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COMMITTEE ON JUDICIARY
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THE CONNECTICUT COLLEGE OF EMERGENCY PHYSICIANS OPPOSES SB-243,
"AN ACT CONCERNING CERTIFICATES OF MERIT."

Good afternoon Representative Fox, Senator Coleman, and Committee members. Thank you for the opportunity to present my testimony on SB-243. I am a Past-President of the Connecticut College of Emergency Physicians, the organization which represents nearly 500 Board-Certified specialists who have devoted their careers to being on the front line of emergency medical care.

Emergency medicine is a well-defined and unique medical specialty. Many patients and officials do not recognize the specific requirements needed to call one an emergency physician. There is a distinctive residency with a specific curriculum attracting the best and brightest medical students. When compared to other residencies, emergency medicine is always considered one of the most competitive. Emergency physicians have their own certifying board, the American Board of Emergency Medicine, recognized as one of the 24 specialties within the American Board of Medical Specialties in 1979. To add some perspective, the American Board of Family Practice joined in 1969 and the American Board of Thoracic Surgery joined in 1971. Emergency medicine is a specialty with defined standards and practices just like all of the other specialists.

Prior to the advent of emergency medicine as a specialty, emergency departments were staffed by various other physicians from a variety of medical specialties. Now emergency departments are staffed by highly dedicated physicians, specifically trained for the specialty of emergency medicine, who dedicate their lives and practice to caring for the ever-increasing amount of emergency patients.

Emergency Departments in the State of Connecticut provide around the clock medical services to our citizens. We are society's safety net for a fragile and fragmented health care system. We care for all patients regardless of the severity of the complaint or the individual insurance status. Emergency departments function as both the front line in our struggle to provide health care to a diverse society as well as the final safety net when all options are exhausted.

Connecticut's emergency care system is at this critical juncture because there is a severe lack of access to medical services. One reason for this in Connecticut is because we are an unfavorable state to practice medicine due to the malpractice environment. In the American College Emergency Physicians' 2009 State of Emergency Care Report, Connecticut ranked 35th in the nation for our medical malpractice environment. Connecticut always ranks as one of the top states in regards to professional liability premiums averaging twice the national average. Furthermore, Connecticut ranks as having one of the highest payouts per claim among all 50 states.

Many other states have already enacted professional liability reform in order to attract physicians to their states. Attracting physicians should be a key strategy of Connecticut's policy makers. The average age of Connecticut's physicians is in the late 50s. All 31 of Connecticut's emergency department medical directors reported a problem with having adequate on-call coverage for specific medical emergencies. This legislation should be discussing how to improve this situation, not passing legislation that can potentially exacerbate the problem.

Emergency physicians make life and death decisions, often without access to critical medical information and the ability to form an adequate doctor/patient relationship. People assume emergency care will always be available when needed. At this time of healthcare reform, policy makers need to develop measures that support emergency medicine as a critical component of health care.

Passage of SB-243 would only worsen Connecticut's malpractice environment. As physicians are deciding in which state to practice, passing a bill that would increase frivolous lawsuits and make it easier to file a malpractice claim against physicians will only deter new physicians from coming. In Connecticut, 50% of suits are dismissed as frivolous. This bill specifically targets emergency physicians who continue to dispell the misconceptions from the years prior to becoming a medical specialty. Having an anonymous physician whose credentials are unchallengeable provide the good faith certificate as proposed in this legislation would eliminate the rational threshold that currently exists.

Being accused of being a bad doctor is one of the most strenuous hardships a physician may face. Taking care of people in life and death situations is what every emergency physician does every day at work. This is what we are trained to do. We are prepared during our residency and career to handle these situations. Going through a malpractice claim creates enormous emotional stress for all parties involved however half of the time the years spent defending a suit is from a frivolously filed lawsuit. Passage of this bill will only increase the amount of suits which are eventually dismissed without a settlement or a trial.

Connecticut's emergency departments see approximately 1.5 million patients every year; over 4,000 patients per day. The proponents of the bill are arguing that this bill improves access to justice for a few patients who believe they were harmed by the healthcare system. However, passage of this bill will harm access to medical service for all of Connecticut and specifically those seeking emergency care.

While other states have or are in the process of enacting malpractice reform that improves access to care, we in Connecticut are debating a measure to worsen an already flawed system. Many States have begun to see significant premium reductions from recently passed malpractice reform legislation. In conjunction with these benefits, physicians seeking to practice in those states are also increasing. Texas passed comprehensive reform in 2003. In the three years following the reform Texan hospitals increased charity care by \$594 million.

Another reason not to pass this bill is because it will increase cost to healthcare delivery. Defensive medicine costs throughout the country are estimated at \$100 billion dollars per year. Any measure which increases the ability to file a suit against a physician will only increase this figure in Connecticut. The fiscal note placed on this bill last year stated the UCONN Health Center spent \$1.8 million over the past four years defending frivolous malpractice claims. This figure would increase for all of Connecticut's healthcare institutions and physicians.

The Connecticut College of Emergency Physicians strongly opposes SB -243. This bill would only worsen the already poorly ranked malpractice environment in Connecticut. This bill would decrease access to medical services while increasing cost at a time when society needs to decrease costs. CCEP encourages this committee to consider how harmful this legislation is to the medical profession and specifically emergency physicians.