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Testimony of Robert Leventhal, MD  
On Behalf of The Connecticut Association of Ambulatory Surgery Centers  
SB 255

March 4, 2010

Senator Crisco, Representative Fontana and distinguished members of the Public Health Committee. My name is Dr. Robert Leventhal and I am a gastroenterologist practicing in Waterbury, Connecticut. I am also a member of the Connecticut Association of Ambulatory Surgery Centers because I have a certified Ambulatory Endoscopy Center licensed by the Department of public health.

I am submitting testimony on SB 255: AN ACT PROHIBITING DIFFERENTIAL PAYMENT RATES TO HEALTH CARE PROVIDERS FOR COLONOSCOPY OR ENDOSCOPIC SERVICES BASED ON SITE OF SERVICE which is meant to resolve an issue we are having in the outpatient surgery setting, called the site of service differential.

Effective March 30, 2007 any procedure requiring moderate to deep sedation or general anesthesia is required to be done in a licensed outpatient surgical facility or hospital. This was done to ensure the safety and well being of patients and to move certain procedures out of the physician office. As a result, some physicians went through the process of obtaining a CON or Con waiver to build a facility that met both the building code and health care standards and went through the licensure process with the Department of Public Health. Our state has really raised the bar on patient safety and even went a step further to require every surgery center and hospital to belong to a DPH approved Patient Safety Organization.

Unfortunately, some payers have disregarded this requirement and actually look to reward providers who perform surgeries in the office setting. More than a year ago-now, we met with the then Insurance Commissioner to address a unilateral policy implemented by one managed care company that resulted in close to a 50% reduction in payment to physicians providing certain services requiring anesthesia when provided in outpatient surgical centers or hospitals.

The fact that this General Assembly, in the interest of safety, passed a law, which gave the providers no choice but to provide services in these settings, was taken advantage of by the insurance industry as an opportunity to increase profits. We continue to have little or no recourse in addressing this sort of unilateral payment policy while at the same time managed care companies continue to rack up enormous profits at the expense of providers and their patients.

In fact, reimbursements to providers that perform colonoscopies in their offices were actually increased while the same service was cut in half when performed in a hospital or ASC. And as a result, the procedure could not be performed in the physician office any longer because of the state statute passed by this body.

If any of you have had a colonoscopy-you well know that anesthesia is important to its success and patient comfort. In addition to procedural safety, patient satisfaction will bring our patients back for repeat exams. This follow up screening will reduce the current 50,000 deaths per year from colon cancer.

We are truly between a rock and a hard place on this issue. And respectfully request that the bill before you today be amended not to provide access to anesthesia services but to prohibit managed care companies from penalizing providers for providing care in a setting required by state statute. Thank you for the opportunity to testify on SB 255.