

# ►CENTER ONE

*Surgery Center*

Dear Speaker Renner,

First, thank you for giving Ambulatory Surgical Centers (ASCs) additional time to comply with the provisions of the House Health Care Expenses bill in HHS 2. This provision will give us the necessary time to retool systems and hire personnel necessary to comply with the provisions of the bill.

You have several other great things in this bill such as the shared savings program and improved provisions on consumer debt. All of this will help to reduce the financial burden on patients and their families. CenterOne Surgery Center participates as a provider in the state employee health plan “shared savings” program. CenterOne and other ASCs are an essential element to the success of that program. Thank you for your leadership on that initiative. It works well and should be expanded. I do feel the need to point out again a couple of issues of concern that I believe will not help reduce costs and in fact could add to costs.

As I mentioned previously, striking out the “Upon request” language from current law will increase from thousands to millions the number of detailed estimates an ASC must provide to patients. ASCs provide every patient an estimate about care and any financial responsibility that patient has for that care. We believe the change will require more of an insurance final bill type estimate that takes time to produce. This information is currently also being provided in whole or part by doctors and insurance carriers. I believe it will add to the confusion as well as the cost of care. Estimates are estimates and every patient is notified at the onset that things could change during surgery. It is common for orthopedic surgeons to discover something that didn’t show on pretests and scans. Moreover, additional damage can occur between scans and surgery that require additional procedures and implants. As we have discussed previously, implants can be a large cost of care and can exceed the cost of the procedural work. The practical impact of removing this language from the statute is that an estimate will need to anticipate all possibilities. Additionally, this means that the estimate and patient copay could be larger than is necessary and the information becomes misleading and potentially confusing to the patient. ASCs only have the information released to them from the insurance carrier about a patient’s responsibility. This change and the later provision that strikes the ability to bill above the estimate will require that future estimates be inflated to cover every possibility. The patient copay required at the time of the surgery could also go up as a result. ASCs always return unnecessary copay payments to patients once the final bill is completed. The volume of this work will also go up as a result. Not only is this a burden on ASCs but also a financial burden on patients. Please consider leaving “upon request” in the statute. ASCs estimate it will cost in excess of \$25 million annually to hire additional staff to comply with the increased volume.

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All facilities, but particularly small businesses like ASCs, are facing substantial increases in personnel costs because of inflation. Finding and keeping staff is difficult and costly. It will be difficult to find, train and keep administrative staff to comply with this provision. The delay for ASCs gives us a fighting chance and we appreciate that you included this change in your bill.

Thank you for your leadership and for listening.



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