PRESIDING CHAIRMEN: Senator Harris
Representative Villano

COMMITTEE MEMBERS PRESENT:

SENATORS: Kissel

REPRESENTATIVES: Abercrombie, Gibbons, Adinolfi, Bartlett, Caron, Chapin, Jarmoc, Morris, Orange, Schofield, Thompson, Truglia, Walker

SENATOR HARRIS: --convene the public hearing of the Human Services Committee for March 15, 2007. The first hour we will take testimony from elected and appointed officials, and then we will go into the public section. Good timing, Mr. President. First on our list is Senate President Don Williams. Good afternoon.

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SEN. HARRIS: Any further questions? Commissioner, thank you for coming. Commissioner, we actually have to go to the public right now under our rules, and then we'll call you up, unless you're going to stay right there and do it from there? Go for it. Just go. I'm loose today. It's a different perspective for us.

COMM. MICHAEL STARKOWSKI: Yeah, it is. It is. That's fine. I can hide my papers. These papers are still FOI-able, so don't worry about it.

Senator Harris, Representative Villano, and Members of the Human Services Committee, my name is Michael Starkowski. I'm the Commissioner of the Department of Social Services.

I'm here to testify today on behalf of Governor Rell in support of Senate Bill 1127, the enabling

legislation for the Charter Oak Health Plan, the Governor’s initiative to bring much needed access to health coverage to Connecticut’s uninsured adults.

First, Governor Rell asked me extend her appreciation for your consideration of this bill, and its vital importance to the future of thousands of our state residents.

As the Governor said last week, this is a critical need, there is a critical need, and pent up demand by Connecticut residents for affordable healthcare coverage.

My administration continually hears from Connecticut citizens who are awaiting anxiously for the Charter Oak insurance product because it is something they will be able to afford

By supporting Senate Bill 1127, this Committee has the opportunity to give initial legislative support to a practical, workable plan to give access to affordable healthcare to Connecticut’s uninsured adults.

Like Massachusetts, Connecticut intends to issue an invitation to health insurers and negotiate good benefit packages and affordable rates.

Massachusetts recently achieved a breakthrough in the cost range for individual coverage. As Governor Rell has said, if it can be done in the Bay State, it can be done in the Constitution State.

Governor Rell’s plan is based on a public-private partnership model that strikes a balance between individual responsibility and government assistance for the lowest income participants.

In other words, the Charter Oak Plan is not universal healthcare in the sense that taxpayers and employers are funding another billion dollars in services.

The Governor's vision for Charter Oak blends responsible cost for the participant with a safety net subsidy for the lowest income uninsured adults, those who either do not qualify for the HUSKY plan because they are slightly over income, or because they do not have children, or both.

I know you're interested in how the Charter Oak Plan works, so I will offer some highlights from a power point presentation as attached to my testimony.

The Governor has put forth a bold initiative that will actually work for the large group of uninsured adults in Connecticut, too old for HUSKY, too young for Medicare, and it deserves your full consideration and support.
I will answer any questions and welcome comments on the bills.

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SEN. HARRIS: Yeah, if you can just continue, that would be helpful.

COMM. MICHAEL STARKOWSKI: Sure. You know, I was glad to see that, Commissioner Vogel talked before I did, and Secretary Genuario. I think they brought up some of the highlights of what the problem is.

There's about 222,000 uninsured individuals around the state right now, a significant number of children that are uninsured, 25,000 to 50,000, as identified by Commissioner Vogel.

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We feel that that the HUSKY program now, because of the lack of any real financial eligibility that would allow a child to be ineligible for the program, so it's regardless of income, that we do have a reputable program out there now for all the children in the state. What we're trying to

do with Charter Oak is to try to fill that gap for adults in the state.

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The Charter Oak Plan is a private model.

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All the payments will go directly from the members, all the premium payments will go directly from the members to the plans. The state won't be involved in the collection of those premiums.

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SEN. HARRIS: Any further questions? Commissioner, just two very quick questions, and one of them, we might be able to, if it takes some detail, we can probably follow up with it.

But on the co-pay issue, there are co-pays that will be required under the Charter Oak plan, and if I recall correctly, last year trying to deal with an issue of people needing multiple imagining tests, x-rays, for example, a lot of them were cancer patients requiring multiple x-rays, that we had a limit placed by law to $75 per co-pay, and I believe it was somewhere short of $500, maybe $375 for a total co-pay for that type of procedure within a year. Would this bill obviate that particular law or any other ones out there like it?

COMM. MICHAEL STARKOWSKI: No, Senator Harris. I mean, we did not include specific details, but as you know, the industry will tell you, the insurance industry will tell you that there's 46 or 47 individual mandates out there right now.

We are not proposing policies out there that would eliminate or circumvent any of the mandates that are out there now.

SEN. HARRIS: Okay, thank you.