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Committee on Human Services

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THE CONNECTICUT COLLEGE OF EMERGENCY PHYSICIANS SUPPORTS HB-5440
AN ACT CONCERNING MEDICAID REIMBURSEMENT FOR EMERGENCY DEPARTMENT
PHYSICIANS

Good afternoon Senator Slossberg, Representative Abercrombie, Senator Markley and Representative Wood and the distinguished members of the Human Services Committee. Thank you for the opportunity to present this testimony in support of **House Bill 5440**, An Act Concerning Medicaid Reimbursement for Emergency Department Physicians. My name is Dr. Michael Zanker and I am the Legislative Chairman for the Connecticut College of Emergency Physicians, the professional organization representing over 400 emergency physicians dedicated to providing care to all of the citizens of the State of Connecticut.

We as emergency physicians provide a 24/7/365 safety net for the ill or injured no matter what their insurance status. While this is mandated by state and federal regulation and statute, we do it out of a deep personal commitment to care for our fellow citizens. We are on duty before others start their day and after they end their day. We work through the night, on weekends and every holiday. We provide care to every patient no matter what the problem from the most minor to the most life-threatening. We do not ask about insurance status, nor do we care. We are not allowed to deny care nor refer to another provider based upon insurance status. We provide the safety net to a fragmented healthcare system while it struggles to find a means of sustainability.

The provision of this level of care requires an enormous commitment of human and material resources. While the public and our elected leaders understand and are willing to accept the costs of our public safety colleagues in the law enforcement, fire and EMS communities our emergency departments are funded solely by health insurance reimbursement. Patients receiving care in our emergency departments undoubtedly never stop to wonder who we are or how we are paid and likely would assume if asked that we are all employees of the hospital. For many reasons not important to this testimony, the model of hospital employed emergency physicians has shifted and more hospitals are contracting out their emergency departments to private physician groups each year. These groups are analogous to private practices and rely on reimbursement from payers to maintain their services.

Currently in the State of Connecticut the Department of Social Services does not allow for emergency physicians to bill Medicaid directly for their professional fees but rather bundles these fees into hospital facility charges. While this does not mean that the private groups staffing our emergency departments cannot recoup their fees, it relies on a system whereby the group must negotiate with the hospital to collect payment from them. As many of our emergency departments are moving toward a private practice

model we seek equity with our colleagues already in private practice to whom Medicaid reimbursement is allowed. We are the only specialty bound by EMTALA to see Medicaid patients in our practice and yet the only specialty which is not allowed to bill for our services directly.

Many studies have shown that the majority of the cost of health care today is generated by inpatient care. Emergency care accounts for 2% of our healthcare expenses. Yet our emergency departments are providing care to more patients every year, well over 100 million visits annually. The reasons for this are manifold and are based on the fact that our system is being overstressed. Private physicians are seeing more patients in their offices and are more often unable to "fit a patient in during office hours". Our community health centers and clinics are full and cannot take on new patients or unscheduled visits. Patients are referred to the emergency department or simply find the system too confusing to navigate and know the only place they can walk in and see a provider is in the emergency department. To fix our healthcare system will require cultural change, not just in how we deliver and pay for healthcare but in how we as a society expect healthcare. In the meantime, we as emergency physicians welcome the visits to our department and the satisfaction of caring for our fellow citizens. While we are a relatively young specialty, we face many challenges and are eager to make our voices and ideas on healthcare reform heard.

In summary, the Connecticut College of Emergency Physicians supports HB-5440 and the prohibition of allowing emergency physicians to bill Medicaid for professional fees. We merely seek equity with our colleagues in private practice. We accept that there are many challenges ahead on the fronts of liability and battling overcrowding in our departments and look forward to working with the legislature in the future as we all work toward the common goal of creating a safe and sustainable healthcare system here in Connecticut and throughout the nation. Thank you again for allowing this testimony.