



**Connecticut State Medical Society  
Connecticut Chapter of the American College of Physicians  
Connecticut Chapter of the American College of Surgeons  
Testimony in support of Senate Bill 236 An Act Concerning Reimbursement of Emergency  
Room Physicians for Treatment of Medicaid Recipients**

**Committee on Human Services  
March 1, 2012**

Senator Musto, Representative Tercyak and members of the Committee on Human Services, on behalf of the more than 8,500 physicians and physicians in training of the Connecticut State Medical Society (CSMS) and the Connecticut Chapters of the American College of Physicians and American College of Surgeons, thank you for the opportunity to provide this testimony to you in support of **Senate Bill 236 An Act Concerning Reimbursement of Emergency Room Physicians for Treatment of Medicaid Recipients**.

Emergency Departments associated with hospitals in Connecticut provide medical services to our citizens 24 hours a day, 7 days a week. Provision of these services is labor intensive due to staffing and equipment requirements. Furthermore, federal law, The Emergency Medical Treatment and Active Labor Act (EMTALA), requires that any patient entering an Emergency Department with a complaint must be given a screening exam, stabilizing treatment and appropriate follow-up care or hospital admission as needed, regardless of a patient's ability to, or mechanism for, payment.

In addition to these requirements, weaknesses in our current health care delivery system in Connecticut create a situation in which a significant number of people who seek medical treatment in emergency rooms are uninsured or underinsured. Many of these patients are enrolled in HUSKY or related government programs.

Current Connecticut law creates an untenable situation for emergency-room physicians when it comes to payment for their professional services caring for Medicaid patients. Services provided in emergency rooms today are reimbursed under a bundled payment system in which payment for the facility fee (use of the hospital) and the professional fee (the services of the physician) are provided directly to the hospital. In many Connecticut hospitals, emergency-room physicians belong to medical groups which are contracted out by the facilities, and not salaried medical staff of the hospital. Those physicians who provide emergency-room care through hospital privileges must separately negotiate for reimbursement of these services with the hospital or the hospital's ownership. As such, these emergency-room physicians have the dubious distinction of being the only specialty of physicians not reimbursed directly by the state's Medicaid Administrative Service Organization (Connecticut Health Network). Instead, these physicians must separately negotiate with local and potentially national entities representing hospitals to receive professional fees for medical care of Medicaid patients.

Senate Bill 236 would remedy the situation with important and necessary change in reimbursement for the care of Medicaid patients in Connecticut hospital emergency rooms by unbundling the reimbursement for professional fees and facility fees. Emergency-room

physicians would receive the portion of payment intended by the State for the care of these patients.

The proper functioning and use of our emergency rooms impacts all physicians because of issues such as on-call and referrals. As our associations work closely with the Connecticut Department of Social Services (DSS) and others to improve access to health care services for HUSKY, SAGA and other government program enrollees, the unfortunate fact remains that a significant percentage of patients use only our emergency rooms as their point of health care services. Therefore, it is critical that as the relevant state agencies, medical societies, medical groups and hospitals continue to address access to care issues in our state, that policy makers remove this unfair burden placed on emergency-room physicians.

Please support SB 236