

PROTECT ACCESS TO LIFESAVING EMERGENCY CARE

Emergency physicians serve on the frontline of the health care system. Both by oath and under the Emergency Medical Treatment and Labor Act (EMTALA), they provide lifesaving emergency care to every patient regardless of their insurance status or ability to pay. But **growing financial and operational pressures** on emergency physicians are straining the health care safety net and threatening access to emergency care nationwide. A **new RAND report** released this month outlines these systemic challenges (see reverse).

We share Congress' commitment to preventing waste, fraud, and abuse in the Medicare and Medicaid programs. As Congress examines potential reforms to the Medicaid program, please recognize that reform proposals that could result in **tens of millions of people losing Medicaid eligibility** will add a surge of millions of uninsured individuals, especially if potential savings are not reinvested into improving access to care. This will force even more patients to seek care in our already overburdened EDs as other physicians across our communities begin to close practices or stop accepting Medicaid--all while further driving up the annual losses emergency departments face from uncompensated care, and risking increased burnout of the emergency physician workforce.

MEDICAID COVERS:

- More than 40% of births in the U.S., including nearly 50% of births in rural communities. More than 1/3 of counties are considered maternity care deserts, so Medicaid changes could leave women and babies with no other option than the ED.
- More than half of all nursing home and long-term services for the elderly and disabled. Cuts could worsen caregiver workforce shortages and reduce patient access to care for populations that have greater health care needs, leading to more ED visits with more acute conditions that are more costly to treat.
- 40% of ED visits for dental conditions for adults, and 69% of ED visits for dental conditions among children. Cuts would drastically reduce access to emergency dental needs, 70% of which occur outside of normal dental office hours.

We also ask Congress to provide stability and certainty to ensure that Medicare can fulfill its promise to the millions of American seniors that depend upon and have earned these benefits, by working with us to:

- Establish a permanent inflationary update to physician payments
- Enact long-term reforms to bring predictability and sustainability to Medicare payments
- Reverse the 2.83% Medicare cut that took effect on Jan 1, 2025

This year marks the **fifth consecutive year of Medicare cuts** despite previous congressional action to mitigate their full impact. The repeated, annual cuts not only harm the viability of the health care safety net, but also strain our ability to effectively partner with Congress to address other critical challenges facing the physician community and our patients.

HOW CAN CONGRESS HELP?

The American College of Emergency Physicians urges Congress to:

- » Protect access to high quality emergency care by stabilizing Medicaid and Medicare physician payments
- » Maintain the long-term viability of emergency medicine as our nation's safety net of care by ensuring it remains a viable, competitive, and attractive career for current and future generations of the physician workforce

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Key Findings from New RAND Report, “Strategies for Sustaining Emergency Care in the U.S.”



Declining payments -- from 2018-2022:

- Commercial insurance payments to emergency physicians dropped **10.9% in-network** and **47.7% out-of-network**
- Medicare and Medicaid payments per visit **dropped 3.8%**



High volume of underpaid care:

- Medicaid and Medicare account for **over 65%** of ED visits (**33.6% and 32%, respectively**)
- Medicaid pays the least per visit



Uncompensated care crisis:

- Across all payers, **20%** of emergency physician payments go unpaid -- **\$5.9 billion in annual losses**



Bad insurer practices and health care consolidation further compound this financial instability

Read the report:

