

Written Testimony of
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Human Services Committee
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**HB 5329 – An Act Concerning Reimbursement Rates to
Physicians Who Provide Emergency Room Services to Medicaid
Recipients**

Good morning, Senator Doyle, Rep. Walker and the distinguished member of the Human Services Committee. Thank you for giving me the opportunity to testify in support of House Bill 5329, An Act Concerning Reimbursement Rates to Physicians Who Provide Emergency Room Services to Medicaid Recipients. My name is Dr. Gail D'Onofrio and I am the Chair of Emergency Medicine at Yale University and the Physician-in Chief of the Adult Emergency Department at Yale-New Haven Hospital. I am also a member of the Connecticut Chapter of the American College of Emergency Physicians.

The 36 physicians who practice in the Yale-New Haven Emergency Department are employed by the Department of Emergency Medicine at Yale University School of Medicine. We are not employees of the hospital. We are all board certified in Emergency Medicine and experts in our field, including the acute resuscitation of the critically ill medical or trauma patient, stroke, cardiac care, toxicology, disaster medicine, injury prevention and pre-hospital care to name a few. I am fortunate to be able to

recruit from all over the country to maintain the high quality of care that is essential for an institution such as Yale-New Haven Hospital that is both a tertiary referral hospital as well as a community hospital. The hospital has 894 beds and the ED at Yale New Haven Hospital treats over 77,000 adult patients per year. We continue to see a substantial increase in patient visits, over 44% in the past 5 years. Adult Emergency Department admissions account for 41% of all the admissions to Yale-New Haven Hospital.

Yale-New Haven Hospital cares for more Medicaid patients than any other hospital in the state of Connecticut. Last year approximately 28% of our patients had Medicaid as their source of payment and approximately 30% were admitted to the hospital. As you probably know, Medicaid patients tend to be sicker when they present for care and often require hospitalization due to limited outside resources. Revenue from patient billing constitutes the majority of our income and allows us to deliver quality, evidenced based care. Loss of Medicaid revenue for admitted patients would translate into a loss of over \$300,000 per year. Should that be allowed to occur, we would not be able to sustain this loss and continue to maintain the caliber and number of physicians that we currently have on staff, thereby jeopardizing the ability of the Emergency Department to continue to serve as a community resource.

Thank you for your time.