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COMMITTEE ON PUBLIC HEALTH
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THE CONNECTICUT COLLEGE OF EMERGENCY PHYSICIANS STRONGLY SUPPORTS HB 5434, "AN ACT CONCERNING THE PROFESSIONAL STANDARD OF CARE FOR EMERGENCY MEDICAL CARE PROVIDERS."

Good afternoon Representative Ritter, Senator Gerratana, and Committee members. Thank you for the opportunity to present my testimony on HB 5434. I am a Past-President of the Connecticut College of Emergency Physicians, the organization which represents nearly 500 Board-Certified specialists who have devoted their careers to being on the front line of emergency medical care.

Emergency Departments in the State of Connecticut provide around the clock medical services to our citizens. Connecticut's emergency departments see approximately 1.5 million patients every year; over 4,000 patients per day. We are society's safety net for a fragile and fragmented health care system. We care for all patients regardless of the severity of the complaint or the individual insurance status. Life and death decisions are made every day without the benefit of a long standing doctor-patient relationship or complete knowledge of a patient's medical history. Emergency departments function as both the front line in our struggle to provide health care to a diverse society as well as the final safety net when all options are exhausted. Emergency physicians embrace this call.

A federal law, known as EMTALA, was created in 1986 to provide statutory guidance to ensure compliance with this mission. It mandates that hospitals ensure that there are enough emergency physicians and on-call specialists to fully evaluate any patient who presents to an emergency department. The federal mandate requires that hospitals provide for the availability of any and all tests to determine the existence of an emergency medical condition, stabilization of any emergency medical condition that is found, and on-call specialists if necessary to help stabilize the patient. This is all done without consideration of the patient's ability to pay. Because the hospital, the emergency physician and the on-call specialist do not have a choice in providing this mandatory evaluation and/or treatment, there needs to be some relief from malpractice claims that might arise from this obligation.

Connecticut is an unfavorable state to practice medicine due to the malpractice environment. Connecticut's emergency care system is at this critical juncture because the current environment has led to a severe lack of access to medical services. In the American College Emergency Physicians' 2009 State of Emergency Care Report, Connecticut ranked 35th in the nation for our medical malpractice environment. Connecticut always ranks as one of the top states in regards to professional liability premiums averaging twice the national average. Furthermore, Connecticut ranks as having one of the highest payouts per claim among all 50 states. Even the small concession passed in the 2005 compromise is under threat to be reverse by submitted legislation, SB 234, being deliberated in the Judiciary Committee.

Having recognized the unique nature of providing emergency care and in an effort to attract physicians, many states have already enacted professional liability reform. Attracting physicians should be a key strategy of Connecticut's policy makers. The average age of Connecticut's physicians is in the late 50s. All 31 of Connecticut's emergency department medical directors reported a problem with having adequate on-call coverage for specific medical emergencies.

This state and the 1.5 million patients who seek emergency care each year desperately need this reform because it will improve access to care. This legislative body needs to discuss how to improve this situation, not potentially passing legislation that will exacerbate the problem. People assume emergency care will always be available when needed. However, if emergency care is not supported by legislation like this the needed specialist might not be available at the crucial time.

Being accused of being a bad doctor is one of the most strenuous hardships a physician may face. Taking care of people in life and death situations is what every emergency physician does every day at work. This is what we are trained to do. We are prepared during our residency and career to handle these situations. Going through a malpractice claim creates enormous emotional stress for all parties involved however half of the time the years spent defending a suit is from a frivolously filed lawsuit. Passage of this bill will provide the protection allowing physicians to focus on the patient's emergency needs.

Many states including Texas, Florida, Georgia, South Carolina, West Virginia and Arizona have begun to see significant premium reductions from recently passed malpractice reform legislation. In conjunction with these benefits, physicians seeking to practice in those states are also increasing. Texas passed comprehensive reform in 2003. In the three years following the reform Texan hospitals increased charity care by $594 million.

Another reason to pass this bill is because of the enormous cost of defensive medicine. Defensive medicine costs throughout the country are estimated at $100 billion dollars per year. The UCONN Health Center spent $1.8 million over the past four years defending frivolous malpractice claims. Significant malpractice reform would begin to make a dent in the rising costs of healthcare.

The Connecticut College of Emergency Physicians strongly supports passage of HB 5434. This bill would improve our poorly rated malpractice environment. This bill would increase access to medical services while decreasing healthcare costs. CCEP strongly encourages this committee to take the bold step for the 1.5 million patients seeking emergency care every year and make sure that all emergency services are available for all patients whenever they are needed.