

Testimony Supporting Raised Bill 1129: An Act Concerning Health Plan Data

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Public Health Committee

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Senator Gerratana, Representative Johnson and Members of the Public Health Committee:

I am interim executive director of Connecticut Voices for Children, a research-based public education and advocacy organization that works statewide to promote the well-being of Connecticut' children, youth, and families.

I am testifying on behalf of Connecticut Voices in **support of Raised Bill 1129, An Act Concerning Health Plan Data.**

R.B. 1129 would codify the recommendations of the Basic Health Plan Work Group.¹ I was an active member of the work group which was created by the Office of Health Reform and Innovation “to explore the Basic Health Plan (BHP) option in the Patient Protection and Affordable Care Act and its implications for residents and the state of Connecticut.”² *Codifying the recommendations of the work group will ensure that lawmakers have the information they need to determine whether to establish a Basic Health Plan.*

The BHP is an alternative approach to covering uninsured residents with income between 133% and 200% FPL. According to federal law, a state would receive the federal funding that would have otherwise have been used to subsidize private health insurance coverage on an exchange. A state could then establish an insurance plan that is tailored to the health and financial needs of this population.

The work group reviewed information and analyses to determine whether a BHP was a viable option for Connecticut residents. In December, the work group determined that “due to uncertainties outlined in reports and analyses by Milliman³ and the University of Massachusetts⁴, as well as a lack of federal guidance and other information needed to make a decision about whether to proceed with a Basic Health Plan in Connecticut,” the work group agreed to defer the decision about the adoption of such a Plan until “there is further information available to evaluate the costs and benefits of a Basic Health Plan.” To that end, the work group (made up of members of the General Assembly, the Office of Policy and Management, the Health Insurance Exchange, advocates for low-income individuals and families, the Connecticut Hospital Association, Connecticut Association of Health Plans, Community Health Center Association of Connecticut and others), also issued recommendations that data be collected by the Health Insurance Exchange

¹ The Recommendation to the Office of Health Reform & Innovation and the Department of Social Services, available at <http://www.healthreform.ct.gov/ohri/lib/ohri/BasicHealthPlanWorkGroupRecommendation.pdf>

² *Id.*

³ Presentation to State of Connecticut Basic Health Program Work Group, Milliman (Nov. 19, 2012), available at <http://www.healthreform.ct.gov/ohri/lib/ohri/BasicHealthPlanWorkGroupMillimanPresentation111912.pdf>; State of Connecticut Basic Health Program Actuarial Analysis, Milliman (Dec. 13, 2012), available at <http://www.healthreform.ct.gov/ohri/lib/ohri/BasicHealthPlanWorkGroupMillimanActuarialAnalysisReport.pdf>

⁴ Evaluating the State Basic Health Program in Connecticut, Legal Assistance Resource Center (Jan. 2012), available at http://www.larcc.org/files/larcc_files/SBHP%20FINAL%20BRIEF.pdf

and the Department of Social Services during 2014 in order for the Work group to reconvene in January 2015 to determine the “costs and benefits of a BHP in light of the experience of individuals in the target group. . .”⁵

Similar to the work group recommendations, R.B. 1129 requires the Health Insurance Exchange Board to collect data about the extent to which individuals in the targeted group sign up for insurance and utilize health services, as well as the costs associated with their insurance coverage, the extent to which these individuals experience gaps in coverage, and other data that is crucial to determining whether the exchange is meeting the needs of this vulnerable group.

The proposed legislation also directs the Board to collect “any other information that said board believes is necessary to allow [the legislature’s public health, human services and insurance committees] to evaluate the cost and benefits of a basic health plan.” We agree that the more information that this legislative body has to decide what is in the best interests of the Connecticut residents the better.

We applaud the public health committee for raising An Act Concerning Health Plan Data. We hope it becomes law.

Thank you for this opportunity to testify in support of Raised Bill 1129. Please feel free to contact me if you have questions or need additional information.

⁵ The Recommendation to the Office of Health Reform & Innovation and the Department of Social Services, *supra* at 2.