Most Americans take for granted that lifesaving emergency care will be available when and where they need it.

The fact is emergency departments have been steadily closing over the past decade due to financial constraints, liability concerns and workforce shortages. At the same time, emergency visits are increasing — up to 136 million in 2011 (CDC 2014).

Emergency departments continue to focus on the traditional mission of providing acute and lifesaving care, but their role has evolved over the last several decades to encompass safety-net care for uninsured patients, public health surveillance, disaster preparedness and providing care to patients who are unable to get timely appointments with other physicians.

The “Emergency Medical Treatment and Labor Act” (EMTALA), enacted by Congress in 1986, requires emergency departments to care for patients regardless of their insurance status or ability to pay. Emergency physicians and other on-call specialists bear the brunt of this unfunded mandate, as well as reductions in reimbursement from Medicare, Medicaid and other payers. These financial strains, as well as payment denials from insurance plans, all reduce hospital capacity. America no longer has the surge capacity to deal with sudden increases in patients needing care, such as during natural disasters, terrorist attacks or infectious disease outbreaks.

Despite the critical role of emergency medicine, 90 percent of states earned mediocre or near-failing grades in the 2014 National Report Card on the State of Emergency Medicine, which measured state policy support for emergency patients, not the quality of care provided (ACEP 2014). http://www.emreportcard.org/

EMERGENCY MEDICINE 2015 LEGISLATIVE PRIORITIES

✓ Improve access to mental health resources for psychiatric and drug-dependent patients;
✓ Expand availability of residency trained, board certified Emergency Physicians (especially in underserved areas such as rural and inner-city sites);
✓ Enact meaningful liability protections for medical care provided in connection with federally-mandated services (Emergency Medical Treatment and Labor Act – EMTALA);
✓ Repeal the fundamentally flawed Medicare physician reimbursement formula (SGR) and replace it with a system that rewards good stewardship of health care resources and following sound clinical guidelines;
✓ Enhance emergency/disaster preparedness and response programs;
✓ Promote research in emergency medicine and foster injury prevention activities.
The role of emergency departments has evolved ... to include disaster preparedness and response to infectious disease outbreaks.

✓ More than 136 million people visited emergency departments in 2011. (CDC 2014)

✓ Two-thirds of emergency visits occur after hours, when doctors’ offices are closed.

✓ The percent of people seeking emergency care with non-urgent medical conditions dropped to 4 percent in 2011. (CDC 2014) Ninety-six percent of emergency patients needed medical care in 2 hours or less.

✓ Less than 2% of what America spends for health care goes toward emergency care.

✓ Primary care physicians are increasingly dependent on ERs to see their patients after hours, perform complex diagnostic workups and facilitate admissions of acutely ill patients. (Rand 2013)

✓ Eighty-four percent of emergency physicians responding to a poll reported that psychiatric patients were being held — “boarded” — in their emergency department. Nine in 10 (91 percent) said that this practice has led to violent behavior by distressed psychiatric patients, distracted staff and/or bed shortages.

✓ Emergency physicians are key decision makers for nearly half of all hospital admissions.

✓ Nearly two-thirds of emergency departments are classified as safety-net hospitals (provides a disproportionate share of services to Medicaid and uninsured patients), which is nearly double the number classified as such in 1997.

✓ 66% of emergency physicians are not directly employed by the hospital, rather they are self-employed, independent contractors or members of a group practice that contract with the hospital to provide emergency medical care.

More than 136 million people visit emergency departments annually. (CDC 2014)

Who is ACEP?

ACEP is the leading national medical specialty society representing emergency medicine. The mission of the organization is to support quality emergency care and promote the interests of emergency physicians and emergency patients.

ACEP is committed to advancing emergency care through continuing education, research and public education. Headquartered in Dallas, Texas, ACEP has 53 chapters representing each state as well as Puerto Rico and the District of Columbia. A Government Services Chapter represents emergency physicians employed by military branches and other government agencies.

American College of Emergency Physicians®

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