

July 2007

# MLPP News

## Medical-Legal Partnership Project News

### *Special Legislative Wrap-Up Edition*

#### The 2007 Legislative Session: What Pediatric Practitioners Need to Know

Jay Sicklick, MLPP Director

The Connecticut General Assembly recently adopted a biennial budget that impacts children's health care and the delivery of health care services to low-income children and families. While there are still some outstanding issues (*see MLPP Legislation*), there were a number of issues that the legislature tackled that will both directly and indirectly affect how practitioners work with their pediatric patients. Here are some of the highlights and lowlights, as the case may be:

- Total budget enacted of \$36 billion raises taxes only on cigarettes (from \$1.51 to \$2 per pack), but not on income.
- Increase in Medicaid reimbursements to physicians, dentists and other health care professionals. The budget provides \$94 million of additional expenditures for reimbursement in fiscal year 2008, and \$121 million in fiscal year 2009. The greatest beneficiaries of these increases will be hospitals, physicians (including ophthalmologists, dentists and primary care clinics). In this breakdown, the Medicaid program will spend \$27 million in the first year to provide a fifty percent increase in the reimbursement rate for physicians (the first increase since 1989), while hospitals will receive an additional \$46 million in the first year and \$72 million in fiscal year 2009.
- Expansion of the HUSKY health insurance program, including insurance coverage under the HUSKY A plan for parents with income up to 185% of the federal poverty level (up from 150%), and pregnant woman coverage up to 250% of FPL.
- Introduction of a pilot program of primary care case management (PCCM) for child/family Medicaid (HUSKY A). Under the statutory pilot program, the Department of Social Services must develop a plan to implement the PCCM pilot to at least 1,000 individuals who are eligible for HUSKY A benefits. Under this system, the primary care provider (pediatrician, family medicine practitioner, etc.) is the care coordinator/case manager who arranges for specialty care when necessary, as opposed to the managed care organization, which presently designates these choices.

#### **MLPP Legislation**

The MLPP, working with Human Services Committee Chair Jonathan Harris (D., West Hartford, Farmington, Burlington) once again introduced legislation to expand therapeutic services to children with significant disabilities. Under House Bill 7233, children insured under the Medicaid program (fee for service and waiver eligible – such as Katie Beckett waivers) would receive coverage for physical therapy, occupational therapy, and speech/language therapy, *outside of the home*, in addition to the traditional delivery of these vitally needed services inside of the home. During the 2006 legislative session, the MLPP successfully worked to implement this coverage to children insured under the HUSKY A plan. The legislature codified this change in Conn. Gen. Stat. § 17b-261, which now provides that therapies (PT, OT and speech/language) may be provided to children who require treatment in environments “substantially similar” to the home, such as day care centers and after school programs. As of this writing, the language change, which would expand coverage for these services to the State's most disabled children, is pending inclusion in additional legislation which will be acted upon by the Senate sometime in July.

#### **Other Relevant Bills**

- **Statutory Rape**

The legislature changed the age differential for particular sexual assault crimes, commonly known as “statutory rape,” to *three* years, up from the present two year prohibition. As of October 1, 2007, any person who engages in sexual intercourse with a minor 13-15 years of age, who is more than *three* years older than that minor, commits a sexual assault in the second degree. The crime remains a Class C felony under which any person found guilty shall be sentenced to nine months imprisonment, which may not be reduced or suspended by a court.

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- **Raise the Age**

After many years of wrangling, the legislature finally raised the age of adult criminal jurisdiction from sixteen to eighteen years of age. In an effort to appease the angst felt by the state's Judicial Branch, increasing the age of juvenile jurisdiction through seventeen will not become effective until January 1, 2010! The most serious offenses committed by juveniles will still be handled by the adult courts, and minors of any age may be tried as adults at the discretion of the State's Attorneys Office.

- **Universal Health Care: Too Little Too Late**

One of the most promising initiatives of this past legislative session – that of proposals for universal health care for all of Connecticut's citizens – turned into significant disappointment as the legislature failed to craft a meaningful solution to the masses of uninsured state residents. Aside from the increase in HUSKY eligibility for families and pregnant women (*see above*), the legislature failed to seriously address the comprehensive lack of health care coverage that plagues working families and single individuals in Connecticut.

One of the leaders in the fight for universal health care coverage and access is the Universal Health Care Foundation of Connecticut, a non-profit foundation that has repeatedly advocated for a comprehensive plan that ensures full coverage for *all* of the state's uninsured residents. Universal's President, Juan Figueroa, provided the following analysis in a recent press release:

*"[The legislature] did nothing for Connecticut's middle class or for our small businesses, and left unaddressed skyrocketing costs and growing quality concerns in the state's disorganized health care system. By failing to grapple with the underlying structural issues at the core of our health care crisis, [the legislature] missed the central opportunity to move us towards a meaningful solution."*

The key to universal health care coverage and access must be based on the principles regarding access to health care espoused by the Institute of Medicine, which call for universal health coverage that:

- Includes everyone;
- Is continuous and portable regardless of changes in employment or marital status;
- Is affordable to individuals, especially those with limited income;
- Is affordable and sustainable to society; and
- Enhances health and well-being.

(Source: Institute of Medicine. *See* [www.iom.edu/CMS/3809/4660/17632/17738.aspx](http://www.iom.edu/CMS/3809/4660/17632/17738.aspx))

The MLPP, joining with the Universal Health Care Foundation, urges pediatric and family medicine clinicians to get involved in the push for universal health care in Connecticut during the coming months and as the next legislative sessions begins in February 2008.

For more information on the Universal Health Care Foundation of Connecticut and its campaign for universal health care for all of Connecticut's residents, please go to [www.universalhealthct.org](http://www.universalhealthct.org).

## **MLPP Interdisciplinary Meetings Move to Tuesdays**

The monthly MLPP-CCMC Interdisciplinary Team meetings focusing on children's health issues and case studies are moving to the second Tuesday of each month, beginning on August 14, 2007. These meetings, which provide a forum for pediatric and family medicine clinicians to bring cases and issues that affect children's health, involve the participation of faculty members and residents, mid-level practitioners, nurses, social workers, psychologists, educators and attorneys. They are held at the Connecticut Children's Medical Center in a conference room on the Garden level (cafeteria level). Residents, faculty, and attorneys are all urged to contact the MLPP if you have a case that you would like to present to the team. Recent meetings have focused on cultural competency and health care delivery to pediatric refugees; adolescent rights and confidentiality in the inpatient setting; and the conundrum faced by attorneys who represent children in the child welfare system. Future meetings will be held on September 11, October 9, November 13, and December 11, 2007. For further information about the Interdisciplinary Team or to present your case at a future forum, please contact Jay Sicklick at 714-1412 ([jsicklick@kidscounsel.org](mailto:jsicklick@kidscounsel.org)) or Gladys Nieves at 545-8581 ([gnieves@ccmckids.org](mailto:gnieves@ccmckids.org)).

## **MLPP Notes**

The MLPP welcomes Alexis Williams, the project's legal intern for the summer of 2007. Ms. Williams is entering her second year as a student at the University of Connecticut School of Law, and she is a May 2005 graduate of Boston College, where she majored in Accounting and Psychology.



### **We want to hear from you!**

**If you have a case to refer to the MLPP, call Jay Sicklick at 860-714-1412 or email [jsicklick@kidscounsel.org](mailto:jsicklick@kidscounsel.org)**

**Please submit questions** for the next edition of MLPP News to [jsicklick@kidscounsel.org](mailto:jsicklick@kidscounsel.org) or, call Jay Sicklick at 860-714-1412.

For information about the Medical-Legal Partnership Project, check the MLPP website at [www.ccmckids.org/mlpp](http://www.ccmckids.org/mlpp) or, the CCA website at [www.kidscounsel.org](http://www.kidscounsel.org).

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