



*Written Testimony of the Department of Social Services
Submitted to the Public Health Committee
February 17, 2017*

H.B. No. 6237 (PROPOSED) AN ACT ADOPTING THE RECOMMENDATIONS OF THE DIABETES ADVISORY COUNCIL

This legislation would require the Department of Social Services (DSS) to secure Medicaid coverage for diabetes self-management education at programs accredited by the American Diabetes Association or the American Association of Diabetes Educators. It is not explicitly assigned to DSS, but this bill also tasks a state agency to build the capacity for a state-wide diabetes self-management education program with an emphasis on culturally and linguistically appropriate standards and improved access.

Currently, diabetes self-management services are available to Connecticut Medicaid enrollees through the following providers:

- Federally qualified health centers as an encounter visit
- Outpatient hospitals as part of a medical clinic visit
- Physician office setting as part of an evaluation and management visit.

Additionally, the Department's medical administrative services organization, Community Health Network of Connecticut (CHNCT), offers an extensive and broad array of services for Medicaid beneficiaries with diabetes.

These services include:

- Intensive Care Management of beneficiaries identified as high risk with diabetes, having gaps in care, having emergency department visits or inpatient stays related to diabetes.
- Direct contact with beneficiaries by registered dietitians, community health workers and non-clinical outreach staff to address diabetic needs and ongoing coaching support.
- Assistance from registered dietitians with case review, staff education and providing beneficiaries with guidance in choosing healthy nutritional options.
- Wellness calls and automated wellness reminders to ensure that beneficiaries with diabetes are getting the care they need to keep them healthy.

As the Department is already providing diabetes self-management services, DSS is unable to support further expansion of such services in this difficult economic climate. Also, the Department does not have the necessary resources to build a state-wide diabetes self-management education program. For these reasons, the Department opposes this bill.

S.B. No. 317 (PROPOSED) AN ACT CONCERNING COMMUNITY-BASED HEALTH CARE SERVICES

This bill would allow emergency medical services personnel to provide community-based health care services.

The Department appreciates the intent of this bill. In accordance with the provisions of section 359 of Public Act 15-5 of the June Special Session, the Department of Social Services and the Department of Public Health (DPH) recently issued a final report regarding the feasibility and advisability of providing community-based health care services through the use of paramedicine services. (Please find a copy of this report attached to this testimony.) The report addresses the following areas:

- context on health care needs and current care delivery interventions that DSS has implemented in Connecticut Medicaid that have led to a reduction in non-urgent use of 911 and emergency department services;
- review of community-based health care/paramedicine services covered by Medicaid in other states
 - analysis of existing best practice models
 - current scope of practice for emergency medical services personnel;
- an inventory and analysis of paramedicine options and the Departments' perspective on the feasibility of such options including, but not limited to:
 - expanded services- home visits, follow-up care, ancillary primary care
 - transport alternatives- transportation to a non-emergency department setting
 - “treat and non-transport” recognition
 - expanded access to patient records.

Currently, paramedics and other emergency medical services personnel are required to follow the scope of practice requirements outlined in chapter 384d of the Connecticut General Statutes (CGS), the regulations of Connecticut State Agencies and state standards and protocols. To expand the role of emergency medical services personnel, as this legislation proposes, a Scope of Practice Review would have to be requested through the established process with DPH. From a Medicaid perspective, DSS would be unable to provide reimbursement to enrolled Medicaid providers until the expansion of services is reflected in an approved scope of practice.

In addition, as indicated in the joint report, because the potential cost exposure could out-weigh any possible savings, DSS is unable to endorse implementation of Medicaid reimbursement for “treat and non-transport.” DSS will, however, continue to monitor alternatives to “treat and non-transport” to determine if a cost neutral proposal may be possible in the future.

