

**MORNING CONSULT PUBLIC OPINION POLL**  
**(COMMISSIONED BY ACEP)**  
**TALKING POINTS**

**Background**

President Trump and the GOP-led Congress have promised to repeal and replace the Patient Protection and Affordable Care Act (ACA). Given that potential changes could affect emergency patients, ACEP wanted to gauge and promote support by the general public for ACEP's health care reform priorities, including the prudent layperson standard, as well as show opinions about insurance coverage, including a desire for transparency.

Morning Consult conducted a survey of 1,791 registered voters on February 9-10, 2017, on behalf of the American College of Emergency Physicians. These data constitute a representative sample of all Americans. There is a margin of error of  $\pm 2$  percent. Here's what they found:

- **Americans overwhelmingly want health insurance companies to cover emergency care.**  
—95 percent said insurance coverage should include emergency care (Morning Consult 2017)
- **Provisions that directly benefit emergency patients must be protected, such as the “prudent layperson” standard.**  
—Eight in 10 (83 percent) said that emergency visits should be covered based on symptoms, not final diagnosis. (When asked if someone visited the emergency department because they believed they were having a heart attack, but later were diagnosed with a panic attack, 83 percent said health insurance should cover that emergency visit.)  
—Patients should NOT be forced to diagnose themselves. Their lives may depend on it. (NOTE: Research shows the average person lacks the knowledge and skill to correctly assess a medical emergency.)  
—The prudent layperson standard is codified into federal law, including the Affordable Care Act, following years of denials of coverage for emergency care by health insurance companies. The standard guarantees insurance coverage based on a patient's symptoms, rather than the final diagnosis.
- **Nearly two-thirds of Americans (65 percent) oppose requirements to get pre-authorization from an insurance company before seeking emergency care. (Morning Consult 2017).**  
—NOTE: health insurance companies currently are not allowed to require pre-authorization from their customers, because of the prudent layperson standard.
- **Patients can't choose where and when they will need emergency care and they shouldn't be punished financially for having emergencies.**  
—This is a scary environment for patients. No insurance policy is affordable if it abandons you in an emergency.
- **Nine in 10 Americans want health insurance companies to be transparent about how they calculate coverage for emergency care. (Morning Consult 2017)**  
—Emergency physicians are calling for transparency by insurance companies and use of independent databases, such as Fair Health ([www.fairhealth.org](http://www.fairhealth.org)).  
—Payments for emergency visits must be based on a reasonable portion of charges (usual and customary), rather than arbitrary rates that don't even cover the costs of care.

—The U.S. uninsured rate has hit a record low, but according to CDC, 39.1 percent of U.S. residents under age 65 were enrolled in high-deductible health plans during the first nine months of 2016, up from 25.3 percent who were enrolled in such plans in 2010. (Source: *NCHS 2017*)

- **Health insurance companies have a long history of creating barriers to prevent patients from obtaining needed emergency care.**

—The growth of out-of-pocket costs and the reductions of in-network physicians and hospitals are leaving insurance people barely covered in an emergency.

—The Fair Health claims database was developed after United Healthcare was successfully sued by the State of New York for fraudulently calculating and significantly underpaying doctors for out-of-network medical services (using Ingenix database). The formula they used forced patients to overpay up to 30 percent for out-of-network doctors. The company paid the largest settlement to the state of New York and the AMA. Part of the settlement created the Fair Health database, which is an independent, unbiased source of health care cost information.

- **Health insurance companies are exploiting federal law.**

—A federal law (EMTALA) guarantees that no one will be turned away from an emergency department because of lack of insurance or an inability to pay. Insurance companies have exploited this by ratcheting down payments to emergency physicians knowing they have no choice but to treat the patients who come in for care.

—Health insurance companies for years denied claims based on final diagnoses instead of symptoms. In other words, if chest pain brought you to the emergency department, but turned out to be indigestion, the insurance company wouldn't pay. Emergency physicians successfully fought back against these policies.

- **State and federal policymakers need to ensure that health insurance plans provide adequate rosters of physicians and fair coverage for emergency services.**

- **We encourage patients to investigate what their health insurance policy covers and demand fair and reasonable coverage for emergency care.**

—Insurance companies have systematically reduced the number of physicians considered “in-network” while providing inaccurate reports and lists of who exactly is in their network (Source: *NY Times*)

—Almost two-thirds (62 percent) think health insurance costs will increase in the next year. (*Morning Consult 2017*)

—More than a third (36 percent) believes their health insurance benefits will get worse, while 37 percent expect it to stay the same. (*Morning Consult*)

- **Emergency medicine is essential to America, providing lifesaving and critical care to millions of patients each year.**

—More than a third (35 percent) of Americans went to an emergency department because they were unable to get an appointment with a physician. (*Morning Consult 2017*)

—Emergency physicians represent only 4 percent of all doctors, but provide 28 percent of all acute care visits, 50 percent of all Medicaid and CHIP visits and 67 percent of acute care given to uninsured patients.

—Two thirds of emergency visits occur after hours, when doctors' offices are closed (CDC 2010). Nearly one in five Americans (19 percent) said they contacted or went to urgent care centers or doctors' offices but were sent directly to an emergency department (Rand 2015).