

**TESTIMONY OF GARY SPINNER BEFORE APPROPRIATIONS COMMITTEE IN OPPOSITION TO  
PROPOSAL TO FREEZE SAGA-MEDICAL ASSISTANCE INTAKE**

**December 9, 2009**

Governor M.Jodi Rell 's proposed budget mitigation plan includes a proposal that would freeze new State Administration of General Assistance (SAGA) intakes, that according to her plan, would provide a budgeted savings of \$5.2 million dollars. This proposal is not only the wrong thing to do at the wrong time, but it will also not provide the savings that she projects.

I have worked as a physician assistant providing primary medical care and HIV care for SAGA clients for the past 26 years, including when SAGA was administered by the towns. I was administrator of the New Haven General Assistance managed care program before the State eventually took over administration of General Assistance.

Elimination of new clients into SAGA medical care could not be more ill timed. In the current economic climate where cause for celebration is the elimination of less jobs from the work force than expected, every lost job is potentially lost employer-sponsored health insurance for those who were fortunate enough to be insured. As our nation continues its debate about health care reform and Congress is debating expanding access to health insurance to the uninsured, CT should not turn its back on its SAGA program that currently provides health care to about 44,000 of the State's poorest residents. A large number of these individuals suffer from chronic illnesses, and many use the SAGA medical care program as the bridge to stabilize their health in order to once again become employable. Others, too ill to return to the workforce, use SAGA as a bridge to Social Security disability and Medicaid, passing much, or all of their costs on to the Federal government.

The cost savings of not providing SAGA medical care to new CT residents is illusory. Every day, I see patients who have turned to SAGA medical in order to receive treatment for their diabetes, hypertension, heart disease, or HIV disease. If we think that denying them care will eliminate their costs, we have only to look at our State's already overburdened hospital emergency rooms, a poor alternative for primary care that many people lacking health insurance end up utilizing. However, the cost of treating a diabetic in the emergency room is extremely costly and a hospital admission to treat complications that could have easily been avoided by access to outpatient primary care is even a more wasteful allocation of scarce resources.

This past week I saw a 42 year old patient who is unable to work because he needs hip surgery. He will not be employable until he has this problem taken care of, and SAGA medical care is now his source of health insurance of last resort. Once he has his surgery, he should be physically capable of returning to the workforce, and thereby contribute to the state coffers as a taxpayer.

Three years ago, the General Assembly had the wisdom to enact legislation that mandated the Department of Social Services to apply to the Federal Centers for Medicare and Medicaid (CMS) for a waiver to move the SAGA program into Medicaid. Since the costs of services under Medicaid receive a

50% Federal match in funding, this would be a substantial savings for Connecticut. However, no waiver has yet been submitted.

If the Governor is serious about reducing expenditures, she should immediately apply to CMS for a waiver and enact some real savings, not the illusory savings she believes will come about by diverting manageable primary care conditions to more costly emergency rooms that the State will only end up paying for from other State cost centers. The worst recession since the Great Depression has already caused enough hardship for state residents, and particularly for the State's poor. Now is not the time to target those down on their luck by pulling an important part of their safety net out from under them.

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