



Statement of the Connecticut Podiatric Medical Association  
House Bill 6824—fiscal 2016 and 17 budget proposal  
Appropriations Committee  
February 27, 2015

Members of the committee:

Many Doctors of Podiatric Medicine provide services to Title XIX patients in the Medicaid program. They do so because of their commitment to seeing that podiatric services are available to all residents of Connecticut. It is no secret that the fees they are paid for providing treatments are extremely low and, in many cases, do not cover the cost of providing the care. Further, licensed Podiatric Doctors are reimbursed at 90 percent of the rate paid to comparable Medical Doctors who provide the exact same service. This fee inequity is unfair.

The Connecticut Podiatric Medical Association is concerned about that portion of HB 6824 that will permit the Department of Social Services to further reduce provider fees in Medicaid. At this writing, we and other professions have no details as to what the specific proposed reductions will be. Nonetheless, we urge you to move very cautiously in this area. The Appropriations Committee is entitled to have the full range of details about what fees would be reduced, rather than simply giving authority to DSS to make the cuts.

The ramifications of provider reductions could hurt your goal of increasing access to the healthcare system. Lower fees could cause some practitioners to reduce their participation in Title XIX or leave the program altogether. This will create a shortage of practitioners for the low-income patients who need medical care.

A report several years ago by the Office of Legislative Research stated that patients will utilize higher cost services such as a hospital emergency department if they cannot access podiatric services in the community. We believe a proposed fee reduction could actually end up costing more.

Once the full details of this proposal are released, we will be back to you with further comment on this issue. Thank you.