March 12, 2024

Human Services Committee
Legislative Office Building, Room 2000
Hartford, CT 06106

Submitted electronically via the public hearing testimony online portal.

RE: House Bill 5459 – An Act Increasing Rates of Medicaid Reimbursement for Certain Providers

Dear Co-Chair Lesser, Co-Chair Gilchrest, and members of the Human Services Committee:

On behalf of the Emergency Department Practice Management Association (EDPMA), we write to address several concerns we have with HB 5459.

EDPMA's membership includes emergency medicine physician groups of all ownership models and sizes, as well as billing, coding, and other professional support organizations that assist healthcare providers in our nation's emergency departments. Together, EDPMA's members deliver or directly support health care for about half of the 146 million patients that visit U.S. emergency departments each year.

Issue #1: Section 1 ***"(2) "select providers" means providers reimbursed under the Medicaid program for behavioral health services, physician specialty services, including surgery, anesthesia and radiology, autism services and dental services;"***

This section could inadvertently exclude emergency physicians by using the term "select providers." EDPMA strongly urges the committee to amend this section so that "emergency physicians" are specifically mentioned as a physician specialty service. We fear that the current terminology could be used by the Department of Social Services (DSS) to pick and choose which specialties receive rate increases as defined in the bill.

Issue#2: "*(2) adjusting physician specialist service rates to a specified percentage of Medicare rates for the same services;*"

Again, EDPMA would first urge the committee to amend this section to specifically mention "emergency services" as a physician specialist service.

Furthermore, the adjustment method for rate increases as outlined in the bill does not specifically define what the specified percentage would be as it relates to Medicare rates for emergency services. This creates significant concerns for our members as the current language leaves it up to DSS to determine which specialties receive rate increases.

EDPMA would suggest that rate increases for specialty physician services, such as emergency physicians, consider the data that Connecticut ranks 42nd on the Medicaid-to-Medicare Fee index[1] for all services other than Primary Care and Obstetrics/Gynecology services.

The current reality for emergency physician (EP) services Medicaid rate reimbursement is exacerbated when compared to some neighboring states, like Massachusetts. The national average for 99285 is $138.28. Also, 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.[2]

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 increased from 60% to 69%, while the proportion of direct admissions from a primary care clinic decreased from 32% to 23%.[3]

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 House Bill 5459.

As such, EDPMA urges members of the Human Services Committee to specifically include emergency physicians when defining "select providers" and amend "physicians specialty services" to include specified rate increases for EPs.

Respectfully,

Andrea Brault

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Chair
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[1] https://www.kff.org/medicaid/state-indicator/medicaid-to-medicare-feeindex/?currentTimeframe=0&selectedDistributions=otherservices&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D
[2] 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.
[3] 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.