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**Committee on Public Health
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**Testimony in Favor of House Bill 6393, AN ACT CONCERNING THE CARE FOR
EMERGENCY MEDICAL CARE PROVIDERS**

Good afternoon Senator Gerratana , Representative Johnson and members of the committee. Thank you for the opportunity to speak in favor of House Bill 6393, AN ACT CONCERNING THE CARE FOR EMERGENCY MEDICAL CARE PROVIDERS

In 1986, due to a tragic death of a young woman in active labor, who was transferred from a private hospital to a county hospital, because she had no insurance, Congress enacted the Emergency Medical Treatment & Labor Act (EMTALA) to ensure public access to emergency services regardless of ability to pay. Section 1867 of the Social Security Act imposes specific obligations on Medicare-participating hospitals that offer emergency services to provide a medical screening examination (MSE) when a request is made for examination or treatment for an emergency medical condition (EMC), including active labor, regardless of an individual's ability to pay. Hospitals are then required to provide stabilizing treatment for patients with EMCs. If a hospital is unable to stabilize a patient within its capability, or if the patient requests, an appropriate transfer should be implemented. This is an unfunded federal mandate that monetarily penalizes participating physicians if the interpreted opinion of stabilization is not met. There are no standards or criteria established as guidelines. Financial penalties are made to the hospital and physician. These penalties are not covered by malpractice or any other insurance program.

Emergency Medicine physicians are responsible for the initial emergency department evaluation and perform the MSE, assessing for stabilization. Many times the emergency physician has to involve a specialist or subspecialist to appropriately stabilize an emergency medical condition. The specialist and subspecialist are then recruited from an oncall list they are asked to staff by the hospital. Their participation in the care exposes them to EMTALA regulations for stabilization. They, as well as, the emergency physician do not have a choice to treat the patient. They are all obligated by EMTALA to treat the patient or face the possibility of being fined by the CMS, as well as exposure to a malpractice lawsuit.

The patient-physician relationship is created under stressful conditions. A medical emergency has brought together both parties without either being able to take time to consider whether they want to work with each other, or have a second opinion before having surgery or admission to a hospital. This condition does not allow for the usual

trustful relationship to build between the patient and physician. The fact that the patient has an acute "unplanned," injury or a decompensating medical condition, reduces the possibility for a 100% recovery. This creates malpractice liability, not because the care was substandard, but because the patient's expectations of complete reversal of an injury or condition have not been achieved.

Specialists and subspecialists in Connecticut and across the United States are refusing to take call for the Emergency Departments to avoid patients that are more likely to expose them to EMTALA penalties or malpractice liability. This translates into less access to medical care for all patients, both unable to pay and those with insurance. At best, patients are transferred to tertiary hospitals for specialty care. However, this creates delays in the initiation of care and in many cases reduces the success of reversing the injury that has happened.

Connecticut is experiencing difficulty retaining or recruiting physicians to practice in Connecticut after completing their training programs in Connecticut Hospitals. Many are moving to states with less malpractice liability.

In supporting HB 6393, a consortium of Connecticut Medical Specialists, involved in the delivery of EMTALA mandated care, are requesting to be treated fairly in an environment that is unfairly exposed to a greater malpractice liability. Emergency stabilization and treatment is a public service, as important as, Fire, Police and EMS.

PLEASE SUPPORT HB 6393.

Thank you for your consideration and support.