CTChiro

Connecticut Chiropractic Association
2257 Silas Deane Highway
Rocky Hill, Connecticut 06067

Statement of Francis Vesci, D.C.
before the Appropriations Committee
House Bill 6350
February 22, 2013

My name is Francis Vesci, I am a practicing chiropractic physician in New Britain and the President of the Connecticut Chiropractic Association. I am here today to testify on the Department of Social Services' component of the governor's budget proposal, H.B. 6350.

I would note that the proposed DSS budget does not contain funds for Chiropractic services to low-income adults or for children who are enrolled in the HUSKY program. These services, as you may know, had been funded by DSS in the past but were eliminated as a result of the December 2012 deficit reduction law.

Over the course of the next decade, the Medicaid program will see a significant expansion of patients as a result of Federal healthcare reform. The Chiropractic profession can offer comprehensive preventive care and specialty treatment to this population, including individuals under the age of 21. Additionally, it has been demonstrated that our profession can provide significant cost savings when compared to traditional medical approaches. This is particularly true with respects to musculoskeletal conditions.

The cost of treating spinal pain, $86 billion in 2005, has made it the 6th most expensive medical condition in America. Research by Blue Cross Blue Shield of Tennessee in 2010 revealed that lower back pain treatment initiated by a Doctor of Chiropractic resulted in 40% lower healthcare costs when compared with treatment initiated by a medical doctor. A 2004 study demonstrated that patients utilizing DC as primary care physicians had a 43% decrease in hospital admissions, 52% reduction in pharmaceutical costs, and 43% fewer outpatient surgeries and procedures. To remove any question of doubt a major study in the journal SPINE from December 2012 revealed that in certain patient populations (women, Hispanic, and others under 35) found that when an orthopedic surgeon initiated care for Lower back injuries there was a 42.7 percent likelihood of surgery where if a DC was the first contact provider the percent needing surgery after 3 years was 1.5 percent.

Looking at actual dollars, the mean total payment when DCs were the first providers was $518 as compared to $1020 when MDs were the first providers. Another study showed that back pain episode-related costs were 25% lower with chiropractic coverage ($289 vs. $399). For neck pain, DC care reduces total annual per patient spending by $302 compared to MD/DO care.

The facts are clear the services provided by a chiropractic physician are not and added expense for the Medicaid system, but rather a safe, highly effective, cost saving substitution for other care.

Given the high cost of health care for spinal conditions and other musculoskeletal conditions in Connecticut and around the country, it is our opinion that even though chiropractic services are not currently covered by the federal Medicaid program, if properly utilized , similarly to the programs in states of Rhode Island, Florida and others, we believe that we can save the CT. state Medicaid system between 5 and 10 million dollars annually without any sacrifice to quality or outcomes.

Thank you for the opportunity to be heard today. I look forward to any questions you may have.