment, can be expected to be reduced partway through the year.

If, instead, nonprofits were allowed to retain extra funds – while still meeting their obligations – they would be able to invest those funds in staff training, capital improvements and other necessities. As the funding is *already budgeted*, the proposal is a creative way to assist nonprofits, without putting additional strain on the state budget. CHCACT asks for your support.

SB 1026, An Act Concerning An Adequate Provider Network To Ensure Positive Health Outcomes For Low Income Residents – CHCACT Supports

CHCACT asks the Committee for its support of this bill, which would establish a commission of various stakeholders charged with ensuring a robust provider network for Medicaid.

As this Committee knows, over 600,000 Connecticut residents are currently enrolled in Medicaid. With the expansion opportunities available under the Affordable Care Act, particularly for low-income childless adults, Medicaid enrollment is projected to grow to 700,000 residents by FY 2015¹.

But having health care *coverage* does not always translate to having *access* to health care. Our state's Medicaid program has had a difficult time attracting providers to the program, due to multiple obstacles, including low payment rates, high administrative burdens and high no-show rates among Medicaid enrollees.

Notably, FQHCs take all patients regardless of ability to pay. Indeed, about one-third of Medicaid enrollees seek care at Connecticut health centers each year². However, significant challenges have existed around recruiting private physicians, including specialists, to whom health centers must refer many patients for follow-up. A full commitment to improving health care outcomes will require a provider network that is statewide, culturally competent, and multidisciplinary.

Although the state already has a Council on Medical Assistance Program Oversight, that Council already has many responsibilities. A new, time-limited, task-specific commission would be most appropriate for achieving recommendations for enhancements to the provider network.

HB 6545, An Act Concerning Drug Prior Authorization For Medicaid Recipients – CHCACT Supports

CHCACT asks this Committee to support this proposal, which will assist Medicaid enrollees with obtaining needed prescription drugs that are not on the Medicaid “preferred drug list.” As you know, like other insurance plans, CT’s Medicaid program has an ever-changing list of drugs that are approved for dispensing. Providers who prescribe drugs that are not on the list must seek prior authorization from the Medicaid program in order for Medicaid to pay for the drug.

¹ Governor Malloy’s Proposed Budget

² National Association of Community Health Centers [Connecticut Fact Sheet, 2012](#)



T15

**Testimony of the National Alliance on Mental Illness (NAMI) of
Connecticut
Before the Human Services Committee**

March 5, 2013

In Support of

**Raised S.B. No. 1023 AN ACT CONCERNING REVENUE RETENTION BY NONPROFIT
HEALTH AND HUMAN SERVICES PROVIDERS**

**Raised S.B. No. 1026 AN ACT CONCERNING AN ADEQUATE PROVIDER NETWORK TO
ENSURE POSITIVE HEALTH OUTCOMES FOR LOW INCOME RESIDENTS**

**Raised H.B. No. 6545 AN ACT CONCERNING DRUG PRIOR AUTHORIZATION FOR
MEDICAID RECIPIENTS**

Senator Slossberg, Representative Abercrombie and distinguished members of the Human Services Committee, my name is Daniela Giordano and I am the Public Policy Director for Adults, State and National matters with the National Alliance on Mental Illness (NAMI) of Connecticut. NAMI Connecticut is the state affiliate of NAMI, the nation's largest grassroots mental health organization dedicated to building better lives for all those affected by mental illness. NAMI Connecticut offers support groups, educational programs, and advocacy for improved services, more humane treatment and an end to stigma and economic and social discrimination. We represent individuals who actually live with mental illness and parents and family members of individuals living with mental illness. I am here today on behalf of NAMI Connecticut to support three bills.

We support S.B. 1023 AN ACT CONCERNING REVENUE RETENTION BY NONPROFIT HEALTH AND HUMAN SERVICES PROVIDERS. This bill would allow non-profit organizations that have a contract with a state agency for providing health or human services to keep one hundred percent of the difference between their incurred expenditures and the amount they receive under this contract if they meet certain requirements. These requirements include 1) having met performance requirements set forth in the contract and 2) being compliant with regulatory requirements and standards developed by the contracting state agency. This would support non-profit agencies to enhance their fiscal health and stability. Organizations that provide effective services efficiently would be encouraged and rewarded by being able to re-invest these 'earned' resources into their infrastructure or services. This is particularly crucial in consideration of the continuous rescission and budget cuts for private non-profit providers leaving

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them in a precarious situation to care for the people they serve with only this legislative session giving these vital players in our safety net an initial cost-of-living adjustment.

We support S.B.1026 AN ACT CONCERNING AN ADEQUATE PROVIDER NETWORK TO ENSURE POSITIVE HEALTH OUTCOMES FOR LOW INCOME RESIDENTS.

This bill would improve health outcomes and ensure that Medicaid recipients have timely access to an adequate network of health care providers in time for the expansion of Medicaid under the Affordable Care Act (ACA).

It would establish a commission to study obstacles to achieving an adequate health care provider network for Medicaid recipients and recommend strategies to (1) improve access to Medicaid providers, and (2) improve health outcomes for all recipients; (3) reduce spending, especially for providing care to recipients with the highest and costliest health care needs and (4) reduce racial and ethnic disparities in health outcomes. Obstacles the commission would investigate range from (1) administrative burdens, to (2) to provider education regarding providing care to Medicaid recipients and (3) Medicaid reimbursement rates. Studying these well-known issues is particularly important to people in the mental health community as people with mental health conditions who receive care through Medicaid have an array of services available to them but oftentimes encounter limited access due to waiting lists or providers' declining to accept Medicaid coverage.

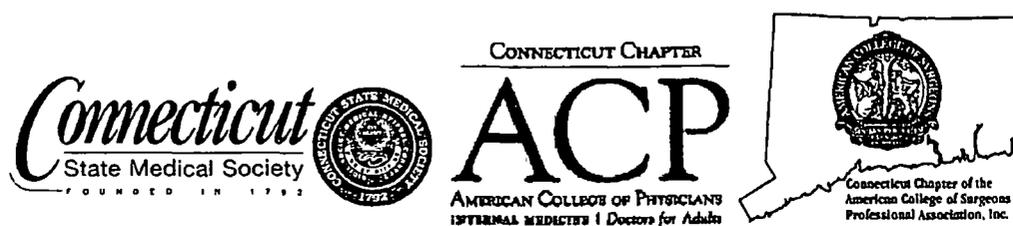
We support Raised H.B. 6545 AN ACT CONCERNING DRUG PRIOR AUTHORIZATION FOR MEDICAID RECIPIENTS. The purpose of this proposal is to make changes in Medicaid's prior authorization (PA) requirements to ensure that eligible *Medicaid recipients and prescribers are informed of medication denials based on prior authorization issues*. This way prescribers and patients can make informed decisions as to how to proceed and ensure patients receive needed medications. The proposal would require the Department of Social Services (DSS) to provide written notices to both the prescriber and the Medicaid recipient when the department electronically denies or partially denies to pay for prescriptions at the pharmacy either immediately after the denial or by mail within twenty-four hours. These notices would have to identify (1) the drug, (2) the reason for denial or partial denial, (3) the procedures for appealing such denial or partial denial, and (4) options for obtaining a supply of such drug or a substitute drug.

The prescriber needs to be informed of applicable prior authorization requirements and alternative drugs which do not require prior authorization. If the prescriber does not request prior authorization or prescribe a substitute drug within a predetermined timeframe after this notice, the commissioner is required to contact the prescriber regarding these options.

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FTR



**Testimony in support of Senate Bill 1026 An Act Concerning An Adequate Provider
Network To Ensure Positive Health Outcomes For Low Income Resident
Human Services Committee
March 5, 2013**

Senator Slosberg, Representative Abercrombie and members of the Human Services Committee, on behalf of the 8,500 physicians and physician-in-training members of Connecticut State Medical Society (CSMS) and the Connecticut Chapters of the American College of Physicians (ACP) and the American College of Surgeons (ACS), thank you for the opportunity to present this testimony to in support of Senate Bill 1026 An Act Concerning An Adequate Provider Network to Ensure Positive Health Outcomes for Low Income residents.

The language before you today establishes a commission to study obstacles that the current Medicaid program faces that serve as barriers to healthcare services for low income residents within the program. Recommendations will be made to improve greater access to providers in the program as well as health outcomes for recipients across racial and ethnic lines.

CSMS has worked incredibly hard in conjunction with legislators and the Department of Social Services (DSS), as well as their contractors, over many years to address network adequacy issues that hamper access within the Medicaid program. Yet, we know that our experience is no different than that of the broad and comprehensive groups tasked by this bill to "study" the issue. Individually, we all can identify shortcomings and recommend solutions. However, these are often specific to one service area or specific "clientele." This proposed legislation provides an opportunity for a coordinated effort to review and discuss a continuum of care in a manner that is necessary to ensure integration of services throughout an entire spectrum.

Many of the organizations who would ultimately be involved in the commission have spent an incredible amount of time trying to address issues this bill hopes to alleviate. CSMS has worked tirelessly over the course of the last 5 years to raise awareness and make recommendations tied to the problems that exist associated with inadequate networks to serve this patient population. CSMS has studied the issue through surveys of our membership and non-member physicians who provide care (and don't provide care) tied to Husky and other related programs. It is clear that there are significant barriers to access to care, including low reimbursement and excessive administrative burdens placed on physicians, including retrospective audits and reviews that

often misinterpret and misrepresent Current Procedural Terminology (CPT) codes, guidelines and conventions. CSMS has also spent more than four years engaging in studies tied to health care disparities and health inequities, many of the findings published in peer review journals, and has found significant shortcomings in the level of information, education and support available not only to recipients, but also physicians and other providers of medical care. These studies and results suggest another reason why we are excited at the possibility of the passage of this legislation to further review how best to improve the network of qualified, trained medical providers, but it must include a review of behavioral and mental health care access as well. This legislation provides an opportunity for this committee to recognize the efforts of each specific profession/organization to be included in the commission and the need now for us to bring our collective knowledge together with the use of consulting professionals to collectively and collaboratively present solutions that will increase the quality of our Medicaid network and address issues of racial, ethnic and cultural disparities that unfortunately continue to exist today.

Please support Senate Bill 1026

Testimony before the Human Services Committee
presented by Marcia DuFore
On behalf of North Central Regional Mental Board
March 5, 2013

Good afternoon Senator Slossberg, Representative Abercrombie and members of the Human Services Committee.

My name is Marcia DuFore. I am testifying as Executive Director of the North Central Regional Mental Health Board (NCRMHB). Our Board is mandated by statute to study the mental health needs of people in our region and assist the Department of Mental Health and Addiction Services (DMHAS) with setting priorities for improved and expanded services to meet those needs. Our volunteer evaluators include people who use services, their families and concerned citizens in the towns and cities where services are delivered.

We appreciate and thank you for your efforts to preserve critical services that maintain a safety net for some of our most vulnerable citizens.

We would like to speak in favor of some Bills that have been raised for consideration by the Human Services Subcommittee that are aligned with the priorities of our Board and with our desire to preserve the safety net of services needed by our constituents with behavioral health disorders

We urge your support of Raised Senate Bill 1026 establishing a commission to review the capacity of our healthcare provider system to ensure people will have adequate and timely access to services as we implement changes in response to the Affordable Care Act. We have concerns about our system's capacity on two levels. First, starting in January 2014 there will be major shifts in funding streams and provider reimbursement rates for behavioral health services covered by Medicaid. There will be an increased demand for these services from our constituents with incomes between 133% and 185% of the Federal Poverty Level who will be eligible for Medicaid under the expanded coverage afforded by Affordable Care Act. We are already concerned about the capacity our service system to respond to that increased demand, hearing from many of the community behavioral health providers we work with that they are at a breaking point. Will the healthcare provider network be able to expand to meet the increased demand for services with the projected reductions in state funded services and reduced rates of reimbursement available through Medicaid?

SB1023
HB6545

Secondly, we are concerned that eligibility for people who will qualify under the expanded Medicaid coverage guidelines will not be immediate. It will take time to process applications and establish eligibility for our constituents. We need to ensure there is adequate funding to maintain state funded services for them in the interim. The behavioral healthcare system must be viewed as a continuum starting often in the emergency room and ending hopefully with the supports needed for people to live meaningful lives in our community. Investments in needed services at any point along the continuum are felt across the service system. Likewise, funding reductions that limit access at critical points in the continuum are also felt, ensure that people will get stuck, and result in extra cost and gridlock in the service system. We must ensure that we do not create new and critical gaps in the continuum of care for our constituents.

We urge your support of Raised Senate Bill 1023 which would allow revenue retention by non-profit Health and Human services providers. This bill would allow non-profit organizations that have met the performance and regulatory requirements of their contracts to retain the total amount of funds allocated in their contracts even if they are able, through efficiencies, to incur lower expenditures than anticipated. Such a measure would encourage greater efficiency and enhance the fiscal health and stability of the non-profit network of service providers.

We urge your support of Raised House Bill 6545 which requires that a Medicaid recipient and his/her prescriber is given notice of a prescription drug denial that is based on a prior authorization requirement. Such notice is needed in order for patient and doctor to work together and make informed decisions about how to proceed. Although we anticipate most medications prescribed for psychiatric conditions will be exempt from this process, there may be medications, for example some antidepressants, that are not. Of concern to us as well, are the medications subject to prior authorization that are prescribed for medical conditions. The physical and mental health of our constituents is integrally related, and we are concerned that our constituents may suffer harm if access to a needed medication is denied and they are left without the information and support the need to resolve the situation.

I hope you will consider our position on these issues as you begin your deliberations on these proposals.

We do thank you for your time, interest, and attention.



**TESTIMONY OF
CONNECTICUT HOSPITAL ASSOCIATION
SUBMITTED TO THE
HUMAN SERVICE COMMITTEE
Tuesday, March 5, 2013**

**SB 1026, An Act Concerning An Adequate Provider Network To Ensure Positive
Health Outcomes For Low Income Residents**

The Connecticut Hospital Association (CHA) appreciates the opportunity to submit testimony concerning **SB 1026, An Act Concerning An Adequate Provider Network To Ensure Positive Health Outcomes For Low Income Residents**. CHA supports the bill.

Connecticut hospitals play a critical role in the health and quality of life of our communities. They provide care to all people regardless of their ability to pay. Connecticut hospitals are the ultimate safety net providers, and their doors are always open.

Every day, healthcare professionals in hospitals see the consequences and health implications for individuals and families who lack access to care and coverage. Emergency departments are filled with individuals who cannot find a physician to care for them because they are uninsured or underinsured – or they are Medicaid beneficiaries and few physicians will accept the low rates paid by Medicaid. Throughout Connecticut, our emergency rooms are treating both those who have delayed seeking treatment because of inadequate or no coverage, and those who have no other place to receive care.

Thus, as frontline caregivers, Connecticut hospitals are absolutely committed to initiatives that improve access to safe, high-quality care and expand access to coverage. Connecticut hospitals stand ready to partner on Medicaid system reform and innovation to create effective solutions that offer a win for everyone: better access for patients, lower costs for the state, and better payments for providers. The ultimate goal is to establish a healthcare system through which coverage is affordable and sustainable, and access to care is guaranteed.

HB 1026 establishes a commission to study obstacles to achieving an adequate healthcare provider network for Medicaid recipients. The commission would recommend strategies to improve access to such providers and health outcomes for recipients across racial and ethnic lines. It would put forth strategies to improve provider networks which focus on, but are not limited to, reducing administrative burdens, providing provider education concerning provision of care to Medicaid recipients, and increasing Medicaid rates of reimbursement to such providers. The establishment of the commission is timely and important as the Medicaid program is under significant stress due to prolonged budget reductions, which have negatively impacted providers and the Department of Social Services.

The bill is especially welcomed by hospitals in light of the proposed biennial budget, which makes significant reductions to hospital funding—cutting more than \$550 MILLION in the next biennium. These cuts will devastate hospitals. They will cause immediate and lasting damage to Connecticut's health and human services safety net—affecting patients, employees, and every community in the state.

Thank you for your consideration of our position.

For additional information, contact CHA Government Relations at (203) 294-7310.

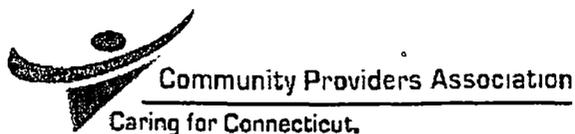
TESTIMONY BEFORE THE HUMAN SERVICES COMMITTEE
March 5, 2013

Raised S.B. No. 1026 – An act concerning an adequate provider network to ensure positive health outcomes for low income residents.

TO: Members of the Human Services Committee

I am offering testimony **IN SUPPORT OF Raised SB No. 1026**. Access to quality health care is a critical issue for all state residents. With expansion of Medicaid in the state, planning for suitable access is a pressing issue requiring accurate and detailed information about provider availability in all parts of the state – urban, rural and suburban. I am particularly interested in ensuring that we have a better understanding of the availability of psychiatric and mental health resources, since my family is affected by a member with a mental illness who has at times had difficulties with access to care. I also serve as a member of the Connecticut Behavioral Health Partnership Oversight Council and co-chair the council's committee on Quality, Access and Policy for the adult programs. The information from the proposed commission would certainly help us better understand issues of access in the state and enable us to make better policy recommendations for the behavioral health system. I urge the General Assembly to pass this measure.

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T23

TO: Members, Human Services Committee
 FROM: Sheila B. Amdur, Interim President/CEO
 CT Community Providers Association
 RE: **Raised Bill No. 1026: An Act Concerning an Adequate Provider Network to Ensure Positive Health Outcomes for Low Income Residents**
 DATE: March 5, 2013

CCPA today joins other provider groups to support this legislation that addresses the provider network that will be needed when health care coverage under the Affordable Care Act expands to 170,000 to 200,000 people, including approximately 50,000 new Medicaid enrollees. It is also estimated that approximately the same number will not have coverage.

At the same time as this major expansion occurs, the Governor's proposed budget recommends deep cuts to all sectors of health care providers under the Medicaid program. On the behavioral health side, \$9 million cuts are recommended in behavioral health spending over two years, and the Governor's budget recommends eliminating all grants for Medicaid reimbursable services. Hospitals will be confronted with reducing or eliminating services that are "loss leaders", which will directly threaten the inpatient and outpatient behavioral health services they provide. Nonprofit providers will have to sharply curtail or eliminate their outpatient mental health and substance abuse treatment services.

Although the state will realize a windfall of over \$250 million as the LIA program becomes fully paid for by the federal government, the state is also making deep cuts in its Medicaid program and has not addressed in any way what the access issues will be for new enrollees to Medicaid, let alone existing clients who will be losing services. Mercer in a report commissioned by OPM indicated that the Medicaid expansion to 138% FPL will place additional strain on Connecticut Medicaid provider networks. They recommended that "an analysis of the Connecticut Medicaid provider infrastructure should be undertaken to assess the impact of expanding the Medicaid eligible population as required by the PPACA."

No such analysis has taken place, nor has any analysis taken place that would address improving health outcomes and address racial and ethnic disparities, of particular concern in the populations served by Medicaid. This legislation addresses studying the obstacles to "achieving an adequate health care provider network for Medicaid recipients" and also the strategies needed to improve access and health outcomes. What we do know is that the Medicaid population has higher costs of care than commercially insured populations so that the

CCPA

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viability of the costs of providing health care over time must address better outcomes.

This legislation also addresses alignment with the Administration's Office of Health Care Reform and Innovation, which just received a federal grant to primarily address alignment of Medicaid with commercial insurers, and only tangentially addresses access. The legislation also proposes seeking foundation or other funding to support the costs of the study. We believe the state is "flying blind" at this point in terms of what we will confront when the potentially 200,000 people who will now have health care insurance will be seeking care, and frankly, how this may further compress or shrink Medicaid access due to its low rates.

We urge your support of the legislation.

TESTIMONY

Delivered by Mark P. Chudwick

Director, Communications, Visiting Nurse Services of Connecticut

Before the Connecticut General Assembly Human Services Committee

March 5, 2013**Raised Bill 1026****An Act Concerning An Adequate Provider Network To Ensure Positive Health Outcomes
For Lower Income Residents**

Good afternoon Senator Slossberg, Representative Abercrombie and members of the Human Services Committee. My name is Mark Chudwick. I serve as Communications Director for Visiting Nurse Services of Connecticut. I am here today presenting testimony on behalf of the Connecticut Association For Healthcare At Home. The association represents 60 licensed and certified home health and hospice providers that perform some 5-million home and community-based visits for homebound Connecticut residents each year.

Our association supports Raised Bill 1026, an Act Concerning An Adequate Provider Network To Ensure Positive Health Outcomes For Lower Income Residents.

This act would create a special commission made up of health care providers and advocates that serve Connecticut's low income citizens to examine the obstacles to creation of an adequate provider network for these individuals. And to make recommendations on ways to overcome these obstacles to ensure appropriate access to achieve positive health outcomes.

Historically, Connecticut has struggled to develop robust provider networks for its low income residents. This issue will escalate significantly later this year when the tenants of the Patient Protection and Affordable Care Act take effect requiring all citizens to acquire health insurance coverage. It is estimated that this requirement will affect some 300-thousand Connecticut residents who do not currently have insurance. Some 75-thousand of those individuals will automatically qualify for coverage under the state's Medicaid program.

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We have significant concerns about the state's current Medicaid system's ability to be able to adequately serve this new population.

In the home health arena, most Medicaid patients are served by nonprofit providers, like my organization—VNS of Connecticut. Our nonprofit mission is to do everything possible to ensure that all Connecticut residents have access to high quality home health and hospice services, regardless of the patient's ability to pay. However, mounting financial and regulatory pressures are causing all nonprofit home health providers to lose ground in serving their missions while at the same time remaining financially viable. As an example, VNS of Connecticut has seen a significant increase in Medicaid patients since the beginning of the current economic downturn. Last year, our agency served nearly 2-thousand Medicaid patients at a loss of more than 3.7 million dollars. Pressures like this are requiring all nonprofit home health providers to revisit their Medicaid access policies in order to remain financially viable. In fact, over the past 18 months, a handful of our nonprofit peers in the state have lost this battle and have closed their doors, further exacerbating the access problem.

We believe that this special commission is absolutely necessary to identify all of the obstacles facing Medicaid provider networks and to develop solutions to ensure adequate access for our most vulnerable citizens.

Thank you.



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Testimony

Human Services Committee – Wednesday March 5, 2013

SB 1026 AN ACT CONCERNING AN ADEQUATE PROVIDER NETWORK TO ENSURE POSITIVE HEALTH OUTCOMES FOR LOW INCOME RESIDENTS

Submitted by Barry Kasdan Pres & CEO Bridges...A Community Support System Inc

Good afternoon Senator Gayle Slossberg, Representative Cathy Abercrombie, Chairs, and members of the Human Services Committee.

I am here today to support SB 1026. I am the President and CEO of a behavioral health agency that serves thousands of poor and at risk adults and children. Bridges is a member of the Connecticut Community Providers Association.

As a community based behavioral and healthcare provider we see firsthand the struggles and challenges that confront those in urgent need of mental health and substance abuse services. Here in Connecticut accessing help is becoming more difficult and frustrating. We face a pending crisis with the Governor's proposed budget that would strip away all grants from the DMHAS budget, for all levels of care that are Medicaid reimbursable, with the expectation that the Affordable Care Act will fund services for an additional 50,000 people in 2014. Current Medicaid rates for mental health and substance abuse services cover around 50% of costs. In short the current system and its resources are inadequate to meet the pending surge of new recipients and sustain services for current recipients. It's a system already in crisis with no active strategy or planning to meet the historic upheaval the system will face in 10 months.

The existing provider network struggles to offer timely services to current Medicaid recipients, and the expansion of Medicaid will exacerbate this problem. SB 1026 creates a Commission to study the obstacles to an adequate provider network and make recommendations to improve access and outcomes as well as ensuring that Medicaid services are adequately funded. This study is critical in assuring that our system is sustainable going forward and meets the needs of Connecticut's people.

We strongly urge the committee to favorably report this bill. Given the proposed cuts coupled with the pending changes and reorganization in Connecticut's healthcare industry, the proposed Commission is essential for planning and implementing intelligent and compassionate policy and services that assure access to quality care for those most in need.

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On page 18, Calendar 438, Substitute for Senate Bill Number 761, AN ACT MAKING THE JANITORIAL WORK PILOT PROGRAM FOR PERSONS WITH A DISABILITY OR DISADVANTAGE PERMANENT, Favorable Report of the Committee on Government Administration and Elections.

THE CHAIR:

Senator Looney.

SENATOR LOONEY:

Thank you, Mr. President.

If that item might be passed temporarily, and if we might return to the item Calendar page 5, Calendar 184, Senate Bill 1026.

THE CHAIR:

Mr. Clerk.

THE CLERK:

On page 5, Calendar 184, Substitute for Senate Bill Number 1026, AN ACT CONCERNING AN ADEQUATE PROVIDER NETWORK TO ENSURE POSITIVE HEALTH OUTCOMES FOR LOW-INCOME RESIDENTS, Favorable Report of the Committee on Human Services.

THE CHAIR:

Senator Slossberg, the birthday girl.

SENATOR SLOSSBERG:

Thank you, Mr. President, mostly.

I move the Joint Committee's Favorable Report and passage of the bill.

THE CHAIR:

Acceptance of passage.

Will you remark?

SENATOR SLOSSBERG:

Yes. Thank you, Mr. President.

This bill requires the council on medical -- on medical assistance program oversight to look at obstacles that are required -- obstacles that exist in achieving an adequate healthcare provider for Medicaid recipients, and this will include looking at access to the providers, health outcomes across racial and -- racial and ethnic lines. It will be looking at administrative burdens and Medicaid rates, as well.

It has a number of other items that it will do. It's been brought to us by a number of the providers but -- who provide this care, and is an important access issue and rate issue related to our Medicaid program.

THE CHAIR:

Thank you.

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

Senator. No?

Senator Welch.

SENATOR WELCH:

Thank you, Mr. President.

If I just may have a moment.

THE CHAIR:

Please proceed, sir.

SENATOR WELCH:

Thank you.

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THE CHAIR:

The Senate will stand at ease.

(Chamber at ease.)

THE CHAIR:

The Senate will come back to order.

Senator Welch.

SENATOR WELCH:

Thank you, Mr. President.

I rise for the purposes of an amendment.

THE CHAIR:

Please proceed.

SENATOR WELCH:

Thank you, Mr. President.

The Clerk is in possession of an amendment, LCO
Number 5874. I ask that it be called.

THE CHAIR:

Mr. Clerk.

THE CLERK:

LCO Number 5874, Senate Amendment Schedule "A"
offered by Senators McKinney, Fasano, et al.

THE CHAIR:

Senator Welch.

SENATOR WELCH:

Thank you, Mr. President.

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I -- thank you, Mr. President.

I move the amendment and seek leave to summarize.

THE CHAIR:

Please proceed, sir.

SENATOR WELCH:

Thank you, Mr. President.

Two years ago this body passed a hospital tax. And that tax has had, I think, a negative impact on the institutions that serve our community so well and are vital to the public health and welfare of the State of Connecticut.

What this amendment would do would require that this study also take a look at the impacts of the state cuts to Medicaid hospital rates and the Medicaid disproportionate share payments and the state hospital tax on achieving an adequate provider network and access to care.

I urge this Chamber's adoption of this amendment.

Thank you, Mr. President.

THE CHAIR:

Thank you, Senator.

Will you remark further on the amendment?

Senator Slossberg.

SENATOR SLOSSBERG:

Yes. Thank you, Mr. President.

And I -- I thank Senator Welch for the amendment, and I share in his concern in this area. And I would just respectfully be opposing the amendment, however, and ask for a roll call vote in -- in that.

The language that -- in the underlying bill actually contemplates the matter that's -- the, you know, the effect on the hospital rates, as well as the provider tax and potential and proposed cuts. This -- the language, the underlying language was put together with all of the provider network, including the Connecticut Hospital Associations, that, you know -- and -- and which they -- they speak about the matter that is the subject of the amendment. So I don't see this as being additional. I do think it's important, but I do believe the underlying language covers it, so I would be opposing this amendment.

THE CHAIR:

Thank you, Senator.

Will you remark further on the amendment?

Senator McLachlan.

SENATOR MCLACHLAN:

Thank you, Mr. President.

I stand for the purpose of a question to the proponent of the amendment.

THE CHAIR:

Please proceed, sir.

SENATOR MCLACHLAN:

Thank you, Mr. President.

Senator Welch, the proponent of the underlying bill has indicated that this amendment is not relevant -- or let me correct -- is -- is already covered in the underlying bill. And I wonder if you could help me better understand where this makes good sense because we are asking to shed light on a serious problem faced by the healthcare network of Connecticut based upon your

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concern.

Through you, Mr. President.

THE CHAIR:

Senator Welch.

SENATOR WELCH:

Thank you, Mr. President.

Through you to Senator McLachlan.

The -- the underlying bill does discuss the effect of Medicaid rates of reimbursement on achieving an adequate provider network. However, it doesn't specifically talk about the state hospital tax and the impacts of the state hospital tax on the provider network.

So in -- in that regard, I think this amendment is wholly appropriate, and again, I would encourage the good Senator's support.

THE CHAIR:

Senator McLachlan.

SENATOR MCLACHLAN:

Thank you, Mr. President.

Thank you, Senator Welch for that answer. I -- I do share the proponent of the underlying bill's assessment that the underlying bill is important, but I think that this amendment can very clearly shed more light on the issue that we're facing here in Connecticut, which has now reached a critical mass for our healthcare network.

Through you, Mr. President, to the proponent of the amendment.

Senator Welch, what is the impact of the hospital cuts in your Senate district?

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THE CHAIR:

Senator Welch.

SENATOR WELCH:

Thank you, Mr. President.

Well, there are a number of hospitals in the 31st Senate district, and I have heard from them all. They -- the proposed cuts are a moving target right now and they have the potential of impacting many of the municipalities drastically, not just with the providing of services but also with jobs, as well, because I think, not just in the communities I represent, but the communities we all represent, many of these institutions are the largest -- if not the largest, one of the larger employers within those municipalities.

Through you, Mr. President.

THE CHAIR:

Senator McLachlan.

SENATOR MCLACHLAN:

Thank you, Mr. President.

Thank you, Senator Welch.

It sounds similar to the experience in the 24th Senate district in western Connecticut, where the Western Connecticut Health Network, which includes Danbury Hospital, New Milford Hospital, and perhaps soon to be Norwalk Hospital in southern Fairfield County, we are talking about hundreds of jobs that are facing possible layoffs as a result of the -- the hospital cuts presented by the Governor and approved by the Appropriations Committee.

So the impact, I think, is very dramatic, not only in jobs, but what is the effect of the frontline termination of bedside staff, if you will, in the -- in the healthcare network. I

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have grave concern about that. And I think that we should be looking very carefully at what the impact of these financial decisions are at the end of the road. And essentially where the healthcare system touches the -- the patient, we should be real clear what those decisions are. And I think that your amendment helps shed light on that.

I would urge adoption by the Senate for this amendment. I think it's -- it's -- it's important for us to be perfectly clear what the effect is on this decision and how it will impact the health network in Connecticut, and more importantly, how many jobs are potentially lost as a result of that.

Thank you, Madam President.

(President in the Chair.)

THE CHAIR:

Thank you.

Will you remark?

Senator Kane.

SENATOR KANE:

Thank you, Madam President.

I have a couple of questions to the proponent of the bill in regard to -- well, I -- in regards to how it affects the amendment.

Through you.

THE CHAIR:

Please proceed, I think.

SENATOR KANE:

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Thank you, Madam President.

The -- the underlying bill talks --

THE CHAIR:

Senator -- Senator Looney.

Sorry, Senator Kane.

SENATOR LOONEY:

Madam President, I believe in the -- in the -- when the debate is under -- is on an amendment, questions may only be properly addressed to the proponent of the amendment.

THE CHAIR:

Thank you, Senator.

SENATOR LOONEY:

If the amendment were to be adopted then the questions would be appropriate to offer to the proponent of the -- of the bill as amended, I believe.

THE CHAIR:

Thank you, sir. You're correct.

Senator -- Senator McKinney. Senator McKinney.

SENATOR MCKINNEY:

Thank you, Madam President.

I just rise for a point of order. My reading of the rules does not prohibit a member of the Circle from asking the Senator who's brought a bill out a question if it's related to the amendment.

In fact, just last week in the House, I saw the speaker indicate that Representative Cafero, the minority leader, could indeed ask the chairman of

a committee who brought out a bill questions because they were specifically related to the amendment.

So, for example, Madam President, this amendment talks about state cuts to Medicaid hospital rates and the underlying bill talks about Medicaid rates of reimbursement. I think it would be perfectly natural to engage in a question and answer with the chairwoman as to the relationship between those two languages should it reflect on the need for the amendment, given the fact that the chairwoman has already said that this amendment is unnecessary because what it calls for is included in the underlying bill.

Now, I -- I respect the fact that the chairwoman can decline to answer questions but I -- I don't know that our rules would prohibit such questions. I think the -- the judgment would be up to the president, you, Madam President, if you believe such questions strayed from the relevance of the amendment on the underlying bill.

So for that purpose I rise for a point of order.

THE CHAIR:

The Senate will stand at ease.

(Chamber at ease.)

THE CHAIR:

Senator Looney. Senator Looney, please.

SENATOR LOONEY:

Madam President, if we -- the bill might be passed temporarily.

THE CHAIR:

Seeing no objection, so ordered, sir.

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It takes a long time for an old guy to learn.

THE CHAIR:

No you're doing fine, sir.

SENATOR MEYER:

Sorry. If there's -- if there's no objection, no other comment, Madam President, may this please go on the Consent Calendar.

THE CHAIR:

Seeing no objection, so ordered, sir.

Senator Looney.

SENATOR LOONEY:

Thank you, Madam President.

Madam President, returning to an item that was passed temporarily earlier, and this will be our last item before moving to a vote on the Consent Calendar, and that was the item on Calendar Page 5, Calendar 184, Senate Bill 1026. I believe the bill had been moved and an Amendment had been offered and a Point of Order was pending at the time the bill as passed temporarily.

THE CHAIR:

Mr. Clerk, will you please call the Amendment again -- I mean the bill again, excuse me.

THE CLERK:

On Calendar Page 5, Number 184, Substitute for Senate Bill Number 1026, AN ACT CONCERNING AN ADEQUATE PROVIDER NETWORK TO ENSURE POSITIVE HEALTH OUTCOMES FOR LOW-INCOME RESIDENTS, Favorable Report from the Committee on Human Services.

THE CHAIR:

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Presently there is a Point -- presently there's a Point of Order on the floor on this.

Senator McKinney, why do you stand, sir?

SENATOR MCKINNEY:

Thank you, Madam President.

I rose when the bill was last before us for a Point of Order. At this moment I would like to withdraw my Point of Order.

THE CHAIR:

Thank you.

Seeing no objection, it's been withdrawn.

Will you remark further? Will you remark further?
Senator McKinney.

SENATOR MCKINNEY:

Madam President, I apologize just for clarification. We are currently on the Amendment? Is that correct, through you, or to you?

THE CHAIR:

There is an Amendment, yes sir, it's Senate "A".

SENATOR MCKINNEY:

Thank you, Madam President.

Madam President, I rise in support of the Amendment. We had discussion earlier when Senator Slossberg brought the bill out and -- and it's a good bill and it's a bill that's intended to find out what are the obstacles for us having adequate healthcare provider network for Medicaid recipients and if you look at the bill you understand that what is to be considered, although not exclusively considered, are things that are very logically related to whether or not we have a provider network for Medicaid recipients.

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For example, we want to know what administrative burdens are faced by providers. We want to know what the extent of provider education is and we also want to know what the effect of Medicaid rates for reimbursement. We've all heard from hospitals that Medicaid reimbursement rates don't come close to covering the cost of care.

This Amendment, Madam President, works perfectly with the underlying bill and I -- I'm somewhat disappointed that it's not seen as a friend -- friendly Amendment. If it is true that the fact that Medicaid reimbursements do not reimburse a hospital for hundred -- 100 percent of the cost of their care and the fact that that Medicaid reimbursement is not 100 percent reimbursement, could lead to us not having an adequate healthcare network for Medicaid patients.

We would also want to know what other financial situations may affect having an adequate provider network and I think this Amendment talks to very specific examples that we have faced and are facing in the State of Connecticut. One is the hospital tax. We have it, whether you agreed with it or not, the fact is we have it and if we're going to study whether or not we have an adequate healthcare provider network, we should know what the impact of that tax has been on our hospitals.

We also know that whether it's the budget that the Governor has proposed or the budget that came out of the Appropriations and Finance Committees, that the State of Connecticut is looking at making significant cuts to medical hospital rates and Medicaid disproportionate share payments.

THE CHAIR:

Senator McKinney, can you just put this on hold for a moment because we have to -- we moved the bill (inaudible).

SENATOR LOONEY:

Yes if Senator McKinney would yield, I believe we need to just formally re -- have the bill moved again to be before us.

SENATOR MCKINNEY:

I -- I would love to yield and can't wait to see how the transcript deals with all this as if the last two minutes never happened.

THE CHAIR:

I -- I think Senator Slossberg, will you accept the --

SENATOR LOONEY:

Yes I believe Senator Slossberg needs to --

A VOICE:

Start over.

SENATOR LOONEY:

-- move the bill.

THE CHAIR:

-- accept the yield first?

SENATOR SLOSSBERG:

Thank you, Madam President, I accept the yield and I re-move, not remove, re-move the Joint Committee's Favorable Report and passage of the bill.

THE CHAIR:

Motion is on acceptance and passage again.

Senator McKinney, would you like to move I guess to readopt Senate "A"?

SENATOR MCKINNEY:

Thank you, Madam President.

I -- I guess, Madam President, what I'll do is see if there are any members of my Caucus who would like to ask questions of the good Senator on the underlying

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bill and, if they don't, I guess procedurally we need to re-move the Amendment, so --

THE CHAIR:

Seeing none --

SENATOR MCKINNEY:

Seeing -- seeing none, I guess wow we're -- we're going to close this night on a real --

THE CHAIR:

I hope so.

SENATOR MCKINNEY:

-- proud footnote aren't we, Madam President.

Madam President, I believe the Clerk is still in possession of LCO Number 5874. I ask that he call the Amendment.

THE CHAIR:

Mr. Clerk.

THE CLERK:

LCO Number 5874, Senate Amendment "A", offered by Senators McKinney and Fasano, et al.

THE CHAIR:

Senator McKinney.

SENATOR MCKINNEY:

Thank you, Madam President.

I move adoption of the Amendment and seek leave to summarize.

THE CHAIR:

Motion is on adoption. Please proceed, sir.

SENATOR MCKINNEY:

I think it was Yogi Berra who said déjà vu all over again.

THE CHAIR:

Oh yeah.

SENATOR MCKINNEY:

Madam President, this is a very obvious Amendment. Again the goal of the underlying bill is a good one. We want to find out whether or not we have a sufficient healthcare provider network for Medicaid recipients.

And we have all heard from healthcare providers, especially hospitals, that the lack of a full reimbursement under Medicaid is an obstacle to our hospitals. We think that is right and appropriate to look at but we don't believe we're looking at an entire picture if we're also going to ignore the fact that we have imposed a tax on hospitals and that hospital tax has imposed a burden on those healthcare networks and our goal should be to find out whether that burden has also put obstacles in their effort to provide a healthcare provider network for Medicaid recipients.

And as I said minutes ago, although it won't show up in the transcript, that there is a budget out there, two at least, that have proposed significant cuts to our hospitals. Now I -- I understand and don't disagree with the Chairwoman's explanation that the original bill doesn't preclude these items from being looked at but were -- if we're going to specifically highlight the need of looking at the effect Medicaid rates on reimbursement, which are set by the federal government, we should be specifically naming in the underlying bill things that we in Connecticut control like our hospital tax and our budget.

And with that, Madam President, I would ask for support of the Amendment and that when the vote be taken it be taken by roll call.

THE CHAIR:

The vote will be taken by roll call.

Will you comment on Senate "A"? Senator Slossberg.

SENATOR SLOSSBERG:

Yes, thank you, Madam President.

And just briefly again, just for the record, I rise in opposition to the Amendment. I think we're all on the same page here. I think the difference is that I believe -- I believe the underlying language actually covers the area of concern that's been raised by this Amendment, in particular where the -- the language speaks about studying any obstacles to achieving an adequate healthcare provider network and is not limited to the -- to the factors specifically delineated in this particular piece of legislation.

So thank you, Madam Chair.

THE CHAIR:

Will you remark? Will you remark on Senate "A"?
Senator Kane.

SENATOR KANE:

Thank you, thank you, Madam President.

And earlier, when I did rise, I rose to ask questions of the proponent of the bill in relation to the Amendment that is in front of us. So I'm hoping that I can ask those questions of the proponent in relation to the Amendment.

THE CHAIR:

Senator Kane, you were out of the Chamber when the question was asked if anybody wanted to ask questions before we called the Amendment on the bill and, at that point, there was no one in the Chamber to do that.

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If you would like to proceed on just the Amendment, then you can of course talk on the Amendment or talk to Senator McKinney at this point, sir.

SENATOR KANE:

Um but my question it was in regard to the underlying bill as it pertains to the Amendment and I thought it was understood that I was going to be able to ask those questions. Am I misunderstanding?

THE CHAIR:

If you'd like to proceed, if Senator Slossberg decides to answer it, that's fine.

Please proceed, sir.

SENATOR KANE:

Thank you, Madam President.

I apologize for being out of the Chamber. I was attending to some business in my district. My question to Senator Slossberg in regards to the Amendment only speaks to the question of providers and the provider network and the underlying bill talks about positive health outcomes for low-income residents as it pertains to the provider network for Medicaid recipients.

So my question in regard to her opposition to the Amendment is in regards to the hospitals to which the Amendment speaks of. So my question is as we talk about provider network, wouldn't these hospitals be considered under this provider network and, if so, then why wouldn't the Amendment then be relative as these hospitals are part of that provider network?

Through you.

THE CHAIR:

Senator Slossberg.

SENATOR SLOSSBERG:

Thank you, Madam President.

If I understand the question, which I'll be very honest with you, Senator, through you, Madam Chair, I -- I'm not sure that I'm really clear on it but as this bill was put together it was put together with -- with the input of the hospitals with the idea of looking at all -- the entire provider network and the hospitals provide care to obviously both our Medicaid population and our general population.

So this bill is geared towards looking at obstacles to achieving an adequate healthcare provider network for Medicaid recipients and so that is really what the bill itself looks at. However, to the extent that they're looking at obstacles to care and the hospital is a part of that provider network, I would believe that that would cover the network as a whole.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Madam President.

I appreciate Senator Slossberg's answer. The reason for the Amendment is to understand what these cuts to the hospitals how they would affect the care of these Medicaid recipients or low-income recipients. So -- and I -- and I thank you, Senator Slossberg, that was my question but -- and I think you said that the hospitals are a part of this provider network which makes this Amendment that much more appropriate because the effects of these cuts will directly affect the recipients of Medicaid and low-income recipients as they tend to use hospitals for their care.

So I think it has a direct culminating affect on this population and that is why this appro -- this Amendment is appropriate and I think should be studied in order for us to understand the effects of what these cuts are going to make.

We have heard time and time again from the hospitals that they are either going to reduce services, reduce

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their number of employees or even potentially close and/or consolidate due to the large cut proposed in the Governor's budget so I think this Amendment is truly appropriate and I appreciate you, Madam President, for allowing me leave to ask -- ask questions of Senator Slossberg as I do believe it does pertain to the underlying bill.

Thank you.

THE CHAIR:

Thank you.

Will you remark further? Will you remark further? If not -- I'm sorry, Senator Looney.

SENATOR LOONEY:

Yes, thank you, Madam President.

Just requesting a roll call vote, I don't recall whether or not one had been requested --

THE CHAIR:

Yes sir.

SENATOR LOONEY:

-- when the Amendment was under debate earlier this afternoon.

THE CHAIR:

It was this evening, sir.

SENATOR LOONEY:

Good.

THE CHAIR:

Senator McKane did.

SENATOR LOONEY:

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Good, thank you.

THE CHAIR:

I'm sorry Senator McKinney did.

SENATOR LOONEY:

Thank you, Madam President.

THE CHAIR:

Thank you.

Senator Kelly.

SENATOR KELLY:

Thank you, Madam President.

I rise in support of the Amendment because in the Amendment it talks about the disproportionate share of payments which are to those individuals that are low-income residents who do not necessarily always qualify for Medicaid. One question I did have, through you to the proponent, well not to the proponent.

THE CHAIR:

I'm sorry he's not in the room, sir.

SENATOR KELLY:

I understand.

In the underlying bill, as I read it, there's no where stated any reference to individuals other than low-income individuals that are in receipt of Medicaid and I think in that context the -- the title of bill itself misses the point that there are other people who are low-income that for one reason or another do not qualify for Medicaid.

That could be due to their -- undocumented citizens, they have tried to avail themselves of the Medicaid program but because the Medicaid program is difficult and sometimes time-consuming process to go through,

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that they fail to get their paperwork in and achieve a grant of -- of Medicaid assistance or individuals who are actually working but exceed both income and asset limits but are still low-income.

And I don't see anywhere in the bill that those individuals are -- are taken into consideration. What we look at is strategies to improve access to providers and health outcomes for individuals, the studies to include the administrative burdens on providers, the extent and benefits of provider education concerning provision of care to Medicaid recipients and the effect of Medicaid rates of reimbursement on achieving an adequate provider network.

The study also identifies strategy to improve access to Medicaid providers by Medicaid recipients, improve health outcomes of all Medicaid recipients, reducing spending rates particularly for the provision of care to Medicaid recipients with the costliest health needs and reducing racial and ethnic disparities in health outcome.

But I don't see anywhere in the underlying bill that we address the issue of low-income individuals and this Amendment will add that provision and help this bill to do what it's entitled -- what -- what the -- the title says it has set out to do and that is to look at adequate provider networks to ensure positive health outcomes for people who are low-income.

And all too often we try to solve our -- our healthcare issues through the prism of Medicaid and in this case I think the underlying bill goes to addressing that issue to bringing the issue that there are individuals beyond those that qualify for -- for Medicaid that aren't being addressed in the healthcare network and this would help address that specific situation and I would certainly urge its adoption.

Thank you.

THE CHAIR:

Thank you.

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Will you remark? Will you remark?

Seeing none, Mr. Clerk, will you please call for a roll call vote on Senate "A" and the machine will be open.

THE CLERK:

Immediate roll call vote has been ordered in the Senate. Immediate roll call has been ordered in the Senate. Senators please return to the Chamber. Immediate roll call vote in the Senate.

THE CHAIR:

If all members have voted, if all members have voted the machine will be closed. Mr. Clerk will you please call the tally.

THE CLERK:

On Senate Amendment "A".

Total Number Voting	36
Necessary for Adoption	19
Those Voting Yea	14
Those Voting Nay	22
Those Absent and not Voting	0

THE CHAIR:

Amendment fails.

Will you remark further? Will you remark further?
Senator Slossberg.

SENATOR SLOSSBERG:

Yes, thank you, Madam President.

If there's no objection, I would place this item on the Consent Calendar.

THE CHAIR:

Seeing no objection, so ordered, Ma'am.

The bill passes.

Senator Looney.

SENATOR LOONEY:

Thank you, Madam President.

Madam President, if the Clerk might now call the items on the Consent Calendar before proceeding to a vote on that Consent Calendar.

THE CHAIR:

Mr. Clerk.

THE CLERK:

On Page 1, Calendar 545, Senate Resolution Number 27; also on Page 1, Calendar 546, Senate Resolution Number 28. On Page 2, Number 547, Senate Resolution Number 29. On Page 2, Number 549, Senate Resolution Number 31. On Page 5, Number 184, Senate Bill 1026. On Page 7, Calendar Number 253, Senate Bill Number 763. On Page 16, Calendar Number 412, Senate Bill Number 962. On Page 17, Calendar Number 436, Senate Bill Number 673. On Page 18, Calendar Number 438, Senate Bill Number 761. Also on Page 18, Calendar Number 443, Senate Bill Number 1056. On Page 19, Calendar Number 449, Senate Bill Number 828. On Page 20, Calendar Number 461, House Bill Number 6540.

On Page 21, Number 469, House Bill Number 6574. On Page 23, Number 480, Senate Bill Number 238. On Page 25, Calendar Number 501, House Bill Number 5799. Also on Page 25, Number 507, House Bill Number 5117. On Page 26, Calendar Number 508, House Bill Number 6571. On Page 26, Calendar Number 509, House Bill Number 6348. Also on Page 26, Calendar Number 510, House Bill Number 6007 and on Page 26, Calendar Number 512, House Bill Number 6392.

On Page 40, Calendar Number 48, Senate Bill Number 519. On Page 40, Calendar Number 60, Senate Bill Number 859. Also on Page 40, Calendar Number 104, Senate Bill Number 833.

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On Page 41, Calendar Number 107, Senate Bill Number 917. On Page 42, Calendar Number 123, Senate Bill Number 434. On Page 43, Calendar Number 129, Senate Bill Number 898. Also on Page 43, Calendar Number 139, Senate Bill Number 158. On Page 43, Calendar Number 167, Senate Bill Number 879.

On Page 45, Calendar Number 195, Senate Bill Number 816. Also on Page 45, Calendar Number 204, Senate Bill 652. On Page 47, Calendar Number 241, Senate Bill 1040. On Page 48, Calendar Number 269, Senate Bill 1003. Also on Page 48, Calendar Number 270, Senate Bill Number 1007.

On Page 50, Calendar Number 304, Senate Bill 1019. Also on Page 50, Calendar Number 310, Senate Bill 903. And finally on Page 53, Calendar Number 399, Senate Bill 1069.

THE CHAIR:

Mr. Clerk, will you call for a roll call vote. The machine will be open on the Consent Calendar.

THE CLERK:

Immediate roll call vote has been ordered in the Senate. Immediate roll call vote has been ordered in the Senate. Senators please return to the Chamber. Immediate roll call vote in the Senate.

THE CHAIR:

If all members have voted, if all members have voted the machine will be locked. Mr. Clerk, will you please call the tally.

THE CLERK:

On Consent Calendar Number 1.

Total Number Voting	36
Necessary for Adoption	19
Those Voting Yea	36
Those Voting Nay	0
Those Absent and not Voting	0

THE CHAIR:

Consent Calendar is passed.

Are there any points of personal privilege?

Senator Doyle.

SENATOR DOYLE:

Thank you, Madam President.

Yeah for a point of information for the Chamber.

THE CHAIR:

Please proceed, sir.

SENATOR DOYLE:

Yes, thank you, Madam President.

Tomorrow the General Law Committee will be meeting at 11:15 outside the Hall of the House. The bulletin said 15 minutes before the early session so now we're making it definitive. Tomorrow at 11:15 outside the Hall of the House the General Law Committee will be considering one bill that was referred to us.

Thank you, Madam President.

THE CHAIR:

Thank you.

Senator Duff next.

SENATOR DUFF:

Thank you, Madam President.

For the point of announcement please.

THE CHAIR:

Please proceed, sir.