



Written Testimony of the Connecticut Orthopaedic Society

Opposing House Bill 5324 An Act Concerning the Definition of Urgent Care Clinics and Requiring The Provision of Charity Care

Public Health Committee – February 23, 2015

Senator Gerratana, Representative Ritter and distinguished Members of the Public Health Committee, on behalf of the more than 250 orthopaedic surgeons of the Connecticut Orthopaedic Society, thank you for the opportunity to submit written testimony in opposition to HB 5324 *An Act Concerning the Definition of Urgent Care Clinics and Requiring The Provision of Charity Care*.

The care for acute orthopedic injuries is often very expensive. In the past, patients often relied on the emergency department at their local hospital for sprains, strains, tendon tears and simple fractures. This choice can be an incredibly expensive one, with simple procedures, consults, and supplies often totaling thousands of dollars. A simple search on emergency room costs in the New York Times over the past five years will yield numerous examples. Furthermore, these costs are now more frequently being borne by patients as high deductible plans and bronze and silver Affordable Care Act (ACA) plans proliferate. Adding insult to the literal "injury" is the wait to be seen and the time it takes to be discharged home from the local emergency department.

So it is no surprise that the market for low cost, convenient, orthopedic care has taken off in Connecticut. Orthopedic surgeons throughout the state have kept their offices open longer on weekdays and on weekends to care for these patients. These offices often are located right in the community where an injured patient lives and not at some far off emergency department. During these "after hours" sessions care is usually provided on a walk-in basis, where patients are usually seen quickly by a physician, physician's assistant, or APRN with specific training and experience in orthopedic care. While often described in marketing materials as "urgent care centers" to convey the walk-in and after hours convenience of these efforts, these are in many cases simply the local orthopedic practice meeting the real medical and financial needs of patients. In short these "facilities" are just an extension of care already provided by local physicians but in manner with less direct and indirect costs for our patients and of course your constituents.

With that as a background, physician's offices have always been free to enter into business arrangements that work best for patients and physicians, including participation with health insurance providers both private and governmental. Most practices accept commercial health insurance, nearly all accept Medicare, and many choose to accept Medicaid. Some even accept "self-pay" patients, those without insurance, although usually with a cash deposit. I would state without hesitation that any of these patients, even those paying cash, would pay substantially less out of pocket than they would in the emergency department for the straight-forward orthopedic conditions described above. The only exception may be those patients with rapidly vanishing "Cadillac" health plans with low or no out-of-

pocket expenses, but even then convenience of accessing care locally with less weight still provides value to these patients.

Imposing the requirement that “urgent care centers” provide “charity care” may very require local orthopedic practices to change their long-standing business practices. Even if these practices are already providing “charity care” any legislation in this area would limit future flexibility of these businesses to meet the ever-changing forces within the healthcare marketplace. For those not providing “charity care” in their “urgent care centers,” and not wishing to meet the demands of additional governmental regulation, they will predictably either end this valuable service call it what it really is, typical high quality orthopedic care provided to patients when they need it, at a reasonable cost and leave out the “urgent care” moniker.

I find it ironic that as elected officials and the public have pushed physicians in the state of Connecticut to participate in the drive to add value to healthcare delivery that these new efforts to meet the needs of patients and to restrain healthcare costs they are not heralded for what do, but in the eyes of some what they don't.

The orthopaedic surgeons in CT would welcome the opportunity to meet with the sponsors of this bill and the Committee to provide details on urgent orthopaedic care centers and how they provide value to Connecticut and its citizens. Based on the lack of a clear definition of “urgent care” and “charity care” in the current bill and the potential impact it could have on current medical providers in the State, the Society requests the support of the Committee in opposing this bill. Thank you.

Submitted by:
Ross A. Benthien, M.D.
Connecticut Orthopaedic Society – President
Orthopaedic Associates of Hartford, Hartford, CT