

Testimony of

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***Regarding the Human Services Provisions of Governor Lamont's Budget Proposal***

Appropriations Committee

February 28, 2025

Thank you for the opportunity to provide comments on the human services components of the governor's budget proposal.

On behalf of the Community Health Center Association of Connecticut (CHC/ACT), and its sixteen-member community health centers, I want to thank the Committee for its dedication to listening to Connecticut's residents about these important issues. Connecticut's community health centers serve more than 440,000 people each year – including over 264,000 HUSKY enrollees – providing medical, behavioral health, and dental care in hundreds of locations across the state.

Along with our health centers, CHC/ACT is deeply committed to providing access to high quality care for all, including our HUSKY patients. To achieve that, we respectfully recommend the Committee consider the following:

***Increase Medicaid rates***

As you know, the Department of Social Services recently completed the second phase of its rate study. That study compared Medicaid rates paid to health centers in Connecticut to those paid by three comparison states: Maine, New Jersey, and New York and found that, on average, Connecticut's rates are 80% of those states' rates. The Community Health Center Association of Connecticut (CHC/ACT) reached out to its peer associations in Massachusetts and Rhode Island to get their Medicaid rates and found that, including those two states and updating Maine's data, the discrepancy grows: CT's rates are only 75% of the average of those five states. Please see the attached page for more information on how Connecticut's rates compare to neighboring states.

In addition to comparing Connecticut's rates to other states, CHC/ACT also examined the difference between DSS reimbursement rates and actual cost incurred by the health centers for the average visit. This analysis utilizes DSS's methodology to determine what is counted as "cost." Health Centers are required to file these cost reports yearly. The comparison showed that,

on average, health centers in Connecticut lose \$85 on every Medicaid medical visit and \$121 on every Medicaid dental visit – for a total loss of about \$80 million annually.

These low rates have a direct impact on access to care by impeding health centers' ability to hire providers and treat patients. Simply put, health centers cannot continue to take these losses and stay in business. In fact, one health center made the difficult decision to suspend dental operations as of 2/28, and another has ceased crowns, bridges, and root canals. At least a few other health centers are nearing similar decisions.

While we recognize that all Medicaid providers are underpaid, health centers are unique in that they cannot restrict the number of, or turn away, Medicaid patients. By federal law, we are required to see all people who need assistance. Connecticut's health centers can no longer subsidize the state's Medicaid program.

Connecticut health centers provide primary medical, dental, or behavioral health care to 440,000 people annually, including 264,000 Medicaid enrollees. The state has set a goal to enhance access to primary care, and the most effective way to do so for Medicaid enrollees is to ensure the financial stability of health centers.

Rebasing rates to reflect allowable costs would have an immediate impact on the viability of health centers – and would therefore improve access to care for HUSKY enrollees.

***Implement Medicaid reimbursement for Community Health Worker services to improve health equity and outcomes***

Connecticut has recognized the value of the Community Health Worker role in improving access to health care, helping navigate the system, and improving health outcomes. A stakeholder group provided input to DSS over the past year to establish Medicaid reimbursement for these critical services – yet no final report has been issued, and no funding has been proposed in the governor's budget. I urge the Committee to include funding for these services in its budget.

Thank you for your consideration and your hard work on behalf of our great state. Please feel free to reach out with any questions: [dpolun@chcact.org](mailto:dpolun@chcact.org) or 860.667.7820.



# Community Health Center Association of Connecticut

Connecticut PPS Rates Compared to Regional Samples

Medical				Dental				Behavioral Health			
State	Average PPS Rate	Difference compared to CT	CT Rate as % of Comparison Rate	State	Average PPS Rate	Difference compared to CT	CT Rate as % of Comparison Rate	State	Average PPS Rate	Difference compared to CT	CT Rate as % of Comparison Rate
Connecticut	\$185.41	N/A		Connecticut	\$171.28	N/A		Connecticut	\$207.66		
Massachusetts	\$ 241.96	\$ 56.55	76.63%	Massachusetts	\$ 241.96	\$ 70.68	70.79%	Massachusetts	\$ 241.96	\$ 34.30	85.82%
New York	\$ 223.99	\$ 38.58	82.78%	New York	\$ 233.75	\$ 62.47	73.27%	New York	\$ 225.07	\$ 17.41	92.26%
Maine	\$ 284.55	\$ 99.14	65.16%	Maine	\$ 284.55	\$ 113.27	60.19%	Maine	\$ 284.55	\$ 76.89	72.98%
Rhode Island	\$ 247.22	\$ 61.81	75.00%	Rhode Island	\$ 210.18	\$ 38.90	81.49%	Rhode Island	\$ 247.22	\$ 39.56	84.00%
New Jersey	\$ 225.18	\$ 39.77	82.34%	New Jersey	\$ 225.80	\$ 54.52	75.85%	New Jersey	\$ 225.18	\$ 17.52	92.22%
Comparison State Average	\$ 244.58	\$ 59.17	75.81%	Comparison State Average	\$ 239.25	\$ 67.97	71.59%	Comparison State Average	\$ 244.80	\$ 37.14	84.83%

Sources:

Massachusetts Source: Mass League of Community Health Centers

New York Source: New York State Department of Health, FQHC Rates (posted 4/9/2024).

Maine Source: Maine Primary Care Association/Curt Degenfelder Consulting

Rhode Island Source: Rhode Island Primary Care Association (RI Health Centers are pursuing increased rates during this legislative session)

New Jersey Source: <https://www.njmms.com/downloadDocuments/FQHC2024.pdf>

# <https://portal.ct.gov/dss/health-and-home-care/reimbursement-and-certificate-of-need/fqhc-medicare-reimbursement/fqhc-medicare-rates>