

TESTIMONY OF ALBERTO PEREZ, MD, FACEP
PRESIDENT, CONNECTICUT COLLEGE OF EMERGENCY PHYSICIANS
APPROPRIATIONS COMMITTEE
MARCH 4, 2011

HB 6380, AN ACT CONCERNING THE BUDGET FOR THE BIENNIUM
ENDING JUNE 30, 2013

Good afternoon Senator Harp, Representative Walker, and the distinguished members of the Appropriations Committee my name is Alberto Perez and I'm the President of the Connecticut College of Emergency Physicians. On behalf of CCEP, I wish to thank you for the opportunity to submit my testimony on House Bill 6380 in support of Lifestar. CCEP represents over 450 of Connecticut's emergency physicians.

Currently, the debate of whether Connecticut needs two helicopters is not only among policy makers but also within the medical field. Some people argue about the cost to benefit ratio while others argue about safety. Both parties may find data and evidence to support their perspective. However, this is not a theoretical argument. Since we cannot control the weather, emergency physicians and patients already know the consequences of caring for patients without rapid, air medical transportation. As a practicing emergency physician, I know the removal of a Connecticut helicopter will cost lives.

The December 2009 National Report Card on the State of Emergency Medicine from the American College of Emergency Physicians ranked Connecticut ranked 14th in the nation. On the previous 2006 report card, Connecticut was 3rd overall. For the category of Quality and Patient Safety Environment, Connecticut ranked 20th in the nation. The report states, "This grade reflects the state's lack of a uniform stroke system and heart attack system.

In addition, the state does not provide funding for quality improvement within the EMS system." In three years, Connecticut slipped from a leader to an average state for emergency care. I will predict a further decline if there is a decrease in Lifestar's service to Connecticut's patients.

There are clear recommendations from the medical community showing rapid transport to a tertiary care center for stroke, heart attack and trauma patients improves outcomes. In these tough financial times, Connecticut is deciding which services are necessary and which are expendable. The Connecticut College of Emergency Physicians does not believe that transportation to life saving specialists with the speed and quality that Lifestar provides is expendable. Furthermore, Connecticut does not have an alternative mechanism for critical care transport. Many patients require this level of care and it is incumbent on the transferring physician to advocate for our patients 100% of the time.

The nation's Emergency Department strive to met national benchmarks such as door-to-balloon times of less then 90 minutes in patients having heart attacks (that is, the patient must be in the catheterization cardiac suite within 90 minutes of arrival to an outside

hospital). For rural emergency departments, the availability of critical transfer services is crucial. The removal of a very functional resource such as Lifestar, the only critical care transport service in CT, would be detrimental to patients having heart attacks in rural Connecticut. This same argument applies to patients having strokes and major trauma.

Lifestar has saved many lives throughout its history and has become an essential element of the pre-hospital medical field in Connecticut. Furthermore, Lifestar has also become an essential element for the transfer of critically ill patients within our hospital systems.