



CONNECTICUT FACT SHEET

AAFP on Children's Health Insurance Program

The AAFP promotes and supports a safe and nurturing environment for all children that includes access to comprehensive medical, dental and mental health care, psychological and legal security and does not discriminate on the basis of adoption, foster care, religion, sexual orientation, or gender identity. Every family physician is trained to, and has provided, care for children. In 2016, more than 80% of family physicians reported providing care for adolescents, and 73% reported caring for infants and children. Close to one-third of family physicians also provide care for newborns and infants, and many deliver babies in their communities.¹ AAFP has a major stake in ensuring the viability of the Children's Health Insurance Program (CHIP) and Medicaid, which serves almost seven times as many poor and disabled children as CHIP. The AAFP urges Congress to enact a long-term funding extension of CHIP to keep both programs strong and foster stability to low income children and families.

Connecticut Family Medicine

- There are 786 AAFP members in Connecticut.²
- Connecticut has 3 family medicine residency programs.
- Connecticut has 29 medically underserved areas/populations.
- 3% of the residents in Connecticut live in a health professional shortage area.

Children's Health Insurance Program in Connecticut

- Connecticut operates a separate Children's Health Insurance Program called [Husky B Program](#).
- 371,484 children are covered by Medicaid and CHIP in Connecticut:
 - 25,551 children received CHIP-funded coverage
 - 345,933 received Medicaid-funded coverage³
- In 2015, there were 25,000 uninsured children in Connecticut.⁴
- CHIP in Connecticut covers children ages 0-18 from 197% - 318% of FPL.⁵
- Cost sharing is associated with CHIP in Connecticut; it begins at 196% of FPL.⁶
- Connecticut is expected to exhaust federal CHIP funds by February 2018 if Congress does not reauthorize the program.⁷

¹ American Academy of Family Physicians Member Census, December 31, 2016. Retrieved from <http://www.aafp.org/about/the-aafp/family-medicine-facts/table-13.html>

² As of July 31, 2017.

³ Child Enrollment in CHIP and Medicaid by State, FY 2016. Retrieved from <https://www.macpac.gov/wp-content/uploads/2015/01/EXHIBIT-31.-Child-Enrollment-in-CHIP-and-Medicaid-by-State-FY-2016.pdf>

⁴ Alker, Joan, Alisa Chester. (2016, October). *Children's Health Coverage Rate Now at Historic High of 95 Percent*. Retrieved from <https://ccf.georgetown.edu/wp-content/uploads/2016/11/Kids-ACS-update-11-02-1.pdf>

⁵ CHIP Eligibility Levels (2016) and Enrollment (2015) by State. (2017, March). Retrieved from <https://www.macpac.gov/wp-content/uploads/2017/05/Table-1B-1-CHIP-Eligibility-Levels-2016-and-enrollment-fy-2015-by-State.pdf>

⁶ Brooks, Tricia, Karina Wagnerman. (2017, Jan). *Medicaid and CHIP Eligibility, Enrollment, Renewal, and Cost Sharing Policies as of January 2017: Findings from a 50-State Survey*. Retrieved from <http://files.kff.org/attachment/Report-Medicaid-and-CHIP-Eligibility-as-of-Jan-2017>

⁷ Federal CHIP Funding: When Will States Exhaust Allotments?. (2017, July). Retrieved from <https://www.macpac.gov/wp-content/uploads/2017/03/Federal-CHIP-Funding-When-Will-States-Exhaust-Allotments.pdf>

AAFP Headquarters

11400 Tomahawk Creek Pkwy.
Leawood, KS 66211-2680
800.274.2237 • 913.906.6000
fp@aaafp.org

AAFP Washington Office

1133 Connecticut Avenue, NW, Ste. 1100
Washington, DC 20036-1011
202.232.9033 • Fax: 202.232.9044
capitol@aaafp.org

Medicaid/Medicare Parity

- The increase in Medicaid payment to 100% of Medicare for primary care services improved access to care among family physicians taking Medicaid by 7.7%.⁸
- AAFP's [Core Principles of Medicaid](#) supports payment for primary care services that are at least equal to Medicare's payment rate.
- Acceptance of new Medicaid patients among AAFP members is at an all-time high of 69%.
- Connecticut did not continue Medicaid/Medicare Parity after the program ended in December 2014. Connecticut Medicaid paid physicians only 76% of the Medicare payment for the same service in 2016.⁹

Teaching Health Centers

- The AAFP supports [teaching health centers](#) (THCs) reauthorization legislation, [HR 3394](#) and [S 1754](#), the *Training the Next Generation of Primary Care Doctors Act of 2017*, as a critical program to increase the number of primary care physicians.
- The Teaching Health Center Graduate Medical Education (THCGME) program also addresses the regional primary care physician shortage, particularly within rural and underserved communities.
- There is one teaching health center graduate medical education program in Danbury, Connecticut.
 - [Connecticut Institute for Communities, Inc.](#) has a residency program in internal medicine and receives \$2,232,835 in federal THCGME support.
 - During the 2016-2017, there were 29 full-time equivalents.¹⁰
- Residents trained in THCs are well prepared for primary care practice in community settings, and data show that training in underserved communities increases the likelihood that these residents will choose to practice in similar settings upon graduation.¹¹ In addition, graduates of THCs are more likely to work in safety net clinics than residents who did not train in these centers.¹²

National Health Service Corps

- The AAFP advocates for the reauthorization of funding for the [National Health Service Corps](#) (NHSC) which is vital to promoting access to family physicians in health professions shortage areas throughout the nation.
- In Connecticut, the National Health Service Corps supports nearly 219 full-time clinicians.
 - Of those, 205 are in the NHSC loan repayment program.
 - 84 of the Connecticut NHSC placements are in primary health care.¹³
- The NHSC helps bring health care to those who need it most. Today, 10,400 NHSC members provide culturally competent care to more than 11 million people.¹⁴

⁸ Basseyn, Simon, Chris Colameco, Janet Weiner. (2015, January 21). *Bumped-up Medicaid Fees for Primary Care Linked to Improved Appointment Availability*. Retrieved from <https://ldi.upenn.edu/bumped-medicaid-fees-primary-care-linked-improved-appointment-availability>

⁹ Medicaid-to-Medicare Fee Index. Retrieved from <http://www.kff.org/medicaid/state-indicator/medicaid-to-medicare-fee-index/?currentTimeframe=0&sortModel=%7B%22collid%22:%22Location%22,%22sort%22:%22asc%22%7D>

¹⁰ *Teaching Health Center Graduate Medical Education Awardees*. (2017, April). Retrieved from <https://bhw.hrsa.gov/grants/medicine/thcgme/map>

¹¹ Cashman, Suzanne, Warren Ferguson, Daniel Lasser, Judith Savageau. (2009). *Family Medicine Residency Characteristics Associated with Practice in a Health Professions Shortage Area*. Retrieved from <http://www.stfm.org/fmhub/fm2009/June/Warren405.pdf>

¹² Bazemore, Andrew, Lars Peterson, Robert Phillips, Melanie Rafoul, Peter Wingrove. (2015, November 15). *Graduates of Teaching Health Centers are More Likely to Enter Practice in Primary Care Safety Net*. Retrieved from <http://www.aafp.org/afp/2015/1115/p868.html>

¹³ *National Health Service Corps (NHSC) Current Provider FTE Summary by State Report*. Retrieved from <https://datawarehouse.hrsa.gov/topics/nhsc.aspx>

¹⁴ *About the NHSC*. Retrieved from <https://nhsc.hrsa.gov/corpsexperience/aboutus/>