

Human Services Committee JOINT FAVORABLE REPORT

Bill No.: SB-764

Title: AN ACT CONCERNING MEDICAID PROVIDERS.

Vote Date: 3/9/2021

Vote Action: Joint Favorable

PH Date: 2/16/2021

File No.:

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SPONSORS OF BILL:

Human Services Committee

REASONS FOR BILL:

To add acupuncture and chiropractor services to those covered under Medicaid, adjust the Medicaid payment methodology for methadone maintenance providers, achieve Medicaid payment parity for nurse-midwives and podiatrists performing the same services as physicians, and provide Medicaid reimbursement to peer support specialists. This will improve access to needed services for Medicaid recipients, and services that, based upon experience, reduces the use of powerful medications in treatment, and results in improved outcomes without the risk of narcotic dependency.

RESPONSE FROM ADMINISTRATION/AGENCY:

Deidre Gifford, Commissioner, Connecticut Department of Social Services

Section 1: There is clinical evidence that acupuncture services are effective in addressing pain and other clinical conditions. There is clinical evidence that chiropractic services are effective in addressing acute and chronic back and spinal pain. Both services may be used as an alternative method of treatment to pain medications, including opioids. Therefore, the Department appreciates the concept of additional Medicaid coverage for services provided by licensed acupuncturists and chiropractors in independent practice and other applicable covered settings. As with all Medicaid covered services, the Department would approve coverage only for services that are medically necessary.

Section 2: This section proposes to delete language in the existing statute specifically related to provider rates decreasing if they do not meet the minimum performance level on established performance measures. DSS is instead considering a more graduated approach

to adoption of value-based payment strategies under its proposed substance use disorder 1115 research and demonstration waiver.

Section 3: This section seeks parity for nurse-midwives with physicians. The Department of Social Services believes any fee increase should be tied to improvements in clinical outcome. The Department of Social Services believes the original disparity is linked to the difference in education and in the average debt incurred. Despite the differences in training, experience and debt between physicians and nurse midwives, the Department also recognizes numerous studies that show, when compared head to head, the outcomes of women and infants served by a nurse midwife are as good as if not superior to those served by an obstetrician. The Department of Social Services believes that equalizing fees paid to midwives and obstetricians is an idea whose time, clinically, has come. The financial impact of this legislation, however, would be substantial. In place of an immediate rate increase, however, DSS proposes to review this issue in context of designing an expanded Medicaid maternity bundle under which it will seek to address and remedy disparities of access, utilization and outcomes for pregnant women served by HUSKY Health, with an emphasis on women of color..

Section 4: This section would include peer support specialists within care teams. While DSS strongly supports the concept and practice of including peer support specialists within care teams, it must respectfully oppose Section 4 of this bill as drafted. The Governor's budget does not provide funding for such services under the Medicaid State Plan.

NATURE AND SOURCES OF SUPPORT:

The Advocacy Committee for Women's Health Connecticut

WHC feels that it is reasonable and fair for CNMs to receive the same reimbursement as an obstetrician-gynecologist for providing the same services. Further, they may play a role in reducing the cost of maternal care overall for our state. In recent years, Connecticut midwives have attended in approximately 10-15% of the vaginal births annually and studies have shown them to be instrumental in helping to lower cesarean deliveries, the rate of induction and the use of anesthesia.

Polly Moran, CNM, MSN

Less health disparities, better health outcomes, and less costly interventions in women's health saves women at the same time it saves Connecticut money. I urge your support.

Matthew Maneggia, Licensed Acupuncturist

Acceptance of acupuncture has grown by leaps and bounds - not only by the public but by the medical community. Reports of increased referrals suggest improved demand for, and access to, this important service. Doctor referrals have become especially common since the realization of the profound dangers of prescription narcotic pain medication. Currently, most private health insurers offer coverage for acupuncture - likely due to their realization of tremendous cost savings when people choose relatively inexpensive treatments like acupuncture over high-cost treatments like prescription pain medications, surgeries, and other invasive procedures. In my opinion, it is far past due that we offer these relatively inexpensive, low-risk healthcare options to the most vulnerable among us.

Amy Romano, MBA, MSN, CNM, FACNM

Payment parity for midwives is long overdue, and Connecticut stands apart from other states in the region and around the country in its outdated approach to midwifery reimbursement. There are decades of research demonstrating positive outcomes and cost savings with midwifery care and midwife-led models such as the birth center model. Organizations that have endorsed expansion of midwifery services to improve outcomes, access, and equity include the American College of Obstetricians and Gynecologists; the Institute for Medicaid Innovation; the Office of the Surgeon General; the March of Dimes; the Center for Medicare and Medicaid Innovation; The National Academies of Science, Engineering, and Medicine; and the National Partnership for Women and Families; We are in a maternal health crisis that is only exacerbated by the pandemic. The situation is urgent, especially for Black, Indigenous, and other people of color who suffer much higher rates of maternal mortality and serious morbidity compared with non-Hispanic white women. Midwifery is a key strategy for addressing health inequities and training more midwives of color is the fastest way to diversify the obstetric and women's primary care workforce to provide culturally aligned and appropriate care and reduce disparities.

Dr. Mathew DiMond, a Doctor of Chiropractic, Assistant Professor and Clinician at the University of Bridgeport

Lack of adequate coverage can restrict care delivery options driving patients in their time of need to pursue guideline discordant care. What does that mean? Research shows that for numerous musculoskeletal pain conditions, such as chronic low back pain, treatment first provided by non-pharmacologic approaches yields - improved outcomes, reduced hospitalizations, improved patient satisfaction, and overall decreased healthcare costs. For example, a 2012 article in the journal Spine showed that the likelihood of surgery for a patient who first saw a surgeon was 42.7%, while the likelihood of surgery for a patient who first saw a chiropractor was a mere 1.5%. Even in the wave of the current opioid epidemic, multiple studies have shown that excessive opioid medications are routinely prescribed for all types of injuries and surgical procedures, even when the evidence supports non-pharmacologic approaches first.

As a matter of cost, as a matter of science, as a matter of equity, our ask is that chiropractic be restored to the optional services covered under Medicaid.

Additional Sources of Support include:

Steven Zuckerman, President and CEO, Root Center for Advanced Recovery
Ben Shaiken, Manager of Advocacy and Public Policy, The Alliance
Gretchen Raffa, Senior Director for Public Policy, Advocacy and Organizing, Planned Parenthood.

NATURE AND SOURCES OF OPPOSITION:

None expressed

Reported by David Rackliffe

Date: March 22, 2021

