



CONNECTICUT
LEGAL
RIGHTS
PROJECT, INC.

January 14, 2022

Comments in Opposition to Office of Health Strategy's "Roadmap for
Strengthening and Sustaining Primary Care"

Connecticut Legal Rights Project is a legal services organization that represents people who are eligible for mental health services from the Department of Mental Health and Addiction Services. Our clients living in the community depend on Medicaid for their health care.

Thank you for the opportunity to submit our comments in opposition to OHS's proposed Roadmap. CLRP has previously expressed our opposition to this plan by signing on to a letter from a large coalition of consumer advocates on October 22, 2021. CLRP shares the concerns about the imposition of capitation on Medicaid enrollees expressed by our legal aid colleagues in their letter dated October 20, 2021.

Connecticut residents living with mental health conditions already experience challenges in accessing both primary care and specialist care. These difficulties are more pronounced in underserved and rural communities in Connecticut.

The Connecticut Medicaid program already has successful mechanisms for cost control and access to primary care. Making a commitment to increase spending for primary care while limiting overall health care spending means that the savings will have to come from spending cuts elsewhere on the care continuum. The people most likely to suffer from that forced disinvestment are disabled people living with multiple chronic health conditions that cannot be adequately managed by primary care clinicians.

While this Roadmap is designed to apply to all payers, the only payer the state can fully control is Medicaid. Whatever unintended consequences may occur will therefore fall only on the state's poorest residents, those with the least options to choose other providers.

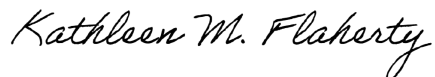
We have observed capitation payment models fail in the past; they present a serious risk of under-service to patients who need access to health care because they incentivize the enrolling of patients in order to get per member per month payments, but not necessarily providing medical care to those patients. Patients with disabilities who already face difficulty accessing care will continue to struggle, because their providers will already be receiving payment despite not providing medical services.

CLRP is opposed to the entire “Roadmap” because we believe that the savings that may be achieved will come at the expense of the client community we represent. People with disabilities will be underserved by primary care and have less access to needed specialist care.

CLRP is willing to work with OHS on reforms that would help our clients and other people with disabilities with their access issues to both primary and specialist care under Medicaid, as long as future reforms are not predicated on exposing Medicaid enrollees to the consequences of financial risk being imposed on providers.

Thank you for taking the time to consider these comments.

Sincerely,



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