

Chairman Seitz, Senators of the Committee,

Thank you for taking the time to hear testimony today in support of Senate Bill 86. My name is Gary Katz and I am President-Elect of the Ohio Chapter of the American College of Emergency Physicians, representing over 1,100 ER doctors, who treat the 5.9 Million ER patients each and every year in Ohio. I have been practicing Emergency Medicine for over 10 years and have been training future ER doctors for the last 8, so I am well aware of the troubles that face our patients each and every day.

From the lack of emergency medicine trained physicians to the lack of on-call doctors to assist in the care of the emergency patient, the state of emergency medicine is in crisis. In 2006 the Institute of Medicine noted that the nation's healthcare safety net, Emergency Medicine, is straining to the breaking point. Further, just this year the American College of Emergency Physicians gave our state less than stellar grades, particularly in the area of on-call availability, which was cited as particularly impactful in hindering access to emergency care. It is this lack of access to quality and timely emergency care that Senate Bill 86, Access to Emergency and Disaster Care, is designed to correct.

Our solution is data driven. It has already been proven effective in states that have implemented these standards

While emergency physicians are experts in providing stabilizing care, they do require specialty support from time-to-time. Other specialists providing essential on-call services to emergency patients are often in critically short supply, due largely to increased liability exposure, higher liability premiums and reduced reimbursements for providing emergency care. We have a serious lack of on-call specialists in Ohio's ERs, including specialists such as orthopedics, neurosurgery, ophthalmology, and others. State liability laws should act to encourage these specialists to provide vital on-call services to emergency patients, not inhibit them.

To underscore the severity of this problem, I would like to tell you about a case I saw recently and the Golden Hour. The Golden Hour, as you may know is the concept that the first hour of treatment is critical for the care of emergency conditions. The ideal is clear: The earlier one gets treatment, the greater the chance for a favorable outcome.

A patient, who I refer to as Jane Doe, seemed to be a previously healthy 64 year old lady, residing in an moderate size city right here in Ohio; served by a sizable hospital, she had no reason to believe that it couldn't meet her emergency medical needs.

On the day I saw her, she had the sudden onset of stroke symptoms and immediately called 9-1-1; with respect to seeking emergency medical care, she did everything right. However, because her local hospital had neither a neurologist nor a neurosurgeon on call, EMS transported the patient over an hour away, bypassing the local ER. By the time she arrived, the bleeding in her brain progressed to the point where she could not be saved. We maintained her on artificial life support until the family, a son and two daughters, could come and say their goodbyes. Though similar to the recent tragedy of Actress

Natasha Richardson, this case was one of Ohio's own, who did what she should to get medical help, but the problem of inadequate on-call specialists prevented her from getting the care she needed to save her life.

Unfortunately this experience of Jane Doe is not an outlier. Rather, our Emergency Department receives many cases each day; patients who had to endure the pain, cost, and delay of a transfer caused by the lack of adequate on-call availability at their local hospital. The crisis in on-call specialists for emergency care is creating a danger for Ohio's citizens who need emergency care. The problem arises from the high cost of being on call. When electing to take ER call, a specialist is exposed to excess risk of litigation, decreased probability of getting paid, and a disruption to a regularly scheduled practice.

This is not to say that each hospital must provide all services, rather such a decision should be made because it is the strategy of the hospital to meet the needs of the community it serves, and not because these barriers prevent a willing hospital from finding a willing physician.

Finally, it has been reported that through the employment of office and ancillary staff, the average physician's office contributes over \$600,000 to the local economy. By reducing unreasonable barriers we can bring more quality physicians to Ohio and most importantly, provide excellent access to quality emergency care.

As I stated before, this measure is data driven, based upon what has proven safe and effective in other states. This bill closely parallels language of successful legislation in Texas and Georgia. Landmark similar reforms in Texas in 2003 created, by 2008, a record influx of physicians to the Texas Medical Board and are credited for increased access to all levels of care and specialty care services. In February 2009, the Texas College of Emergency Physicians and the Texas Medical Board reported that 76 Texas counties reported gains in emergency physicians—39 of those counties previously underserved in terms of emergency medicine. Imagine the economic benefit to Ohio, our communities and the healthcare access benefit if our legislation can achieve even ½ the influx of practicing physicians seen elsewhere.

I teach my residents, every day, do what's right for the patient.

Reducing the barriers for physicians to take call is proven to increase the number of trained specialists available in our society. Improving access to quality care is what is right.

I thank you for your time and welcome any questions.