

**Statement of Ken Rosenquest
President, CT Association of Ambulatory Surgery Centers
to the Public Health Committee
On SB 809, An Act Concerning Facility Fees
March 11, 2015**

As drafted, **SB 809, An Act Concerning Facility Fees** proposes to prevent facility fees for certain procedures, limit facility fees to \$100 for the rest of procedures and require insurers to cover facility fees as a medical expense. I know that facility fees have been a concern in other health care settings and believe this bill is an attempt to resolve some of the issues created when parent organizations bill patients separately and call it a “facility fee.”

Surgery Centers charge patients for the costs associated with their care. This too is called a “facility fee,” but is directly related to the procedure that was performed and covers the Operating room costs, nursing care, medications, blood, anesthesia materials, etc. I do not believe this bill is intended to address these types of charges and am hopeful that as more specificity is provided and definitions added, that the language will clarify this intent and appropriately exclude Ambulatory Surgery Centers from this bill.

In the event ASCs were included in the definition of “facility,” the specific prohibitions and limitations included here would make it impossible to provide care in Connecticut’s ASCs as there would be no mechanism for reimbursement. In fact, every Surgery Center would close.

Thank you for your consideration and I would be happy to provide additional information as needed.