

TESTIMONY IN FAVOR OF RAISED BILL NO. 6622, AN ACT CONCERNING THE
BURDEN OF PROOF IN MEDICAL MALPRACTICE CASES AND THE STANDARD OF
CARE RELATED TO EMERGENCY MEDICAL CARE AND TREATMENT.

Alberto Perez, M.D., FACEP

Good afternoon Senator Coleman, Representative Fox and members of the Judiciary Committee. I speak in favor of Raised Bill No. 6622.

I am a board- certified emergency physician and have been practicing in Connecticut for the past decade. I am the current President of the Connecticut College of Emergency Physicians. I am the Associate Director of Emergency Medicine at Windham Community Memorial Hospital.

Imagine these recurring scenarios:

A 40 year old mechanic sustains a deep laceration on the dominant hand while working in the yard on a Saturday afternoon. Upon arrival to the local emergency department, the appropriate initial therapy is instituted and the emergency physician informs the patient that the next step is going to the operating room BUT after two hours of phone calls there are no hand surgeons available in CT and calls are being made to the neighboring states.

A semi retired professor develops a headache. The patient is taken by ambulance to the local emergency department and within 20 minutes of arrival to hospital, the emergency physician informs the patient that there is bleeding in the patient's head. An immediate transfer to a hospital with a neurosurgical team is required BUT there are no neurosurgeons available that day in the State.

How are these cases possible?

Emergency physicians attend to the needs of any member of society anytime of day. EMTALA, the Emergency Medical Treatment and Active Labor Act, ensured that all patients who present to any emergency department be evaluated. EMTALA also created an unforeseen gap between our patients and various medical specialties that are needed to provide emergency treatment (i.e. hand surgeons, plastics, neurosurgery, neurology, orthopedist etc.)

Across Connecticut, multiple emergency departments do not have a variety of specialist on-call to attend to the needs of the population. The reality is that accessing care in an emergency department does not ensure patients access to specialty care.

Emergency department patients are all too frequently high risk patients with a high probability of a bad outcome and potential complications. Furthermore, many of our emergency patients have no financial recourses and many times they present to the emergency department in later stages of diseases. Specialists who agree to expose themselves to this high risk population must meet higher malpractice rates and risk. Many decisions taken in emergency situations are reached with limited knowledge of the patient's history and with little opportunity to establish the desired patient-physician relationship. It must come as no surprise that many specialists in the house of medicine opt out of emergency call.

States that have approved a higher burden of proof in medical malpractice cases related to emergency care have seen greater access to specialty care. The current medical malpractice environment in Connecticut is placing our patients at risk. I implore the committee to support this bill. It is time to lessen the gap between patients and the emergent care they require.

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