



Advocates for Government Accountability

A 501(c)(3) Nonprofit Corporation

September 30, 2013

VIA FIRST CLASS MAIL

The Honorable Dannel P. Malloy
Office of the Governor
State Capitol
210 Capitol Ave.
Hartford, CT 06106
E-mail: Governor.Rell@po.state.ct.us

RE: Potential Liability for Misuse of Federal Grant Funds

*The material provided herein is general information and should not be construed as legal advice. Receipt, review, and action taken independent of this correspondence is neither intended to create, nor does create, an attorney-client relationship between the recipient(s) of this correspondence and/or the Connecticut Office of the Governor, on the one hand, and Cause of Action, on the other. None of the information contained herein constitutes legal advice and **must not be construed or substituted for the advice of qualified counsel within the appropriate jurisdiction with whom you may choose to consult regarding these or related matters.***¹

Dear Governor Malloy:

We write on behalf of Cause of Action, a non-profit, nonpartisan government accountability organization that uses investigative, legal and communications tools to educate the public on how government transparency and accountability protect economic opportunity for American taxpayers.

The purpose of this letter is to notify the State of Connecticut, as well as entities, contractors, subgrantees, subrecipients and subcontractors who are utilized in furtherance of state-based exchanges,² regarding potential liabilities that may apply if any of these entities or their agents misuse the taxpayer funds they receive.

¹ Please do not convey to Cause of Action any information you regard as confidential unless and until a formal lawyer-client relationship has been established, as any such information received will not be treated as confidential or privileged. Cause of Action provides this correspondence and the information contained herein solely as a convenience to Connecticut's Office of the Governor, Office of the Attorney General, Office of the Secretary of State, and any other Connecticut government offices or related affiliates.

² This would include any future Federal Grants for Navigators, in-person assisters, certified application counselors, and any Federal funding relating to operating technologies or web portals utilized to enroll individuals or families, determining eligibility, the System for Electronic Rates and Form Filings (SERFF), Enroll UX2014 program and any application programming interface with the Federal Data Services Hub.

On July 1, 2011, you signed into law Senate Bill 921 establishing the Connecticut Health Insurance Exchange, now known as “accesshealth CT.”³ In the February 2012 Session of the General Assembly, the Connecticut Legislature enacted into law House Bill 5013, which increased the number of accesshealth CT’s board members and made the state’s Healthcare Advocate a voting board member.⁴ On July 10, 2012, you sent a letter to Kathleen G. Sebelius, Secretary of the U.S. Department of Health and Human Services (HHS), which declared Connecticut’s intent to establish a state-based exchange.⁵ On December 7, 2012, Connecticut received conditional approval from HHS to establish a state-based exchange.⁶ In an effort to market and promote the Patient Protection and Affordable Care Act (PPACA), HHS has authorized navigator, assister, application counselor, and other consumer outreach programs (collectively, “Enrollment Assistance Programs”) with the stated goal of helping citizens enroll in exchange health plans.⁷ On August 14, 2013, thirteen Attorneys General (AG) sent a letter to HHS Secretary Sebelius identifying the lack of programmatic safeguards necessary to protect consumers’ private healthcare data in these Enrollment Assistance Programs.⁸ The AG’s letter specifically noted that consumers would “hand over all their individual data to a minimally screened and virtually unaccountable ‘counselor’” making consumer privacy a “catch-as-catch-can,” and that “without more protections, this is a privacy disaster waiting to happen.”⁹ These concerns are heightened following a recent report from the HHS Office of Inspector General, which notes that the Centers for Medicare and Medicaid Services (CMS) has missed multiple deadlines for analyzing security risks in the Federal Data Services Hub.¹⁰ Most recently, on September 18, 2013, in the U.S. House of Representatives, the Committee on Oversight and Government Reform issued a thorough and incisive Report, which concluded that unreasonably high risks of fraud and misinformation exist in the implementation of PPACA’s “outreach” and “consumer assistance” campaigns.¹¹ Simply put, PPACA’s Navigator and Assister programs

³ S.B. 921, Pub. Act 11-53, Conn. Leg., Gen. Assemb. (2011), *available at* <http://www.cga.ct.gov/2011/ACT/PA/2011PA-00053-R00SB-00921-PA.htm>; *see also* The Henry J. Kaiser Family Foundation, *State Exchange Profiles: Connecticut* 1, 3-5 (May 8, 2013) [hereinafter *State Exchange Profiles*], *available at* <http://kff.org/health-reform/state-profile/state-exchange-profiles-connecticut/>; *see* accesshealth CT, Conn.’s Off. Health Ins. Marketplace, *available at* <http://www.accesshealthct.com/> (last visited Sept. 28, 2013).

⁴ H.B. 5013, Conn. Leg., Gen. Assemb. (Feb. 2012 Sess.), *available at* <http://www.cga.ct.gov/2012/TOB/H/2012HB-05013-R00-HB.htm>.

⁵ Letter from Gov. Dannel P. Malloy to Kathleen Sebelius, Sec’y, U.S. Dep’t of Health & Human Servs. (July 10, 2012), *available at* <http://www.cms.gov/CCIIO/Resources/Technical-Implementation-Letters/Downloads/ct-exchange-letter.pdf>.

⁶ Letter from Kathleen Sebelius, Sec’y, U.S. Dep’t of Health & Human Servs. to Gov. Malloy (Dec. 7, 2012), *available at* <http://www.cms.gov/CCIIO/Resources/Files/Downloads/ct-blueprint-exchange-letter-12-07-2012.pdf>.

⁷ 45 C.F.R. § 155.205 (2012) (Consumer assistance tools and programs of an Exchange); 45 C.F.R. § 155.210 (2012) (Navigator program standards).

⁸ Letter from Patrick Morrissey, Att’y Gen., State of W. Va., *et al.*, to Kathleen Sebelius, Sec’y, U.S. Dep’t of Health & Human Servs. (Aug. 14, 2013) at 2, 5, *available at* https://www.oag.state.tx.us/newspubs/releases/2013/Letter_to_HHS_re_Data_Privacy_final_8_14_13_.pdf.

⁹ *Id.*, at 2, 5.

¹⁰ Letter from Sen. Mitch McConnell, Ranking Member, U.S. Sen., to Marilyn Tavenner, Adm’r, Ctrs. for Medicare & Medicaid Servs. (Aug. 12, 2013), *available at* <http://cnsnews.com/sites/default/files/documents/McConnell%20letter%20to%20CMS.pdf>.

¹¹ U.S. House of Rep., Comm. on Oversight & Gov’t Reform, Preliminary Staff Report, Risks of Fraud and Misinformation with ObamaCare Outreach Campaign:

have been mismanaged by HHS, such that consumer's personal privacy is endangered and American taxpayers are unduly subjected to significant risk of fraud and theft.¹²

Connecticut is an ostensible beneficiary of an \$35,591,333 multi-state consortium Early Innovator Grant, administered by the University of Massachusetts Medical School, intended to benefit individuals and small businesses in Connecticut, Maine, Massachusetts, Rhode Island and Vermont.¹³ The Early Innovator Grant was intended to create, build and support an Information Technology (IT) framework for the Massachusetts Exchange such that Connecticut may gain efficiencies to accelerate the development and implementation of accesshealth CT.¹⁴ Connecticut also received an \$996,850 State Planning Grant, two Level One Establishment Grants totaling \$8,828,800, and a \$107,358,676 Level Two Establishment Grant through the Center for Consumer Information and Insurance Oversight (CCIIO), a subdivision of HHS.¹⁵ The Planning Grant was issued to assist Connecticut with initial planning activities related to implementing a state exchange,¹⁶ including, but not limited to, analyzing the state's small group market size, conducting market research and IT infrastructure assessments, assessing the existing Medicaid system and the interface with the Exchange IT infrastructure, and assessing current and future needs and capabilities needed to establish accesshealth CT.¹⁷ Connecticut's Level I and Level II Establishment Grant funding¹⁸ will be utilized to fund the Navigator program,¹⁹ in-person assisters, application counselors, IT systems, and other consumer outreach functions and plan management functions in furtherance of the anticipated October 1, 2013 state-based Exchange start date. Entities in Connecticut also received thirteen awards totaling \$1,598,149 from HHS's Health Resources and Services Administration (HRSA) for health center outreach

How Navigator and Assister Program Mismanagement Endangers Consumers (Sept. 18, 2013), *available at* <http://oversight.house.gov/wp-content/uploads/2013/09/Republican-Staff-Report-on-Navigators.pdf>.

¹² *Id.*

¹³ *See Connecticut Grants List*, *infra* note 15, at 1-2.

¹⁴ *Id.*

¹⁵ U.S. Dep't of Health & Human Servs., Ctrs. for Medicare & Medicaid Servs., Ctr. for Consumer Info. & Ins. Oversight, *Connecticut Affordable Insurance Exchange Grants Awards List*, at 1-2 [hereinafter *Connecticut Grants List*], *available at* <http://www.cms.gov/cciiio/Resources/Marketplace-Grants/ct.html> (last visited Sept. 27, 2013).

¹⁶ U.S. Dep't of Health & Human Servs., Ctrs. for Medicare & Medicaid Servs., Ctr. for Consumer Info. & Ins. Oversight, *State Planning & Establishment Grants for the Affordable Care Act's Exchanges* (July 29, 2010) [hereinafter *State Planning Grant Funding Announcement*], *available at* http://www.cms.gov/CCIIO/Resources/Funding-Opportunities/Downloads/exchange_planning_grant_foa.pdf; *see also Connecticut Grants List*, *supra* note 15, at 1-2.

¹⁷ *See Connecticut Grants List*, *supra* note 15, at 1-2 (indirect beneficiary of \$35,591,333 Early Innovator Grant; receiving \$996,850 on Sept. 30, 2010 (Planning); \$6,687,933 on Aug. 12, 2011 and \$2,140,867 on Feb. 15, 2013 (Level I); and, \$107,358,676 on Aug. 23, 2012 (Level II)).

¹⁸ U.S. Dep't of Health & Human Servs., Ctrs. for Medicare & Medicaid Servs., Ctr. for Consumer Info. & Ins. Oversight, *Cooperative Agreement to Support the Establishment of the Affordable Care Act's Health Insurance Exchanges*, (Nov. 30, 2012) [hereinafter *Establishment Grant Funding Announcement*], *available at* <http://www.cms.gov/CCIIO/Resources/Funding-Opportunities/Downloads/amended-spring-2012-establishment-foa.pdf>.

¹⁹ Under 45 C.F.R. § 155.210, each exchange must establish a Navigator program to assist people with healthcare enrollment. State agencies may serve as Navigators. 45 C.F.R. § 155.210(c).

and enrollment assistance under the PPACA.²⁰ In light of these allocated funds provided by HHS, Cause of Action writes to identify potential liability pitfalls Connecticut may face when an individual or entity connected to the state-based Exchange makes fraudulent claims.

Compliance Risks Associated with the Funding Opportunity Terms

Any entity receiving Grant Funds through CCIIO is restricted in its use of the funds. As CCIIO's Funding Opportunity Announcement for State Planning and Establishment Grants provides, Grant Funds may not be used, for example, toward any other Federal program requirements, to cover certain executive compensation, or to cover costs associated with providing direct services to individuals.²¹ States receiving CCIIO Grant Funds are also prohibited from using such funds to improve IT systems or processes solely related to Medicaid or the Children's Health Insurance Program, or any other state or Federal program's eligibility for such programs.²²

The State of Connecticut and entities within the state which are awarded Navigator Grants and/or HRSA PPACA Enrollment Grants will also be subject to other Federal restrictions. Neither the Navigator, HRSA Grant Funds nor the State Planning and Establishment Grant Funds may be used to cover pre-award costs, to match other Federal Funds, to carry out services that are the responsibility of accesshealth CT, or to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any Federal, state or local legislature or legislative body.²³ The numerous restrictions HHS and CCIIO have placed on the use of Grant Funds may subject Connecticut and its exchange contractors, subcontractors, subgrantees and subrecipients to a significant risk of liability under the False Claims Act, and subject Connecticut to sanctions imposed by the Centers for Medicare and Medicaid Services and/or CCIIO, such as restrictions on the use of funds and/or termination of the awards.²⁴ In the event material misrepresentations are made, criminal charges and fines may also be imposed under 18 U.S.C. § 1001 (2012). If HHS fails to specifically articulate applicable privacy and security requirements for monitoring Enrollment Assistance Programs, there may be considerable uncertainty as to who could be liable if an Enrollment Assistance Program harms a consumer.²⁵

²⁰ U.S. Dep't of Health & Human Servs., Health Res. & Servs. Admin., Connecticut: Health Center Outreach & Enrollment Assistance, available at <http://www.hrsa.gov/about/news/2013tables/outreachandenrollment/ct.html> (last visited Sept. 24, 2013); see also Appendix A.

²¹ *State Planning Grant Funding Announcement*, supra note 16, at 12, 17; *Establishment Grant Funding Announcement*, supra note 18, at 36-37.

²² *State Planning Grant Funding Announcement*, supra note 16, at 12, 17; *Establishment Grant Funding Announcement*, supra note 18, at 36-37; see also 2 C.F.R. pt. 225 (2013) regarding cost allocations.

²³ This list is not exhaustive. See also *Establishment Grant Funding Announcement*, supra note 18, at 36-37; *State Planning Grant Funding Announcement*, supra note 16, at 12, 17.

²⁴ U.S. GOV'T ACCOUNTABILITY OFFICE, GAO-13-543, PATIENT PROTECTION AND AFFORDABLE CARE ACT—HHS'S PROCESS FOR AWARDED AND OVERSEEING EXCHANGE AND RATE REVIEW GRANTS TO STATES (May 31, 2013), available at <http://www.gao.gov/assets/660/654994.pdf>.

²⁵ See Letter from Patrick Morrissey, supra note 8, at 6.

Compliance with the Byrd Anti-Lobbying Amendment

Section 1352 of Title 31 of the United States Code, the Byrd Anti-Lobbying Amendment, expressly prohibits recipients “of a Federal contract, grant, loan, or cooperative agreement” from using appropriated funds to “influenc[e] or attempt[] to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress” in connection with specified “Federal action[s].”²⁶ In response to a Senate inquiry concerning HHS Grant Funding under the Centers for Disease Control and Prevention’s Communities Putting Prevention to Work program, the U.S. Department of Justice stated “[t]he Department is committed to investigating all credible allegations of illegal lobbying activity, which strikes at the heart of the democratic process.”²⁷ To ensure that contractors, subcontractors, subgrantees, and subrecipients comply with Federal law, Connecticut bears responsibility for preventing any appropriated Federal Funds from being used for any form of lobbying—direct or grassroots—regarding pending legislation.²⁸

Compliance with OMB Circular A-133’s Audit Requirements

Any recipient or subrecipient of \$500,000 or more in Federal awards during a single fiscal year must comply with the audit requirements of the Office of Management and Budget’s (OMB) Circular A-133, *Audits of States, Local Governments and Non-Profit Organizations*.²⁹ The Federal award recipient(s) must identify all Federal awards it receives and expends, establish and maintain internal controls to ensure it is managing the Federal award programs in compliance with all applicable laws, prepare regular financial statements, ensure audits are conducted at the required intervals, and take corrective action on any audit findings.³⁰ Any Federal award recipient who contracts with a for-profit subrecipient is further responsible for the for-profit subrecipient’s compliance.³¹ Such contract must describe the applicable compliance requirements and the for-profit subrecipient’s compliance obligations.³²

The Federal award recipient must select an auditor to conduct the audit.³³ Upon assessing the Federal award recipient’s financial statements, internal controls, and compliance,

²⁶ 31 U.S.C. § 1352 (2012).

²⁷ Letter from Peter J. Kadzik, Principal Deputy Assistant Att’y Gen., U.S. Dep’t of Justice, to Sen. Patrick Leahy, Chairman, S. Comm. on the Judiciary (May 7, 2013), 1, 57, *available at* <http://www.judiciary.senate.gov/resources/transcripts/upload/061212QFRs-Holder.pdf>.

²⁸ 18 U.S.C. § 1913 (2012).

²⁹ The Single Audit Act, as amended, applies to non-Federal governmental units, including subrecipients, which receive Federal awards of \$500,000 or more. *See* 31 U.S.C. § 7502 (2012); OFFICE OF MGMT. & BUDGET, EXEC. OFFICE OF THE PRESIDENT, OMB CIRCULAR No. A-133, AUDITS OF STATES, LOCAL GOVERNMENTS, AND NON-PROFIT ORGANIZATIONS at Subpart B, §§ 200(a), 210(a) (June 26, 2007) [hereinafter OMB CIRCULAR A-133], *available at* http://www.whitehouse.gov/sites/default/files/omb/assets/a133/a133_revised_2007.pdf.

³⁰ OMB CIRCULAR A-133, *supra* note 29, § 300.

³¹ *Id.* § 210(e).

³² *Id.*

³³ *Id.* §§ 105, 200, 500.

the auditor will issue a report describing its findings.³⁴ The Federal award recipient is then responsible “for follow-up and corrective action on all audit findings,” and must prepare a corrective action plan to address any problems identified by the audit.³⁵ Finally, the Federal award recipient must submit to the OMB’s Federal clearinghouse a reporting package that includes its financial statements, schedule of expenditures of Federal awards, corrective action plan, and the auditor’s reports.³⁶ Because Connecticut received at least \$500,000 in Grant Funds, it must adhere to these requirements. Failure to comply with OMB Circular A-133 may result in suspension of Federal funding and may affect eligibility for future funding.³⁷

Compliance with OMB Circular A-87’s Cost Principles

State and local entities that receive Federal funding must allocate their expenditures in accordance with OMB Circular A-87, *Costs Principles for State, Local, and Indian Tribal Governments*.³⁸ This includes adequately documenting all costs associated with administering the Grant Funds.³⁹ Recipients must submit a Certificate of Cost Allocation Plan⁴⁰ and a Certificate of Indirect Costs,⁴¹ certifying they are in conformance with this OMB Circular.⁴² If the recipient submits a false certification, it may be subject for treble damage liability under the False Claims Act. Also, any Federal award recipient that contracts with a commercial organization is subject to the cost principles and procedures of 48 C.F.R. part 31.2. Like OMB Circular A-87, these regulations dictate how a Federal award recipient is allowed to expend funds when contracting with a commercial organization. Specifically, any state that has received Federal Grant Funds to establish an exchange may be subject to this regulation if it has contracted with commercial organizations.

Connecticut’s state-based Exchange is subject to this OMB Circular and will remain so for the duration of the Exchange. Furthermore, because Connecticut received (and has not returned) Federal Grant Funds under State Planning and Establishment Grants, it may be subject to the cost allocation principles and procedures of 48 C.F.R. part 31.2. Violation of these requirements may subject the State of Connecticut to penalties under 48 C.F.R. § 52.242-3.

³⁴ *Id.* §§ 500, 505, 510.

³⁵ *Id.* § 315.

³⁶ 31 U.S.C. § 7502(h) (2012); OMB CIRCULAR A-133, *supra* note 29, § 320(d).

³⁷ 31 U.S.C. §§ 7501 (2012) *et seq.*

³⁸ OFFICE OF MGMT. & BUDGET, EXEC. OFFICE OF THE PRESIDENT, OMB CIRCULAR NO. A-87, COST PRINCIPLES FOR STATE, LOCAL, AND INDIAN TRIBAL GOVERNMENTS at 5 (Attachment A, ¶ A(3) (Application)) (May 10, 2004) [hereinafter OMB CIRCULAR A-87], available at http://www.whitehouse.gov/omb/circulars_a087_2004.

³⁹ OMB Circular A-87, *supra* note 38, at 9 (Attachment A, ¶ C(1) (Basic Guidelines)).

⁴⁰ *Id.* at 45 (Attachment C).

⁴¹ *Id.* at 56 (Attachment E).

⁴² *Id.* at 12 (Attachment A).

False Claims Act, Corporate Governance, and Internal Best Practices

Providing false information to the Federal government is strictly illegal under the Federal False Claims Act.⁴³ All persons are forbidden from knowingly or willfully falsifying or concealing a material fact, making materially false or fraudulent representations, or using any false writings or documents known to be materially fictitious.⁴⁴ Federal law similarly bars anyone from knowingly presenting false claims to any Federal government representative.⁴⁵ The Fraud Enforcement and Recovery Act of 2009 (FERA)⁴⁶ substantively amended the False Claims Act in the following areas: (1) FERA expanded the scope of the False Claims Act in re-defining a “claim”;⁴⁷ (2) FERA eliminated the False Claims Act’s “presentation” requirements;⁴⁸ (3) the False Claims Act’s intent requirement was eliminated, such that all that is necessary for liability to attach is that such a statement has a “natural tendency to influence, or is capable of influencing the payment or receipt of money or property.”⁴⁹ The False Claims Act’s conspiracy provisions have been expanded to include conspiracies to violate other provisions of the False Claims Act.⁵⁰ The FERA amendments also establish an express “materiality” requirement,⁵¹ as well as “reverse false claims” and overpayment “retention” liability.⁵² Additionally, Connecticut’s subcontractors may face relator claims under the False Claims Act if the subcontractor misuses Federal Funds. Liability for violations under the False Claims Act starts at \$5,500 per occurrence, plus treble damages.⁵³ Connecticut should also evaluate its state False Claims Act law(s), if applicable.

States must also institute procedures to promote compliance with the financial integrity provisions of section 1313 of the PPACA, including requirements related to accounting, reporting, auditing, cooperating with investigators, and adhering to the False Claims Act.⁵⁴ A comprehensive strategy to combat fraud will hedge against False Claims Act liabilities and ensure maximal compliance with other laws and regulations.

Absent a comprehensive strategy to combat fraud as required by PPACA § 1313, Connecticut may face liability of its own and be subject to significant risk of reimbursing subcontractors for unlawful activity who may also face relator claims under the False Claims Act if Federal Funds are misused.⁵⁵ Given the significant taxpayer funds involved and the wide-

⁴³ 31 U.S.C. §§ 3729- 33 (2012).

⁴⁴ 18 U.S.C. § 1001 (2012).

⁴⁵ 18 U.S.C. § 287 (2012).

⁴⁶ Pub. L. 111-21, S. 386, 123 Stat. 1616 (2009).

⁴⁷ 31 U.S.C. § 3729(b)(2) (2012).

⁴⁸ *Id.*

⁴⁹ *Id.* at § 3729(b)(4).

⁵⁰ *Id.* at § 3729(b)(4); §§ 3729(a)(1)(C) and (b)(1-4).

⁵¹ *Id.* at § 3729(a)(1)(C); *see supra*, note 49.

⁵² 31 U.S.C. § 3729(a)(7); § 3729(b)(3); 73 Fed. Reg. 67,064, 67,091 (Nov. 12, 2008) (amending 48 C.F.R. § 9-406-2(b)(1)(vi)(C); 42 U.S.C. 1320a-7b(a)(3).

⁵³ 31 U.S.C. § 3729(a) (2012).

⁵⁴ *Establishment Grant Funding Announcement, supra* note 18, at 52-53.

⁵⁵ 31 U.S.C. §§ 3729-33 (2012).

ranging functions and responsibilities of Connecticut as a state-based exchange, it is increasingly plausible that health insurers and subcontractors may misrepresent their credentials and that there will be ample opportunity for vigilant whistleblowers to file False Claims Act *qui tam* suits in response.

In conclusion, you may wish to evaluate whether Connecticut, its contractors, subcontractors, subgrantees and subrecipients have the oversight capability to ensure that Federal Funds are used in a transparent, accountable, and legally compliant manner. You must promptly refer to the HHS Office of Inspector General any credible evidence that a principal, employee, agent, contractor, subrecipient, subcontractor or other person or entity has submitted a false claim under the False Claims Act, or has committed a criminal or civil violation pertaining to fraud, conflict of interest, bribery, gratuity, or similar misconduct involving those funds. The HHS Office of Inspector General can be reached at <http://www.oig.hss.gov/fraud/hotline>.

If you have any questions regarding this letter, please contact me at 202-499-4232.

Sincerely,



DANIEL Z. EPSTEIN
EXECUTIVE DIRECTOR

cc: Hon. Patrick Leahy, Chairman, Senate Committee on the Judiciary
Hon. Charles Grassley, Ranking Member, Senate Committee on the Judiciary
Hon. Orrin Hatch, Ranking Member, Senate Committee on Finance
Hon. Tom Harkin, Chairman, Senate Committee on Health, Education, Labor and Pensions
Hon. Lamar Alexander, Ranking Member, Senate Committee on Health, Education, Labor and Pensions
Hon. Johnny Isakson, Vice Chairman, Senate Select Committee on Ethics
Hon. Darrell Issa, Chairman, House Committee on Oversight and Government Reform
Hon. Fred Upton, Chairman, House Committee on Energy and Commerce
Hon. Elijah Cummings, Ranking Member, House Committee on Oversight and Government Reform
Hon. Roy Blunt, Ranking Member, Senate Subcommittee on Agriculture, Rural Development, Food & Drug Administration, Senate Committee on Appropriations
Hon. Michael Enzi, Ranking Member, Senate Subcommittee on Children and Families, Senate Committee on Health, Education, Labor and Pensions
Hon. Kelly Ayotte, Senate Committee on Homeland Security and Governmental Affairs
Hon. Chris Murphy
Hon. Richard Blumenthal, Senate Committee on the Judiciary, Chairman, Subcommittee on Oversight, Federal Rights, and Agency Action
Hon. Jim Himes
Hon. Elizabeth Esty

Kathleen Sebelius, Secretary, U.S. Department of Health and Human Services
Daniel Levinson, Inspector General, U.S. Department of Health and Human Services
Peter Kadzik, Principal Deputy Assistant Attorney General, Office of Legislative Affairs,
U.S. Department of Justice
Hon. George Jepsen, Attorney General, State of Connecticut (via First Class Mail and
E-mail: attorney.general@po.state.ct.us)
Hon. Denise Merrill, Secretary of State, State of Connecticut (via First Class Mail
and E-mail: denise.merrill@ct.gov)
Hon. Thomas B. Leonardi, Insurance Commissioner, State of Connecticut (via First Class
Mail and E-Mail: cid.admin@ct.gov)
Jessica Waltman, Senior Vice President of Government Affairs, National Association of
Health Underwriters (via First Class Mail and Electronic Mail: jwaltman@nahu.org)

Appendix A

I. Connecticut HRSA Grant Recipients.
Thirteen awards totaling \$1,598,149:

Health Center	City	Award Amount
CHARTER OAK HEALTH CENTER	Hartford	\$121,942
COMMUNITY HEALTH & WELLNESS CENTER OF GREATER TORRINGTON, INC.	Torrington	\$72,530
COMMUNITY HEALTH CENTER, INC.	Middletown	\$238,366
COMMUNITY HEALTH SERVICES, INC.	Hartford	\$108,236
CONNECTICUT INSTITUTE FOR COMMUNITIES, INC.	Danbury	\$68,284
CORNELL SCOTT-HILL HEALTH CORPORATION	New Haven	\$129,213
EAST HARTFORD COMMUNITY HEALTH CARE, INC.	East Hartford	\$101,537
FAIR HAVEN COMMUNITY HEALTH CLINIC, INC.	New Haven	\$104,606
GENERATIONS FAMILY HEALTH CENTER, INC.	Willimantic	\$109,831
NORWALK COMMUNITY HEALTH CENTER, INC.	Norwalk	\$115,100
OPTIMUS HEALTH CARE, INC.	Bridgeport	\$206,763
SOUTH-WEST COMMUNITY HEALTH CENTER, INC.	Bridgeport	\$119,049
STAYWELL HEALTH CARE, INC.	Waterbury	\$102,692