By KEVIN LEMBO

State of Connecticut union employees face a critical decision as they prepare to vote in the coming weeks on an agreement between the Malloy administration and state labor leaders that is projected to save $1.6 billion over the next two fiscal years.

There is a lot at stake for employees, their communities and for our state.

To compound the pressure, there are conflicting reports about the benefits and risks of the health enhancement program under consideration as part of this agreement.

Some employees are understandably questioning what choice is best for them and their families.

As confusing as the changes may seem, the new health program is actually very simple. It offers the same quality health benefits currently provided, but now employees may receive financial and physical rewards for using those benefits.

I have a unique perspective on the proposed health plan. For more than six years, I served as the state Healthcare Advocate, fighting for consumers unfairly denied the treatment or coverage that they needed and deserved. Now as state comptroller, I serve as both the chief fiscal guardian and I administer the state employees' health care system.

Under the new health program, these responsibilities unite – because the plan promotes both personal health and fiscal prudence.

It helps our workforce to live healthier lives. It helps us avoid needing – and paying for – more costly care by identifying medical issues early through preventative care and better management of chronic conditions, which, left untreated, are costly and compromise our quality of life. The program will save money for taxpayers, but also for employees who already contribute toward premiums and their health care.

As employees consider this plan, I want to dispel some of the top misconceptions that have emerged:

Misconception #1: This health plan creates a "big brother" or "nanny state" that will monitor and direct what medical care I receive.

Wrong. We won't know – and don't want to know – anything about an employee's personal medical history or health care. Supervisors and co-workers will not have access to private medical information. They will have no role in dictating employee medical care and personal choices.

Patients and doctors will work together to make health care decisions. Doctors will coordinate preventative care – including age-appropriate physicals and diagnostic tests. If an employee already has one of a number of common health conditions, that employee will have the opportunity to participate in a specialized disease counseling and education program with his or her doctor to help maintain and improve health. Patients will make their own decisions with their doctor's help, just as they do now. The health enhancement program is an effort to ensure that employees receive more information about their health care so they can make informed choices.

Misconception #2: I will be penalized for being overweight, smoking, drinking or other lifestyle choices.

Wrong. All employees – regardless of lifestyle choices and medical needs – will be offered the same health plan options. The main choice for employees is how much

they wish to contribute toward the cost of their care. If an employee agrees to partner with a doctor to maintain and improve health, that employee will actually pay less for more services.

Misconception #3: I will be forced to undergo a colonoscopy, mammogram or other screenings.

Age-appropriate mammograms and colonoscopies are life-saving procedures. They enable individuals and their families to identify diseases early, avoid more costly and invasive treatments resulting from delayed care and, of course, they help prevent untimely death. However, there may be circumstances in which a screening isn't appropriate. In those circumstances, the screening or test will not be required.

Misconception #4: I will be denied or charged significantly for emergency care.

Wrong. Simply due to lack of communication and awareness, many employees have historically received hospital-based emergency care because they were unaware that the same care was available at smaller urgent care clinics or physicians' offices. In fact, Connecticut state employees have sought emergency room care at a rate of 30 percent higher than the national average. I hope we can agree that the emergency room is not the best place to get routine or even urgent care.

The new health program seeks to limit excessive and unnecessary emergency room visits. Those who seek emergency room treatment, but are not admitted to the hospital, will still be covered for a minimal co-payment of $35. If that same care is provided at an urgent care center or physician's office, only the normal co-payment will apply.

This more efficient care system will provide employees with more prompt and immediate care without the excessive costs and logistics of an emergency room – minimizing costs for everyone, and providing better care for employees.

Misconception #5: I will be barred from using my local pharmacy and forced to use inconvenient mail order.

Wrong. Those who require maintenance medication to manage health conditions will receive the first prescription fill at their drug store of choice, followed by mail order after that. Mail order will enable employees to receive a 90-day supply of drugs for only one co-payment. This makes it easier to obtain drugs and reduces costs for employees.

There is an acute awareness by both management and labor leaders that there will be personal situations and categories of pharmaceutical drugs that do not lend themselves to a mail order program. Accommodations will be made in these circumstances.

Employees will continue to use local pharmacies for non-maintenance prescription drugs.

Misconception #6: I will be forced to change doctors.

Not true. Our carriers (United and Anthem) and their provider networks remain unchanged by the agreement. You can continue to see the doctor of your choice from the provider networks maintained by the carriers.

Misconception #7: They are calling this health enhancement but it's just the SustiNet proposal in disguise.

Wrong. SEBAC 2011 is a collective bargaining agreement and has nothing to do with SustiNet.

Legislation did pass that will permit towns and later non-profits to purchase coverage as part of a pool that includes the state employee health plan, subject to the agreement of SEBAC. However, the legislation does not change coverage for state employees and retirees and does not place employees into "SustiNet," Husky or Medicaid.

This type of health care model is fairly new, but not untested. Both private and public employers have similar models – including Connecticut-based Pitney Bowes and King County, Washington.

King County officials have reported saving $26 million since implementing their plan in 2005 – including a savings of $4,315 a year in medical costs, per employee participating in that plan, compared to their alternative option.

In King County, plan participants have submitted more claims for preventative and diagnostic testing, but had fewer claims for emergency, hospital and operating rooms compared to those on the other plan.

Even more compelling, their participants have seen health improvements in several critical areas, including smoking cessation, body mass index, cholesterol, blood pressure, nutrition, alcohol consumption and more. Officials there also report a 6-percent decrease in smoking along with fewer claims for pneumonia, bronchitis and other smoking-related respiratory illnesses.

The hardest pill to swallow in all of this will simply be change. We may be changing the way our state provides health care to its employees – but for the better.

For the reasons above – and many more – the addition of the new health program makes sense for state employees and will improve the health and financial interests of individuals and their families.