



Pennsylvania Orthopaedic Society

**Testimony of Greg Gallant, MD, MBA
before the Pennsylvania Senate Banking and Insurance Committee
Tuesday, December 6, 2011**

I am Greg Gallant, president of the Pennsylvania Orthopaedic Society (POS). I am respectfully submitting written testimony on behalf of our organization which represents over 900 orthopaedic surgeons throughout the Commonwealth. My practice is in Bucks and Montgomery Counties.

The POS sincerely thanks Senator White for introducing SB 1339 PN 1770, legislation that will amend the Pennsylvania Motor Vehicle Financial Responsibility Act by increasing the minimum medical benefit from \$15,000 to \$30,000 (for an individual injured party) and from \$30,000 to \$60,000 (for two or more injured parties). The bill also increases the property damage minimum from \$5,000 to \$10,000. We also thank you, Chairman White, for the opportunity to present testimony today.

The POS supports SB 1339 and asks that this Committee report the bill to the full Senate for consideration. To be frank with you, our Society's members will see little or no direct benefit from this legislation. More important to us, however, our patients who are injured in automobile accidents will receive significant benefit from SB 1339.

Please let me be clear, I am not an expert in the auto insurance law, litigation that arises out of auto accidents, or the actuarial studies that attempt to quantify the potential cost implications of increasing the minimum medical benefits as described in SB 1339. What I do know is that an auto accident patient who presents in either an emergency room or in our offices is generally in store for extensive and expensive treatment and care over an extended period of time.

The facts are plain; the human body is not designed to absorb the forces inflicted upon it even in a relatively minor traffic incident. The trauma that can be sustained to the spine and neck in what we all would agree is a "fender bender" can seem to be out of proportion to the severity of the accident, but those spine and neck ligaments simply are unable to hyperextend or stretch without serious damage or injury. We cannot escape our anatomy; time, tests and therapy are generally required to heal patients involved even in low speed accidents. This necessary care can result in thousands of dollars in medical bills.

More obvious to the layman are the results of a high speed auto accident requiring emergency room treatment, hospital care, extensive physical therapy and rehabilitation. Everyone understands that severe trauma can cause extensive orthopaedic injuries, including fractures of the extremities, neck and spine injuries, and severe pelvic fractures. This trauma can also cause other life threatening bodily injuries, including serious chest, abdomen and head injuries. Simply from a medical perspective, doctors first treat the most life threatening injuries, and after the patient is stabilized, we begin to address other injuries that not life threatening. In fact, in some cases, days or weeks may pass before some orthopaedic injuries are treated. For example, generally we will not immediately concern ourselves with a patient's minor injuries if they also have an open fracture of the femur. This is commonsense and good medicine.

In addition, multiple surgeries over an extended period of time may be required for just one major orthopaedic injury. This is because to fully repair certain types of injuries, an initial procedure must occur and then an additional procedure must be performed.

An example of this type of injury is an open femur fracture. This injury is one in which the thigh bone is forced through muscle and skin and out of the side of the leg creating a large open wound. Injury to blood vessels and nerves will also likely occur with an open femur fracture. The emergent surgical treatment usually involves an initial surgical debridement and stabilization, most commonly with a metal rod inserted through the hip or knee of the patient. Typically, at least one subsequent surgical procedure is necessary 48 to 72 hours later to debride non-viable tissue. A skin graft or other soft tissue graft may be necessary at a later date to cover a wound that cannot be otherwise closed. Finally, another procedure to bone graft the fractured area or modify the metal implant may be necessary if the bone fails to heal. Please understand that an open femur fracture is a common high speed auto accident injury.

Just from an orthopaedic view, the care for a high speed auto accident patient may be in the tens of thousands of dollars. Surgeon compensation is generally the lowest cost center. Hospital charges usually consume the lion's share of any reimbursement that may come from auto insurance or other payment streams. And please remember, this ballpark analysis does not even consider the cost of care needed for internal organ damage or other bodily systems. Depending upon the severity of the accident and injuries sustained, it is not uncommon for a patient's medical bills to reach \$100,000.

SB 1339 is a well reasoned and rational approach to assist an auto accident patient deal with the enormous cost of care from even a relatively minor collision. For an individual injured driver, increasing the medical benefit from \$15,000 to \$30,000 provides a benefit that is closer to the actual current costs of treatment and care. And by spreading the risk over the entire auto insured population, healthcare insurers and the state government may also see a cost reduction if secondary payors are not required to extend benefits to auto accident patients, but frankly, you members of this Committee are in a better position to judge that than me.

In conclusion, I want to again thank Chairman White for the opportunity to submit written testimony on this legislation. The Pennsylvania Orthopaedic Society supports SB 1339 and respectfully requests that the Banking and Insurance Committee report the bill to the full Senate for consideration.