

May 23, 2017

The Honorable Orrin Hatch
Chairman
Senate Finance Committee
SD-219
Washington, DC 20510

Dear Chairman Hatch:

The American College of Emergency Physicians (ACEP) and our 36,000 members look forward to working collaboratively with you and the members of the Senate Finance Committee as you prepare to revise the “Patient Protection and Affordable Care Act of 2010” (ACA) through the budget reconciliation process. Attached are the core principles we deem indispensable to any ACA replacement plan.

Although the nation’s emergency departments continue to focus on our traditional mission of providing urgent and lifesaving care, our role has evolved over the last several decades to also encompass safety-net care for under- and un-insured patients, public health surveillance, disaster preparedness and serving as an adjunct to community physician practices.

We are very concerned by the Congressional Budget Office (CBO) report on the “American Health Care Act” (AHCA) that estimated 24 million Americans would lose their health insurance by 2026 and that much of the \$340 billion in total savings is derived from \$880 billion in Medicaid cuts. Moreover, the exceedingly low threshold for states to secure waivers that would threaten covered benefits, such as emergency services, and those with pre-existing conditions is troublesome and potentially dangerous, especially for emergency physicians and the patients we serve.

Furthermore, ACEP is firmly committed to protecting the federal Prudent Layperson Standard, which prevents patients from obtaining pre-authorization before seeking emergency medical care. This law also ensures patients’ insurance claims are not denied based on the final diagnosis, rather than the presenting symptoms and the corresponding medical evaluation and resources utilized.

As you know, emergency physicians are bound by the “Emergency Medical Treatment and Labor Act” (EMTALA), which was signed into law in 1986 by President Ronald Reagan to ensure every American, at a minimum, can access emergency medical care regardless of their insurance status or ability to pay. Emergency physicians and other on-call specialists bear the brunt of this unfunded mandate and reimbursement reductions from public and private payers have substantially curtailed hospital capacity. America no longer has the surge capacity to deal with sudden increases in patients needing care, such as from natural disasters, terrorist attacks or infectious outbreaks.

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My emergency physician colleagues and I look forward to working with you to cultivate a health care system that expands access for patients, protects consumers, encourages innovation and ensures the continued availability of health care providers.

If you have any questions, please feel free to contact the head of our Washington, D.C. office, Gordon Wheeler (gwheeler@acep.org), or any member of our congressional affairs team.

Sincerely,

A handwritten signature in black ink that reads "Rebecca B. Parker, MD". The signature is written in a cursive, flowing style.

Rebecca B. Parker, MD, FACEP
ACEP President

Emergency Medicine Health Care Reform Principles

According to the CDC and Census data, the 2016 uninsured rate in the United States reached a record low of 8.6 percent. That rate equates to more than 21 million fewer individuals without health insurance than existed in 2010. As emergency physicians, we know better than most that coverage does not equal access, but this improvement should not be dismissed and it is imperative that any discussions to repeal and replace Obamacare include policies that will provide coverage *and* access to quality health care. No one in this country should ever be without necessary care because of an inability to afford it and no one should be forced into bankruptcy or financial ruin because of necessary medical care.

ACEP wants to be a constructive participant in the decisions regarding the future of health care in this country as we work together to maximize access, improve quality and reduce costs. ACEP believes all Americans must have health care coverage and we urge lawmakers to consider the following principles as they develop health care reform policies:

- Maintain emergency services as a covered benefit for any insurance plan.
- Ensure the federal Prudent Layperson Standard extends to Medicaid fee-for-service and that compliance measures are in place for all other health plans.
- Require health insurance transparency of data used to determine in- and out-of-network reimbursement rates for their patients' medical care. Ensure appropriate reimbursement rates for emergency services.
- Eliminate need for prior authorization for emergency services and guarantee parity in coverage and patient co-payments for in- and out-of-network emergency care services.
- Retain protections for pre-existing conditions, no lifetime limits and allowing children to remain on their parents' insurance plan until age 26.
- Enact meaningful medical liability reforms, including protections for physicians who provide federally-mandated EMTALA-related services, care for patients in a federally declared disaster area and who follow clinical guidelines established by national medical specialty societies.
- Ensure any continuation or expansion of Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs), Association Health Plans (AHPs) and Individual Health Pools (IHPs) provide meaningful health insurance benefits and coverage for individuals and families, including access to emergency care services.
- Repeal the Independent Payment Advisory Board (IPAB) and the excise tax on high-cost employer health benefit plans. Delay repeal of the Center for Medicare and Medicaid Innovation (CMMI) until at least 2020 or amend to eliminate mandatory provider participation in Medicare models. This will allow an adequate transition period for the Transforming Clinical Practice Initiative (TCPI) grants aimed at lowering costs, improving health outcomes and delivering more effective care.
- Acknowledge the role of freestanding emergency centers and other health care delivery models as crucial to encouraging coverage innovation.
- Protect the most vulnerable populations in this country by making sure Medicare, Medicaid and CHIP remain available and solvent for current and future generations.