



Testimony in Opposition to S.B. 1077, An Act Concerning the Acceptance by Physicians of Patients who are Medicaid Recipients

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Public Health Committee
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Dear Senator Anwar, Representative McCarthy Vahey, Senator Somers, Representative Klarides-Ditria, and esteemed members of the Public Health Committee,

Thank you for accepting this testimony in **opposition to S.B. 1077** on behalf of Health Equity Solutions (HES), a nonprofit organization with a statewide focus on advancing health equity through anti-racist policies and practices. Our vision is for every Connecticut resident to attain optimal health regardless of race, ethnicity, or socioeconomic status.

This proposal exempts physicians from some forms of legal recourse when treating Medicaid enrollees. By creating a separate set of rules for the treatment of Medicaid members, this proposal would set lower income residents of our state apart as less worthy of quality medical care and respectful treatment. As an equity-focused organization, we are compelled to speak out against any policy that values some lives more others. By definition, Medicaid enrollees live in low-income households. Due to the consequences of systemic racism, Medicaid [disproportionately](#) covers Black and Latino/a residents of our state. If the care a physician provided to a patient enrolled in private insurance or Medicare warrants revoking their license or criminal liability, they should be held accountable in the same manner for care of a patient enrolled in Medicaid.

HES has deep respect for this committee and recognizes the need to improve Medicaid's provider networks by increasing both the number of clinicians accepting Medicaid and the number of Medicaid patients each practice feels it can accommodate. This proposal is not the answer. Creating separate rules for people of different socio-economic status or race/ethnicity is not equitable.

HES respectfully urges the committee to propose alternative solutions focused on routinizing provider rate reviews and potentially an ongoing workgroup to facilitate this process. [MACPAC](#) delineates the methods acceptable for setting fee-for-service provider rates, noting these base rates can be adjusted when engaging in value-based payment approaches. [Colorado's](#) analysis of Medicaid provider rates details a methodology based on Medicare rates and, for services not covered by Medicare, the state's approach to determining a fair rate. [Other states](#) have recently taken action to ensure a regular cadence of provider rate review and more robust evaluations of access to care. Linking state provider rates to Medicare rates or requiring a review every 3-5 years would ensure no provider group is excluded from regular rate adjustments.

Thank you for the opportunity to submit this testimony in opposition to **S.B. 1077, An Act Concerning the Acceptance by Physicians of Patients who are Medicaid Recipients**. We can be reached with any questions at ksiegel@hesct.org or 860.937.6432.