

TESTIMONY BEFORE THE PUBLIC HEALTH COMMITTEE
MARCH 15, 2013

BY
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IN FAVOR OF HB 6393,
“AN ACT CONCERNING THE PROFESSIONAL STANDARD OF CARE FOR
EMERGENCY MEDICAL CARE PROVIDERS.”

Good afternoon Representative Johnson, Senator Gerratana, and Committee members. Thank you for the opportunity to present my testimony in support of HB 6393, An Act Concerning the Professional Standards of Care for Emergency Medical Care Providers. My name is M.C. Culbertson, M.D. and I am a practicing emergency physician.

Current Status:

Every emergency department and hospital in Connecticut carries out the care mandated by the federal law EMTALA, regardless of medical condition or financial status. In doing so, they are the health care safety net for Connecticut. This includes the emergency medicine physicians and the medical consultants who care for these previously unknown patients. Intrinsic to this unique physician patient relationship, we must provide at times critical life saving care as best we can with oftentimes a significantly limited or deficient medical and social history. It is becoming increasingly more difficult to recruit physicians to work in this environment. This directly results in limited patient access to much needed health care.

The Texas Experience: Crisis:

From 1999 and 2003 Texas had reached a medical liability crisis. For example, concerning physicians, Texas ranked 48 out of 50 for physician manpower. 158 counties were without an obstetrician. 6100 doctors had no malpractice insurance. Doctors were resigning from hospital medical staffs, refusing to perform high risk procedures, and were leaving or taking early retirement.

The Texas Experience: Solution:

Comprehensive Tort Reform. One feature of HB4 mandates that plaintiffs must show a demonstration of “willful and wanton” conduct in order to prove a negligence case against an emergency care physician. This in part protected the physician with no prior contact with or health history from the patient.

The Texas Experience: Results:

Following are resulting examples of the 2003 Texas Tort Reform Initiative:

PHYSICIAN MANPOWER:	2003	2007	% increase
Orthopedic Surgeons	1790	1942	8.5

Obstetrician Gynecologists	2891	3016	4.4
Neurosurgeons	419	433	3.3
Emergency Medicine	1274	2073	63
Child Adolescent Psychiatry	203	236	17
Pediatric Hematology Oncology	55	113	105
Pediatric Cardiology	78	130	67

CHARITY CARE 2003-2006: Increase \$594,000,000, increase 24% for all hospitals

MALPRACTICE RATES (Texas Medical Liability Trust) 2003-2008: decrease 47%

Recommendation:

Acknowledge the unique medical liability situation of physicians standing in the gap who provide much needed and necessary emergent health care and support HB 6393. We anticipate this is a first step to ensuring full access to health care for all citizens of the state of Connecticut.