

March 8, 2007

**TESTIMONY OF THE CONNECTICUT CHIROPRACTIC ASSOCIATION**

**RE: SENATE BILL 1360 (AN ACT CONCERNING THE AVAILABILITY OF OPTIONAL SERVICES UNDER THE MEDICAID PROGRAM), AND SENATE BILL 1359 (AN ACT CONCERNING THE PROVISION OF CHIROPRACTIC SERVICES UNDER THE STATE ADMINISTERED GENERAL ASSISTANCE PROGRAM).**

Good afternoon Senator Harris, Representative Villano, and members of the Human Services Committee. My name is Dr. Kevin Bellows and I am the Immediate Past President and Chairman of the Board of The Connecticut Chiropractic Association. I am here in support of Senate Bill #'s 1360 and 1359.

For the past four years, I have testified to the fact that cutting chiropractic care from the Medicaid budget would not be a cost-saving measure. I noted that I had treated many Medicaid patients over the past 17 years while practicing in Bridgeport and that if my patients were denied access to care, they would be forced to go elsewhere at a much greater cost. In fact, a four year retrospective claim data analysis that compared more than 700,000 health plan members with a chiropractic benefit and 1,000,000 members of the same plan without a chiropractic benefit demonstrated that the plan which included chiropractic coverage had a 1.6% decrease in total annual health care costs and a 13% decrease in total cost for musculoskeletal conditions.

At the current rate, a chiropractor is paid a mere \$13 per visit. If that chiropractic patient were to go elsewhere, i.e., family doctor, orthopedist, neurologist, or hospital emergency room, the cost would be far greater. Therefore, the cost will be shifted from the lowest fee for services to the more costly one, which was not the intent of the original budget cuts. It has been four years since these unfortunate cuts were made and I can report to all of you that this is exactly what continues to occur.

Many of my patients call or stop by the office to inquire about where they can go for their ailments. We are unable to find neuromusculoskeletal specialists who accept Medicaid. The local clinics are overflowing and usually not equipped to handle these type of conditions and the patients state that they are often referred to off site orthopedic or neurological specialists at clinics which have a two to three week wait. This is not practical for someone in pain. This forces them to the local emergency room, which is very costly in both emergency room fees and the resultant medication that is prescribed. This also taxes the already overburdened emergency rooms with non-emergency type conditions.

I urge you to support Senate Bills 1360 and 1359 to restore chiropractic coverage to the Medicaid system on the grounds that it will actually decrease overall costs and allow the Medicaid population immediate access for their neuromusculoskeletal conditions.

I thank you kindly for the opportunity to speak with you today.