



**TESTIMONY OF
PATRICK J. MONAHAN II
ON BEHALF OF THE
CONNECTICUT HOSPITAL ASSOCIATION
BEFORE THE
PUBLIC HEALTH COMMITTEE
Wednesday, March 14, 2007**

HB 7293, An Act Concerning Emergency Department Overcrowding

My name is Pat Monahan. I am a partner in the law firm of Garfunkel, Wild & Travis, and I appreciate this opportunity to testify on behalf of the Connecticut Hospital Association (CHA) on **HB 7293, An Act Concerning Emergency Department Overcrowding**. CHA appreciates the legislature's attention to the problem of overcrowding, including the recent focused efforts of the Task Force on overcrowding convened by Representative Sayers. CHA applauds this Committee for considering a bill that includes several concrete measures that we believe are meaningful steps toward addressing overcrowding and delays in hospital emergency departments and improving overall access to care.

Section 2 of the bill would eliminate certain burdensome and time-consuming pre-authorization requirements that contribute to delays and back-ups in emergency departments. Specifically, the bill provides that with respect to behavioral health patients who present to the emergency department and who are covered by Medicaid, the Behavioral Health Partnership (BHP), or the state administered general assistance program (SAGA), the hospital may provide for the placement and treatment of such patients, and the hospital decisions about placement and treatment shall obligate the applicable payor, whether it is DSS, a managed care company, or other payor, to pay for those services at the applicable reimbursement rate. To avoid any confusion, we think the bill should be clarified to indicate that the hospital's placement and treatment decision refers to its ability to authorize any covered services for covered behavioral health patients in any treatment setting covered by Medicaid, the BHP, or SAGA. This is meaningful help for hospitals, their ED staff, and patients, as the placement of behavioral health patients to treatment settings outside the hospital are often slowed down by the pre-authorization process.

The bill also provides that hospitals shall receive the maximum allowable rate for Medicaid visits to the ED, even if the visit was for a condition that was not a true medical emergency. This provision reflects the fact that our emergency departments, who turn away no patient, are increasingly utilizing ED resources for treatment and care of non-urgent conditions. Medicaid reimbursement to hospitals already fails to cover the cost of treatment, so it will be a step forward for the state to pay hospitals the full Medicaid ED reimbursement rate for any Medicaid visit to the ED.

The bill also establishes a "Medicaid managed care emergency services account" within the General Fund to be utilized for reimbursing hospitals for their costs associated with providing nonemergency services to Medicaid recipients. CHA supports the creation of this fund, but believes the bill should be clarified to indicate that the state will make payment to hospitals of the full ED rate for non-emergency visits, as provided in Section 2 of the bill, regardless of the amount in the Medicaid managed care emergency services account at any given time. This will make it clear that the state's full-rate payment obligation is an independent payment obligation that is not dependent on the amount in the account.

CHA also supports the bill's allocation of funds for providing grants to not-for-profit hospitals for ED expansion. It is a fact that ED infrastructure and capacity has not kept pace with the increased rate of ED utilization, and the state's support through grants or bonds is another concrete measure of assistance.

Regarding the provisions in the bill that call for the reporting and establishment of overcrowding protocols and the development of tracking mechanisms, CHA is encouraged by the establishment of an Advisory Committee to advise the Department of Public Health before the Department develops any regulations or implements any measures in this area, because it is critical that hospitals not be unnecessarily burdened by another layer of regulation or administrative requirements that would divert time and money from patient care. CHA believes it is important to consider the significant amount of work and effort that hospitals and emergency physicians and nurses throughout the state have already devoted to attempting to address emergency department overcrowding before the department issues any statewide measures. For this reason, we believe it is appropriate to also include a CHA representative on the Advisory Committee, and we respectfully request that the Committee consider making that addition in the bill.

Thank you for consideration of our testimony.

For additional information, contact CHA Government Relations at (203) 294-7310.