



**Testimony of the Connecticut Children's Medical Center
to the Human Services Committee regarding
Senate Bill 135 An Act Concerning Revisions to Husky Plus
February 23, 2016**

Senator Moore, Representative Abercrombie, members of the Human Services Committee, thank you for the opportunity to share our thoughts about *Senate Bill 135 An Act Concerning Revisions to Husky Plus*. We are Paul Dworkin, MD, Executive Vice President for Community Child Health and Ann Riley, Lead Care Coordinator at the Center for Care Coordination at Connecticut Children's Medical Center. We are submitting this testimony in opposition to this bill.

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

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

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

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

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

Our concerns about Senate Bill 135 come from our long-standing experience of providing intensive care coordination services to children who rely on HUSKY. Our Center for Care Coordination (formerly the Special Kids Support Center) serves about 300 HUSKY B families, and nearly half fall into Band 2 which covers HUSKY families with incomes at or above 250% of the federal poverty line. Since this proposed legislation appears to eliminate HUSKY Plus coverage for Band 2, it would create a situation where there is a significant impact on a relatively small number of children. Therapy services comprise one of the largest components of HUSKY Plus services we provide. Many of the children we care for, such as those on the autism spectrum, would have a significant need for ongoing physical, occupational and speech therapy services beyond the 60 day limit on HUSKY B. For families at HUSKY B income levels, these services would be unaffordable without HUSKY Plus coverage. It is also important to remember that the federal government pays 88% of the cost of these services since they fall under the Children's Health Insurance Program.

As an alternative to making this change now, we would propose that the Department of Social Services evaluate the current status of the HUSKY Plus program, including who is served and for what conditions. This information would allow for a more meaningful conversation about the cost impact to the State and the impact on the children and families who currently rely on these covered services. We would be happy to serve as a resource for you as you debate this proposed legislation.

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