

**Introduce: Michael Baker, President of Michigan College of Emergency Physician
Director, Saline Emergency Center
Practicing emergency physician in Ann Arbor and Saline**

Thank you for taking some of your time to focus on HB4354: The Access to Quality Emergency Care Act.

Define EMTALA

**As emergency physicians we are proud to care for patients Anyone, Anything, Anytime.
In the 1980's Emergency Physicians pushed for federal legislation to protect patient access to emergency services.**

- **Back then, patients who could not pay were diverted to other hospitals**
- **Emergency medicine leaders helped craft the EMTALA law**
- **EMTALA requires emergency and on-call physicians to provide stabilizing treatment to patients with a medical emergency or in active labor regardless of their ability to pay.**
- **The ED acts as a safety net for those who otherwise would not receive care.**
- **Physicians caring for emergency patients, including on-call specialists have no control of what patients they care for.**
- **As a result of EMTALA, we do not deny care even if the patient has advanced disease due to lack of medical care, enacted previous litigation, not followed advice, or is likely not to have a good outcome even with the best medical care available.**

In 2013 we are again asking for legislation to protect patient access to healthcare through HB 4354

Much of Michigan's current medical liability climate is based on legislation that was developed before Federal EMTALA law existed

Today, many emergency centers are having difficulty attracting specialists to be on call to cover medical emergencies such as heart attacks, broken bones, and eye problems

The American Hospital Association published a liability insurance survey asking how medical liability affect patient care at hospitals.

- **53% of surveyed hospitals reports difficulty recruiting physicians**
- **45% reported reduced coverage in emergency departments**
- **35% reported a negative impact on the hospital's ability to provide services**

Introduce Dr. Larisa Trail to further explain the difficulty in securing on-call specialists to provide access to high quality care for our patients

White Paper

The white paper in front of you contains detailed information on the positive effects on patient care in states which introduces similar legislation.

Our solution is data driven. It has already proven effective in states that have implement these standards.

A total of seven states have already enacted similar Gross Negligence reforms:

- Texas
- Georgia
- Florida
- West Virginia
- South Carolina
- Utah
- Arizona

The language in this bill HB4354 is taken directly from the law enacted in Georgia and Texas Since similar legislation was passed in Texas,

- 40 counties have added emergency physicians, 32 of which are rural
- 39 counties now have access to specialists when they did not have access before
- There has been a record number of new physician applying for state licensing

Michigan already recognizes the special circumstances of emergencies and access to care with similar gross negligence laws already apply to

- EMS
- Police
- The Veteran Administration Hospitals
- Free clinics

As you hear testimony, please remember that the scope of this bill is very narrow and allows the jury to consider extraordinary circumstances such as

- If the case involved a true medical emergency or not
- If there was access to the patient's medical history or not
- If there was a preexisting relationship or not
- This bill preserves accountability with no blanket immunity

Cases where there was a pre-existing relationship with a provider or care was not provided as part of an emergency visit **WOULD NOT FALL UNDER THIS LAW**

We care for anyone, anything, anytime. We are asking to preserve patient access to the quality medical care by passing this legislation.

Thank you again for this opportunity.