

TESTIMONY

Good morning members of the Public Health Committee. My name is Kevin Kinsella, Vice President of Hartford Hospital and am here today to speak in favor of SB 1148, “An Act Regarding Outpatient Surgical Facilities.”

Since its inception, ambulatory surgery has taken place in general hospital settings. In the year ending 9/02, CT hospitals did 187,899 outpatient surgeries up from 143,997 in 1995, an increase of 23%. Hartford Hospital performed 15,708 of these procedures. Hospitals must go through a Certificate of Need process to begin an ambulatory surgery program, be licensed by the Department of Public Health and have accreditation from the Joint Commission of Health Care Organizations.

In the late 1970’s and early 1980’s free standing ambulatory surgery centers came into being and were subject to CON regulations and licensure by the Department of Public Health. Minor surgery without sedation has always taken place in physician offices. In the last several years a new practice of ambulatory surgery with sedation has developed by large single specialty group practices. (OB/Gyn, Orthopedics, Gastroenterology). These specialty physician groups perform large numbers of ambulatory procedures, are not subject to CON or State licensure and are not required to obtain a Medicaid provider number in order to serve Medicaid patients.

The drive to create such ambulatory surgery centers has several motivating factors, one of which is increased reimbursement. When a surgeon performs an ambulatory procedure in the hospital he receives a fee for his professional service and the hospital receives a facility fee. The facility fee is used to offset the cost of operating the facility, part of which is delivering Charity/Medicaid care (10% of cases at Hartford Hospital). In a single specialty ambulatory surgery center which is owned and operated by physicians the professional fee as well as the facility fee would go to the physicians. It is our belief that patients would be drawn from the hospitals to such centers leaving the sickest and poorest patients in the hospital centers. In an attempt to level the playing field and insure quality of care we support SB 1148 which would require that the single specialty Ambulatory Surgery Centers be subject to the same regulations as hospitals and free standing surgery centers – that need be determined via CON and quality assured via licensure.