



February 21, 2024

Appropriations Committee
Legislative Office Building, Room 2700
Hartford, CT 06106

Submitted electronically via the public hearing testimony online portal.

RE: Department of Social Services Budget, Increased Medicaid Payment Rates for Emergency Physicians

Dear Co-Chair Osten, Co-Chair Walker, and members of the Appropriations Joint Committee:

On behalf of the Emergency Department Practice Management Association (EDPMA), we write to express our strong desire to see emergency physician (EP) services Medicaid rates increased as the Department of Social Services budget discussion is considered by the Appropriations Committee.

Connecticut EP's Medicaid reimbursement rates are moderately low compared to other states in the nation. The severity of this reality is only exacerbated when compared to some of our neighboring states, as the national average for 99285 is \$138.28. Also add to the fact that Connecticut has not accounted for any inflation as rates have not increased for 99281, 99282, 99283, 99284, or 99285 since 2012.

Procedure Code	Connecticut	Massachusetts
99281	\$11.87	\$17.15
99282	\$22.49	\$32.96
99283	\$36.78	\$49.26
99284	\$66.77	\$90.36
99285	\$99.99	\$131.18

This problem is compounded by the fact that EPs and hospital emergency departments (EDs) are mandated by federal law to stabilize and treat anyone coming to an ED, regardless of their insurance status or ability to pay. Since EPs provide care to all patients who walk through their doors, they are the only universal health care providers in the system. It is a mission we are proud of, but it has complex implications.

Emergency services have continued to provide a safety net for Connecticut residents who are without a primary care provider. ED visits between 1997 and 2007 nearly doubled the projected rate, which was attributed to an increase in visits by Medicaid adult and pediatric populations.¹

Adding to the evolving role of EPs, there has also been a dramatic rise in the proportion of patients referred to the ED by primary care providers, creating significant difficulties in completing a complex work-up in the outpatient setting. This trend has led to a dramatic increase in hospital admissions from the ED. In the interval from 2003 to 2009, the proportion of emergent hospital admissions from the ED

¹ Tang N, Stein J, Hsia RY, Maselli JH, Gonzales R. Trends and characteristics of US emergency department visits, 1997-2007. JAMA. 2010;304:664-670.

increased from 60% to 69%, while the proportion of direct admissions from a primary care clinic decreased from 32% to 23%.²

The significant changes in the role of EPs have created challenges that we work to overcome every day to maintain the safety net for patients. We are the front line for patient care and strongly believe that our increased responsibilities should be reflected in the upcoming budget discussions for the Department of Social Services.

As such, we urge members of the Appropriations Committee to increase the allocation of funds for Medicaid rate reimbursement for emergency physicians in Connecticut.

Respectfully,

A handwritten signature in black ink that reads "Andrea Brault". The signature is written in a cursive, flowing style.

Andrea Brault, MD, MMM, FACEP
Chair
Emergency Department Practice Management Association

² Gonzalez Morganti K, Bauhoff S, Blanchard JC, Abir M, Iyer N, Smith AC, et al. The evolving role of emergency departments in the United States. USA: The RAND Corporation; 2013.