"Access to Emergency Medical Services Act of 2009"

In June 2006, the Institute of Medicine (IOM) released three landmark reports on the "Future of Emergency Care in the United States Health System" detailing the challenges and concerns this nation faces in maintaining access to emergency medical services. As articulated in the IOM reports, the nation's emergency medical system as a whole is overburdened, underfunded and highly fragmented. As a result, ambulances are turned away from emergency departments once every minute on average, and patients in many areas may wait hours or even days for hospital beds. Moreover, the system is ill-prepared to handle surges from disasters, such as hurricanes, bombings or disease outbreaks.

Demand Increasing/Capacity Decreasing: According to the Centers for Disease Control and Prevention (CDC), from 1996 through 2006 the number of emergency department visits increased from 90.3 million to 119.2 million visits annually (32% increase). As the number of visits to the emergency department has increased over this 10-year period, the country experienced a net loss of 186 emergency departments (5% decrease), thus increasing the annual number of visits per emergency department. Furthermore, only 12 percent of these patients were classified as non-urgent.

Emergency Department Crowding/Boarding: The aggregate result of the imbalance between public demand and hospital capacity is an epidemic of overcrowded emergency departments with frequent "boarding," or leaving, of admitted patients for extended stays in the emergency department until a hospital inpatient bed becomes available. Emergency department boarding is further worsened by competition between emergency department admissions and scheduled admissions, such as elective-surgery patients. When acutely ill patients are boarded in an emergency department because no inpatient beds are available elsewhere in the hospital, it leads to ambulance diversion and severely limits a hospital's ability to meet periodic surges in demand, such as those from natural or man-made disasters.

Unfunded Mandate/Uncompensated Care: Emergency care obligated by the Emergency Medical Treatment and Labor Act (EMTALA), which requires hospitals to treat everyone who comes through their doors regardless of their ability to pay, is an unfunded mandate because the law does not require health insurance companies, governments or individuals to pay for the services. Emergency and on-call physicians bear the brunt of this policy, often receiving little or no payment for the treatments they provide. Emergency physicians also increasingly treat older Americans, with more chronic conditions, who require more time to diagnose and treat, yet Medicare payments remain capped at below-market levels.

The "Access to Emergency Medical Services Act" addresses these critical issues with three main components:

(1) Bipartisan Commission on Access to Emergency Medical Services: Following the recommendation of the IOM, the bill creates a commission that will examine factors, such as emergency department crowding, the availability of on-call specialists and medical liability issues, which affect delivery of emergency medical services.

(2) Emergency/Trauma Physician Payments: Authorizes an additional payment through Medicare to all physicians who provide EMTALA-related care, including on-call specialists whose services are needed to stabilize the patient. The additional funding would help ensure emergency and other physician specialists are able to continue providing care to the growing Medicare population. These payments would neither increase Medicare beneficiaries' co-payments nor negatively impact any other physicians' Medicare payments.

(3) Emergency Department Boarding/Diversion: CMS would develop hospital boarding and diversion standards, working through consensus-based organizations such as the National Quality Forum (NQF) and Hospital Quality Alliance (HQA).

Please contact ACEP's Congressional Affairs Director Brad Gruehn at bgruehn@acep.org or (202) 262-2090 for more information.