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**Testimony of Ken Rosenquest
President, CT Association of Ambulatory Surgery Centers, Inc.
Before the Insurance Committee**

March 15, 2010

Good afternoon, Sen. Crisco, Rep. Megna and distinguished members of the Insurance Committee. My name is Ken Rosenquest, and I am Senior Vice President for Operations of Constitution Surgery Centers and President of the CT Association of Ambulatory Surgery Centers. I am here today to speak on SB 1154, An Act Concerning the Reporting of Claims Information to the Comptroller and Additional Duties of the Comptroller.

The bill before you includes a provision requiring outpatient surgery centers to transmit patient identifiable data to the Office of Health Care Access. Through an agreement with the agency, this information will also be shared with the comptroller's office.

Just this week, the Office of Health Care Access released a survey questionnaire to ambulatory surgery centers requesting specific facility data. This document has been a long time in development and is an important first step in addressing the planning and access issues of the state's health care system. The process of creating this survey was inclusive of all parties, met the needs of the agency, while taking into consideration the information technology limitations and staffing concerns of the facilities. The process serves as an ideal example of cooperation between the public and private sectors in helping address the health care needs of the Connecticut patient population.

The bill before you today, conversely, does just the opposite. It imposes a burden on facilities that they are simply not equipped to handle at this time. We have physician offices that have become licensed as outpatient surgical facilities because of the level of anesthesia they use and our state's CON and licensure requirements. These are small offices with limited staff that don't possess the technology to collect and report the level of data stipulated in SB 1154.

In a short period of time, the advent of electronic medical records, funded in part by the federal government's health care reform plans, will enable small facilities to grow more adept at creating this level of reporting in a way that is less burdensome, more efficient and more secure. In the immediate term, it would seem that much of the utilization information suggested here would be obtainable from our state's insurers, who are well equipped to meet that level of reporting.

It might make sense for the Comptroller to convene the working group identified in Section 2 with participation from the insurer community, as well as the CT Hospital Association and the CT Association of Ambulatory Surgery Centers to identify goals and determine what kind of data is necessary to meet those goals. The collection of widespread and identifiable data, with no specific focus, security measures or input is an onerous requirement and places additional costs on an already strapped health care delivery system.

Thank you for the opportunity to comment here today. I would urge your opposition to this legislation.