


Dear Distinguished Members of the Senate Health Care Committee,

We, the Emergency Physicians of Colorado, would like to express our concerns regarding the legislation currently being reviewed by the committee (SB 134 and HB1174). The legislation that comes from these bills has the potential to stabilize or dramatically harm your constituents' ability to receive emergency care when and where they need it. Currently approximately 97% of emergency patients are seen by in network emergency physicians and their in-network PAs and advanced practice nurses along the Colorado front range. We are fully supportive of reigning in the extremely small number of outliers who are responsible for these surprise bills however in order to not harm the vast majority of emergency physicians who work 24/7/365 to care for the patients of Colorado at their greatest hour of need, we are asking for your assistance.

We are asking for fair and reasonable legislation that will protect a patient's access to care and assure that Colorado continues to provide the most outstanding emergency care in the country. We are certain that our current status of care can be maintained if the following amendments are included in current legislation:

1. **A fair 3rd benchmark of 300-350% of Medicare.** This is not a "win" for physicians and in fact many in network providers will suffer because of this benchmark but it will provide protection for many current contracts and prevent insurers from discharging previous fair contracts as has happened in other states.
2. **Ability to bundle arbitration claims.** If each claim has to be arbitrated individually it is cost prohibitive for individual physicians or groups to pursue arbitration thus giving physicians zero ability to be reimbursed fairly. It should be noted that arbitration proceedings in New York use a bundled process and historically have resulted in 50/50 split in decisions for physicians and insurers.
3. **Assurances of decreased premiums and out of pocket costs for patients.** Currently neither of these bills has any requirements on insurers to pass cost savings on to their customers (our patients). If these bills are going to actually decrease costs for the everyday person, we should require that the cost savings is passed on to the people, not the insurance companies.
4. **Assurances of network adequacy for hospital based physicians.** A patient who goes to an in-network hospital should have the ability to see an in-network physician and vice versa. As noted previously 97% of emergency visits are provided by physicians who are in-network currently, we ask that it be required for insurers who refer a patient to a specific hospital or provider assure that the facility and hospital based physicians are in-network.

In conclusion, the emergency physicians of Colorado are currently the only group of physicians in Colorado who see and treat every single patient that walks through their doors without question of their ability to pay. We provide more charity care than any other group of physicians as 10% of our patients are typically uninsured and even more are underinsured. Emergency physicians in Colorado are already receive the lowest average compensation in the entire country (50th out of 50). Should this legislation pass without the amendments discussed above, this would be the biggest threat to the healthcare safety net that the state has ever seen. As one of the more expensive states to live in, it will become financially unfeasible for physicians to stay in Colorado and access (especially in rural Colorado) will decrease tremendously. Wait times in emergency rooms will increase, physicians will burn out, patients will suffer, please consider this when making your decisions about this legislation.


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