



**TESTIMONY  
OF  
J. KEVIN KINSELLA  
VICE PRESIDENT, HARTFORD HOSPITAL**

**Before the Public Health Committee and  
Human Service Committee  
Regarding Reductions to the SAGA Program**

**February 20, 2004**

Good afternoon Committee Members. My name is J. Kevin Kinsella, Vice President of Hartford Hospital. I am here today to address the effect of the recently enacted SAGA reductions on patients and services at Hartford Hospital. We were recently notified that effective June 1, 2004, our SAGA payments would be reduced by 20%. On an annual basis that reduction will be 2.7 million dollars.

In addition, most patients are unable to pay their co-pays, which in effect further decreases the reimbursement to hospitals for these services.

These reductions will effect both inpatients and outpatients. While care will not change for inpatients, reimbursement will, and with nowhere to shift the cost of this care it will be up to the hospital to either ask the community for the money (fund raise) or reduce services in other areas of the hospital. In the outpatient area Hartford Hospital operates three primary care clinics and specialty clinics in Orthopedics, Psychiatry, Women's Health, Surgical, Dental and HIV. These clinics provide healthcare to more than 10,000 patients who cannot afford medical care in Greater Hartford. These patients account for 53,000 visits of which 20% or 10,6000 visits are SAGA. Most common diagnoses are Hypertension, Diabetes, Asthma and Depression. Reductions in SAGA funding of outpatient services may result in the closing of some of these services. If those steps were to be taken the results would be:

1. If clinics are closed, 70 % of those encounters/visits will convert to Emergency Department visits
2. Depending on the number of patients/visits effected, this will significantly increase Emergency Department wait times for non-emergent patients.
3. Without adult ambulatory clinics to refer patients for follow up, the Emergency Department will either be forced to schedule follow up visits or admit the patients.
4. With a reduction in preventative outpatient care, patients that present to the Emergency Department will have a higher rate of inpatient admission, and have a longer length of stay when admitted.

The above measures would result in larger losses for hospitals and inappropriate care for patients. While the intent of executive and legislative branches of government may have been to save money the result will be a greater expenditure of funds for inpatient services. In addition, these reductions have shifted the responsibility for funding from the state to the hospitals and community programs.

I urge you to reverse the SAGA cuts in funding.