

**TESTIMONY OF STEVEN TREDAL, M.D., FACEP  
MINNESOTA CHAPTER, AMERICAN COLLEGE OF EMERGENCY PHYSICIANS**

**JANUARY 15, 2004**

**HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES**

MR. CHAIRMAN, THANK YOU FOR THE OPPORTUNITY TODAY TO TESTIFY BEFORE YOU AND YOUR COLLEAGUES ON THE COMMITTEE IN REGARD TO THE MEDICAL MALPRACTICE CRISIS. I AM HERE TODAY REPRESENTING THE MINNESOTA CHAPTER OF THE AMERICAN COLLEGE OF EMERGENCY PHYSICIANS (ACEP), THE NATIONAL PROFESSIONAL ORGANIZATION FOR EMERGENCY PHYSICIANS. THE MINNESOTA CHAPTER REPRESENTS MORE THAN 400 EMERGENCY PHYSICIANS WORKING ON THE FRONT LINES OF HEALTH CARE -- THE SO-CALLED "SAFETY-NET".

I AM ALSO HERE AS A PRACTICING PHYSICIAN AT UNITED HOSPITAL IN SAINT PAUL, WHERE I AND MY FELLOW EMERGENCY PHYSICIANS SEE ALMOST 40,000 PATIENTS PER YEAR. AND MR. CHAIRMAN, I AM HERE TO TELL YOU THAT NEITHER UNITED HOSPITAL, NOR ANY OTHER MINNESOTA HOSPITAL, IS ABOUT TO CLOSE IT'S EMERGENCY DEPARTMENT!

DESPITE WHAT YOU MAY READ IN THE POPULAR PRESS, THE MALPRACTICE CRISIS THAT HAS CAUSED EMERGENCY DEPARTMENT AND HOSPITAL CLOSINGS IN OTHER STATES IS NOT IMMINENT IN MINNESOTA. AT LEAST, NOT YET!

ARE THERE WARNING SIGNS ON THE HORIZEN? OF COURSE. MINNESOTA IS NOT IMMUNE TO FORCES AT WORK IN THE MEDICAL INDUSTRY OR THE INSURANCE

INDUSTRY. THERE ARE ALSO INDICATIONS THAT JURY AWARDS FOR MEDICAL MALPRACTICE IN MINNESOTA ARE APPROACHING THE RECORDS SET IN OTHER JURISDICTIONS. WE APPLAUD THE FORESIGHT OF THOSE LEGISLATORS PRESCIENT ENOUGH TO BEGIN THIS DISCUSSION BEFORE MINNESOTA EXPERIENCES A TRUE CRISIS.

THE MAIN POINT I WANT TO EMPHASIZE TODAY IS THAT MINNESOTA EMERGENCY PHYSICIANS WANT TO PRACTICE MEDICINE HERE, THAT WE BELIEVE IN THE QUALITY OF CARE WE PROVIDE, AND RECOGNIZE OUR ESSENTIAL CONTRIBUTION TO THE CARE OF ALL MINNESOTANS.

MNACEP ALSO IS NOT HERE TO CHAMPION A SINGLE APPROACH TO THE ISSUE, OR TO ATTRIBUTE BLAME FOR THE PROBLEM TO A CERTAIN NEFARIOUS ENEMY; IF THE LEGISLATURE RECOGNIZES THAT THERE IS AN IMPENDING CRISIS, THAT THE BEST SOLUTION TO FORESTALL SUCH A CRISIS IS FINELY-CRAFTED, STATE-GENERATED, INDIVIDUALIZED LEGISLATION, THEN MINNESOTA MAY BE ABLE TO ACHIEVE A SOLUTION TO OUR STATE'S UNIQUE SET OF CIRCUMSTANCES.

WHAT I CAN TELL YOU, FROM PERSONAL EXPERIENCE, MR. CHAIRMAN, IS THAT ALREADY THERE IS A SEVERE LIMITATION IN THE AVAILABILITY OF MALPRACTICE INSURANCE FOR EMERGENCY PHYSICIANS. JUST LAST YEAR, AT THE BEHEST OF THE HOSPITAL, BUT WITH OUR SUPPORT, MY GROUP ATTEMPTED TO SET UP OUR OWN PROFESSIONAL CORPORATION, BUT WERE UNABLE TO -- SOLELY BECAUSE WE COULD NOT OBTAIN AFFORDABLE INSURANCE COVERAGE. ONLY LLOYD'S OF LONDON WAS EVEN WILLING TO GIVE US A QUOTE!

I AM ALSO AWARE OF A LOCAL EMERGENCY MEDICINE GROUP THAT WAS FORCED TO RELY ON A STATE-SPONSORED RISK POOL OPTION AS A LAST RESORT

THIS PAST YEAR TO CONTINUE IT'S PRACTICE. THESE OCCURRENCES, ALTHOUGH THEY APPEAR ON THE SURFACE TO BE MERELY ALTERED BUSINESS RELATIONSHIPS BETWEEN DOCTORS AND HOSPITALS, IN FACT PORTEND INCREASINGLY ONEROUS COST BURDENS THAT EVEN RELATIVELY WELL-HEELED HMO'S ARE NO LONGER WILLING TO BEAR. THAT, I WOULD ARGUE, IS A NOTABLE CHANGE IN THE DYNAMICS OF EMERGENCY CARE DELIVERY IN MINNESOTA; AS HOSPITALS INCREASINGLY UNBUNDLE THEIR UNPROFITABLE OR UNREIMBURSED CARE COMPONENTS, AN EVER SHRINKING NUMBER OF INSURANCE COMPANIES WILL BE PRESENTED WITH RISKY NEW, STAND-ALONE ENTITIES THAT THEY MAY NOT CARE TO INSURE.

I CAN ALSO TELL YOU THAT MORE AND MORE PEOPLE SEEK MEDICAL CARE IN THE EMERGENCY DEPARTMENT BECAUSE, DESPITE THE RISK OF LONG TEDIOUS WAITS, THEY VALUE THE CARE, THE IMMEDIACY, AND THE ACCESS TO ADVANCED TESTING THAT EVERYONE INCREASINGLY REALIZES IS AVAILABLE IN THE ED. IN SHORT, PEOPLE KNOW THAT THEY CAN GO TO THE EMERGENCY DEPARTMENT AND GET—"THE TEST"—WHETHER IT BE CAT SCAN, ULTRASOUND, OR EVEN MRI. THE SHEAR NUMBER OF PATIENTS TO BE CARED FOR, THE LACK OF ANY CONTINUING RELATIONSHIP WITH THESE PATIENTS, AND THE FEAR OF MISSING SOMETHING, FRANKLY LEADS TO THE DEVELOPMENT IN MOST EMERGENCY PRACTITIONERS OF A VERY DEFENSIVE PRACTICE OF MEDICINE.

I DON'T KNOW ULTIMATELY IF THIS IS RIGHT OR WRONG, BUT THE IMPLICATIONS OF COST TO THE SYSTEM, AND INCREASINGLY TO THE INDIVIDUAL PHYSICIAN, GROUP, HOSPITAL, AND YES, INSURANCE COMPANY, IS UNAVOIDABLE.

IN SUMMARY, MR. CHAIRMAN, THE MINNESOTA CHAPTER OF THE AMERICAN COLLEGE OF EMERGENCY PHYSICIANS APPRECIATES THE OPENING OF A DIALOGUE ON THIS ISSUE. WE HOPE TO WORK WITH THIS COMMITTEE, THE MINNESOTA MEDICAL ASSOCIATION, HOSPITAL GROUPS, INSURERS, ATTORNEYS, AND OTHER INTERESTED PARTIES IN AN EFFORT TO FORESTALL A TRUE CRISIS THAT WOULD IMPACT THE ABILITY OF EMERGENCY CARE PROVIDERS TO DELIVER THE QUALITY CARE TO WHICH ALL MINNESOTANS ARE ENTITLED.

THANK YOU. I WILL GLADLY ENTERTAIN QUESTIONS.