COMMUNITY HEALTH CENTER

361 BIRD STREET
BRIDGEPORT CT 06605
(T) 203-330-6000
(F) 203-576-8444

510 CLINTON AVE
BRIDGEPORT CT 06605
(T) 203-366-4000
(F) 203-382-2954

968 FAIRFIELD AVE
BRIDGEPORT CT 06605
(T) 203-330-6000
(F) 203-382-1436

1046 FAIRFIELD AVE
BRIDGEPORT CT 06605
(T) 203-330-6054
F) 203-331-4716

743 SOUTH AVE
BRIDGEPORT CT 06604
(T) 203-330-6010
(F) 203-330-6013

SOUTHWEST COMMUNITY HEALTH CENTER, INC (SWCHC)
TESTIMONY TO APPROPRIATIONS COMMITTEE
RE:
IMPACT OF PROPOSED STATE BUDGET CUTS
3/2/11

To the Members of the Appropriations Committee:

If you were buying a car in a time of shrinking budgets and gas prices approaching $4.00 a gallon, would you buy a cost efficient model or a gas guzzling truck? The answer is obvious. So too, efficiency and effectiveness of each dollar spent is a very important criterion when assessing State support for public health programs.

From a cost savings perspective, it makes economic sense to support high quality, community-based medical, dental, and behavioral health providers that deliver care in the most cost-effective setting. **In 2008, every $1.00 spent on Federally Qualified Health Center (FQHCs) client services, returned $1.28 in overall health care savings to the State. FQHCs run efficiently and deliver primary health care that produces positive clinical outcomes. The Federal government documented that FQHCs are the MOST COST EFFECTIVE PROGRAM funded by the Department of Health and Human Services.**

Hence, elimination of 60% of the funding for Community Health Centers under the Dept. of Public Health Line Item budget makes no economic sense. When the doors close at Community Health Centers, when doctors, dentists and psychiatric providers are laid off, then clients will end up in the hospital emergency department seeking non-emergency care. Primary care visits rendered in EDs result in higher costs that are borne by CT's taxpayers. It is more than penny-wise and pound foolish to slash Health Center funds from $ 6,399,330 to $2,600,000; is it wasteful and flies in the face of the facts. While the Governor is asking everyone to share the pain, COMMUNITY HEALTH CENTERS, THE STATE'S SAFETY NET PROVIDERS, ARE BEING CUT TO THE BONE.

The impact of a 60% line item budget cut at the Southwest Community Health Center (SWCHC)located in Bridgeport CT., is illustrated below:

In 2010:

- SWCHC SAW 18,887 CLIENTS, GENERATING 107,351 VISITS from 18 licensed sites.

- **DPH FUNDING OF $286,421 SUPPORTS PARTIAL SALARIES OF:**
- **2 INTERNISTS, 1 OB/GYN M.D., 2 DENTISTS, 2 DENTAL HYGIENISTS, and 1 SUBSTANCE ABUSE COUNSELOR.**

In 2011:

- **LOSS OF PROPOSED 60% CUT IN DPH FUNDS MEANS:**
- **SCALING BACK HOURS OF OPERATION**
- **LAYOFF OF CORE PROVIDERS**
- **400 UNINSURED PERSONS WILL NOT BE SEEN**
- **1,500 INTERNAL MEDICINE AND DENTAL VISITS WILL NOT BE DELIVERED**

Cutting the safety net providers **WILL NOT SAVE** the State $. I believe these line item budget cuts are premised on 3 false assumptions:

1. Cuts to Community Health Centers (FQHCs) will save the State $: FALSE as clients not seen by FQHCs, will be seen in the MORE COSTLY ED SETTING, INCLUDING behavioral health clients, as stated above.

2. Cuts to FQHCs will save the State $ with the shift of SAGA clients to Medicaid LIA. FALSE: FQHCs were already reimbursed and at their Medicaid rate for SAGA clients (except for Behavioral Health services).

3. DPH line items cuts to FQHCs will be offset by increases in Medicaid funding: FALSE: To include savings in the DPH budget from Medicaid is erroneous, as there is no cost shifting. NO new Medicaid funding has been given to FQHCs AND Medicaid funds MUST by Federal law be used for Medicaid clients. DPH funds are used to support uncompensated care – i.e. the uninsured. One funding source can not supplant the other.

I respectfully ask the Appropriations Committee to consider these points in addressing the efficacy of the Dept. of Public Health cuts. The impact of these proposed cuts will mean eliminating access to care for more than 242,000 clients seen annually in CT's health centers. The most vulnerable of the State's residents, now cared for in cost effective and efficiency community-based settings, will have no alternative but the ED for care. Can the State afford this "gas guzzling" model of health care???

Thank you,

Katherine S. Yacavone
President/CEO
968 Fairfield Ave.
Bridgeport, CT