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**Testimony on SB 1090**

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Good afternoon, members of the Labor and Public Employees committee. I am here to testify in support of SB 1090. The need for this bill is critical. I am sure that I do not need to remind committee members of the havoc that will be wrought on the low-income community if the Governor's proposed cuts to programs in HB 6548 are enacted. Now more than ever, the legislature needs to be fully informed of agency practices, program activities and the importance of programs such as Medicaid to the overall health of the state.

Unfortunately it has become increasingly clear as demonstrated through the politically charged text of the governor's budget summary, that programs assisting low-income individuals are slated for either complete elimination or for some sort of vaguely described re-structuring. The stark dollars and cents approach of the governor's budget bill makes it alarmingly clear that the importance of many of these programs was not considered before the cuts were proposed. And the lack of discussion about what the governor has proposed is the most critical reason the legislature, as our public policy making body, needs to pass on the validity of these, in some cases, draconian proposals.

To let the administration and the agencies charged with implementing these programs to engage in some sort of spending cut binge without questioning proposed cuts or stopping the cuts when necessary could take us down the road to an even more unhealthy state of affairs. To allow the governor to continue to make changes to vital programs without the input of the legislature, citizens and providers of services under these programs is dangerous. Let me provide you with some examples of health care issues that illustrate why legislative approval for significant programmatic impacts is essential.

Two years ago, our agency and Connecticut Legal Services brought a class action suit against Patricia Wilson-Coker, the Commissioner of DSS, called Carr v. Wilson-Coker, because DSS fails to ensure adequate access to dental services to all HUSKY A recipients (adults and children) as required by the Medicaid Act. Instead of recognizing the critical importance of the provision of oral health services to adults and children, which is well-documented, and the impact of a cut of adult dental services upon the likelihood of children receiving services, the Governor's proposal would eliminate all Medicaid adult dental services, including those for elderly and disabled adults on Medicaid, with no plan on how to ensure adequate access to dental services for the children who would remain covered under the program. Add to this the fact that until the Governor's budget came out, DSS planned, with very little public input, to "carve out" dental services from the Medicaid program in an attempt to link, in name only, the Medicaid program with the state employees' program. Statements by DSS officials raise some serious concerns about DSS' carve-out plan, specifically, that the RFP as written, as a joint procurement with the state employees, is not expected to take place. That plan depended on the existence of a strong network of dentists to increase Medicaid recipients access to dental services. The governor's current proposal seems to scrap the DSS plan entirely in favor of some amorphous "radical" approach to the delivery of dental services based on some yet-to be defined community-based services approach. This so-called plan was not disclosed in any public forum until the Governor's budget was presented to the General Assembly. This "plan" appears to be no plan at all, but just an attempt to avoid addressing the issues surrounding inadequate dental access in a

straight-forward, publicly-involved manner.

Further, in his budget proposal, the governor takes dead aim at private providers of dental services while admitting that the solution to the lack of dental access for Medicaid recipients requires the assistance of these same providers. The governor claims that community-based services will improve the oral health of Medicaid recipients, but he does not say, with his other proposed cuts to school-based health centers, to federally-qualified-health centers and to community based health centers, how this will be possible.

This is one clear example of why the legislature needs to approve significant programmatic impacts. The governor's proposal does not take into account the significance of dental care for adults and children, the significance of oral health services to the overall well-being of adults who need to be pain-free so they can maintain their employment, and saddest of all, ignores the reality that the health of our state will surely depend on the health of the low-income families that have moved into the working community.

There are other stark examples of why we so adamantly support this bill, including the Governor's significant cut-backs to optional services under Medicaid such as the previously approved cuts to podiatric and psychological services. After he has already cut services under the HUSKY program, the governor's proposal includes significant rate increases on the order of \$20 per Medicaid recipient per month to managed care organizations involved in the HUSKY program - for providing less services. Financial analysis reports of the MCOs show that the MCOs are not spending the money they have already been given to provide all of the services they are required to provide. These entities are already claiming profits in the millions each year at the expense of providing services, such as dental services, to HUSKY clients.

A more thorough examination process of proposed cuts might provide the legislature with information such as the fact that cutting many of these health care services, including those under SAGA, would not allow persons who might be eligible for federal disability programs such as SSI, to qualify for those programs. What's worse is that we are giving up federal revenue in the process, since for instance, when someone on SAGA qualifies for SSI, not only is the person entitled to Medicaid, but the state recovers any cash assistance paid to the recipient from the federal government.

One last example of the need for legislative approval for significant programmatic changes is the governor's proposal to reduce the HUSKY A package to the level of the HUSKY B package through a 1115(b) waiver under Medicaid. This proposal would not only drop a number of services from the HUSKY A plan, but would also likely lead to the imposition of significant co-pays that would effectively reduce access to services for those enrolled in the plan. The non-partisan Government and Accounting Office (GAO) of the U.S. Congress issued a report last year in which it raised both "legal and policy concerns about the extent to which the approved waivers are consistent with the goals and fiscal integrity of Medicaid and SCHIP." Abstract from GAO-02-817, July 12, 2002. (Attached)

In sum perhaps the most important reason for the legislature to approve significant programmatic impacts is that it is apparently left to the legislature to exercise the wisdom to avoid penny-wise and pound foolish practices. We do not have the luxury of only viewing the budget in terms of dollars and cents. The health of the state depends on the health of its citizens.

