MORNING CONSULT® | American College of Emergency Physicians®

The Physician Difference:
National Attitudes on Emergency Care

This study was conducted by Morning Consult for the American College of Emergency Physicians.

SUMMER 2026

METHODOLOGY & KEY FINDINGS

Methodology

This poll was conducted between July 1 – 8, 2026, among a national sample of 10,011 U.S. adults.

The interviews were conducted online, and the data were weighted to approximate a target, representative sample of adults based on age, gender, race, educational attainment, region, gender by age, and race by educational attainment.

Results from the full survey have a margin of error of plus or minus 1 percentage point.

Full demographic and sub-audience breakouts are available separately *via* crosstabs and banner tables.

While this report covers a nationally representative sample of U.S. adults, Morning Consult also produced response estimates for all 50 states and Washington, D.C., available separately. These state-level estimates were generated using multilevel regression and poststratification (MRP).

MRP is a well-established method for producing reliable sub-national estimates from national survey data. National polls cannot simply be disaggregated by state — sample sizes in smaller states are often too limited to support reliable direct estimates. MRP addresses this challenge in two stages. First, a multilevel regression models how responses vary across demographic groups, allowing each group's responses to differ by state. Smaller groups "borrow" statistical strength from larger ones through partial pooling, and state-level characteristics can be incorporated as additional predictors. Second, poststratification adjusts these modeled group estimates to match each state's actual population composition, weighting every group in proportion to its share of the state population.

Together — estimated in a hierarchical Bayesian framework — these two steps yield state-level estimates that reflect both the underlying group-level relationships in the national data and each state's true demographic makeup. These state-by-state results are available separately.

METHODOLOGY & KEY FINDINGS

Key Findings

1 **Emergency care is a consensus American value.**
Nearly 9-in-10 adults (88%) say emergency medical services are essential to their community, and 43% of Americans have visited an emergency department within the past year.

2 **Americans expect and prefer physician-led emergency care.**
81% of adults expect a physician on-site at the emergency department, and nearly two-thirds (64%) prefer a doctor to lead their care in an emergency, roughly nine times the share who prefer an NP (5%) or PA (6%).

3 **The physician preference is informed, not reflexive.**
After learning about the training requirements of each role, 61% of Americans choose a physician to lead their emergency care, and 74% would be concerned about care quality without a physician overseeing it.

4 **Violence in the ED is a recognized crisis, and the public wants action.**
78% of Americans are concerned about the safety of ED workers. A bipartisan 81% support stronger protections for ED care teams.

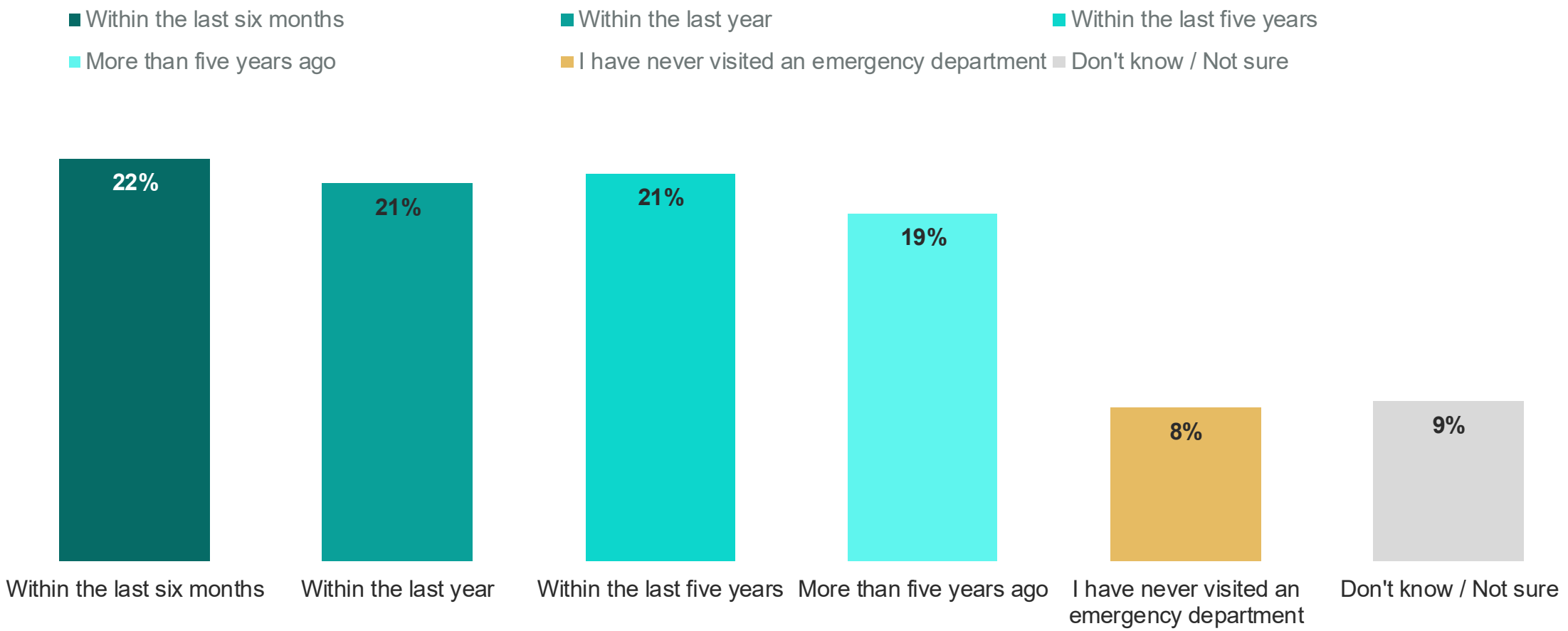
5 **Cost fear is keeping Americans from the ER door, and they blame insurers.**
1 in 3 Americans (33%) have delayed or avoided emergency care over coverage fears. Over half say a long boarding wait would make them likely to delay or avoid care as well. Asked who's most responsible for cost pressures, they point to health insurance companies (48%), more than hospitals, pharma, and doctors combined.

6 **Americans want government investment in emergency care.**
Nearly half (46%) call additional government EMS funding a top priority, and 79% call it at least an important one, placing emergency care squarely among the public's spending priorities.

NATIONAL ATTITUDES ON EMERGENCY CARE: THE STAKES

How Often Do Americans Rely on the ED?

Question: When was the last time you visited an emergency department, if ever?



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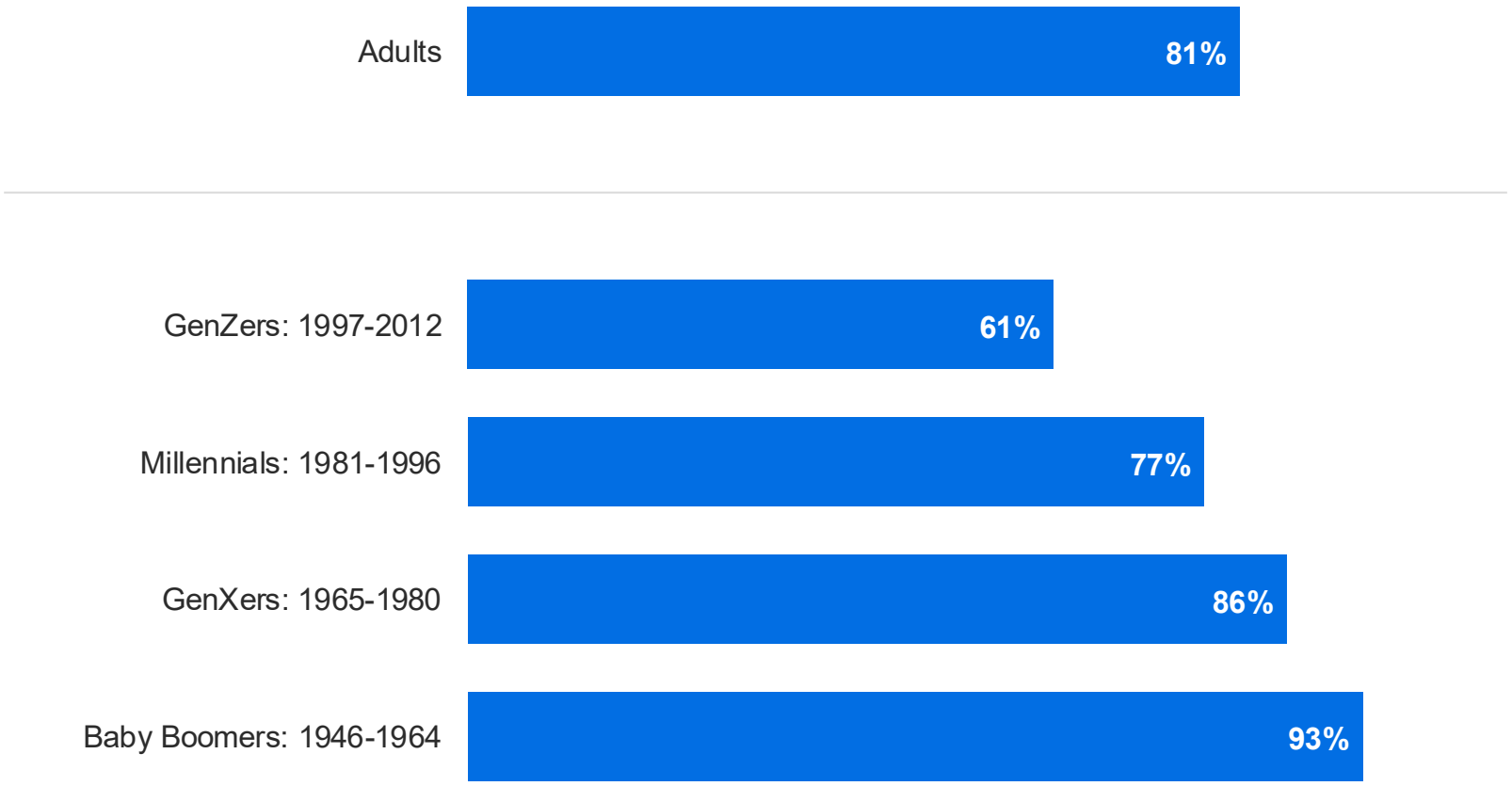
Base: US Adults (n=10,011)

NATIONAL ATTITUDES ON EMERGENCY CARE: THE PHYSICIAN DIFFERENCE

8-in-10 Americans Expect a Physician to Be On-Site During an ED Visit

Question: Do you expect there to be a physician on site when you go to the emergency department?



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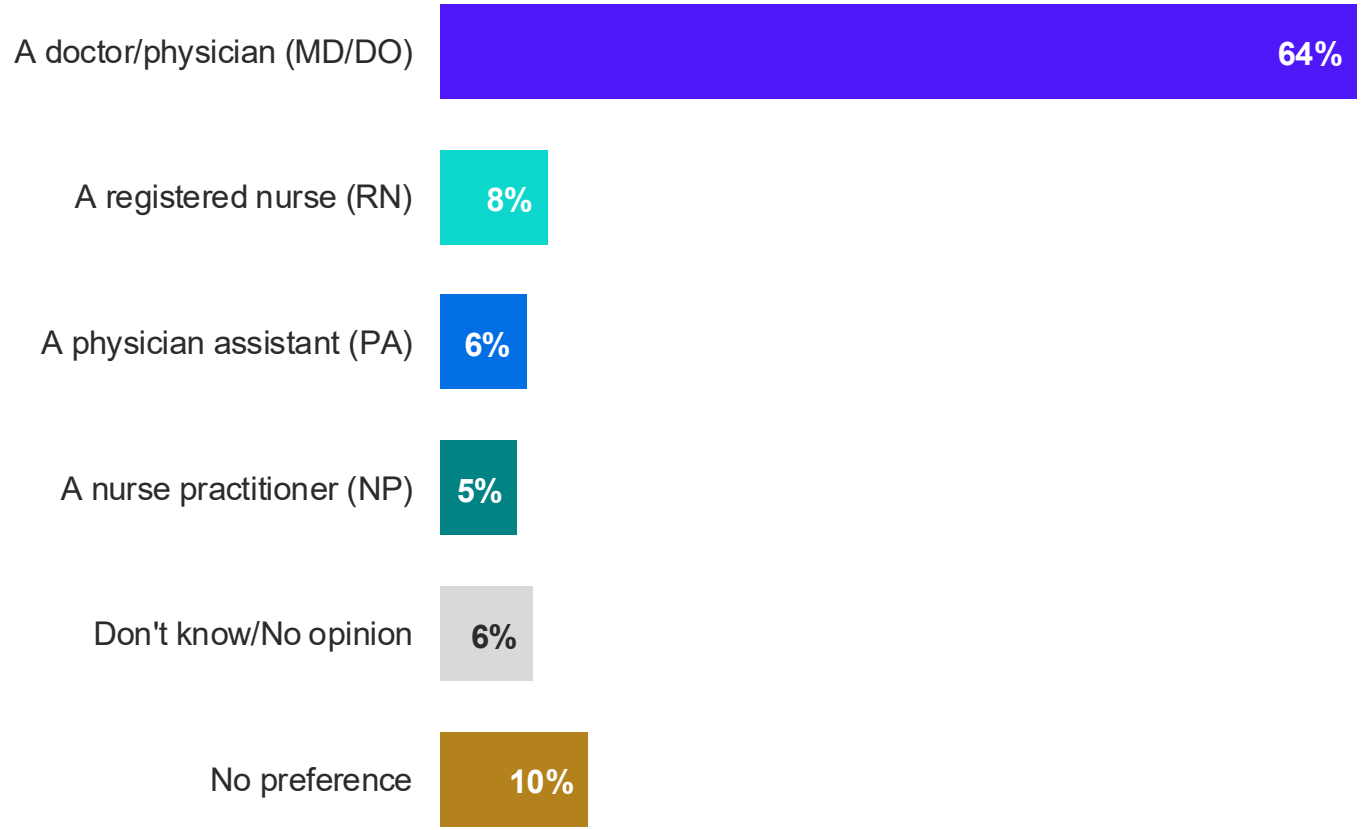
Base: US Adults (n=10,011)

NATIONAL ATTITUDES ON EMERGENCY CARE: THE PHYSICIAN DIFFERENCE

Two-Thirds of Americans Want a Doctor Leading Their Emergency Care

Question: In the event of a medical emergency, who of the following do you prefer most to lead your medical care (diagnosing and treatment) while in the emergency department?

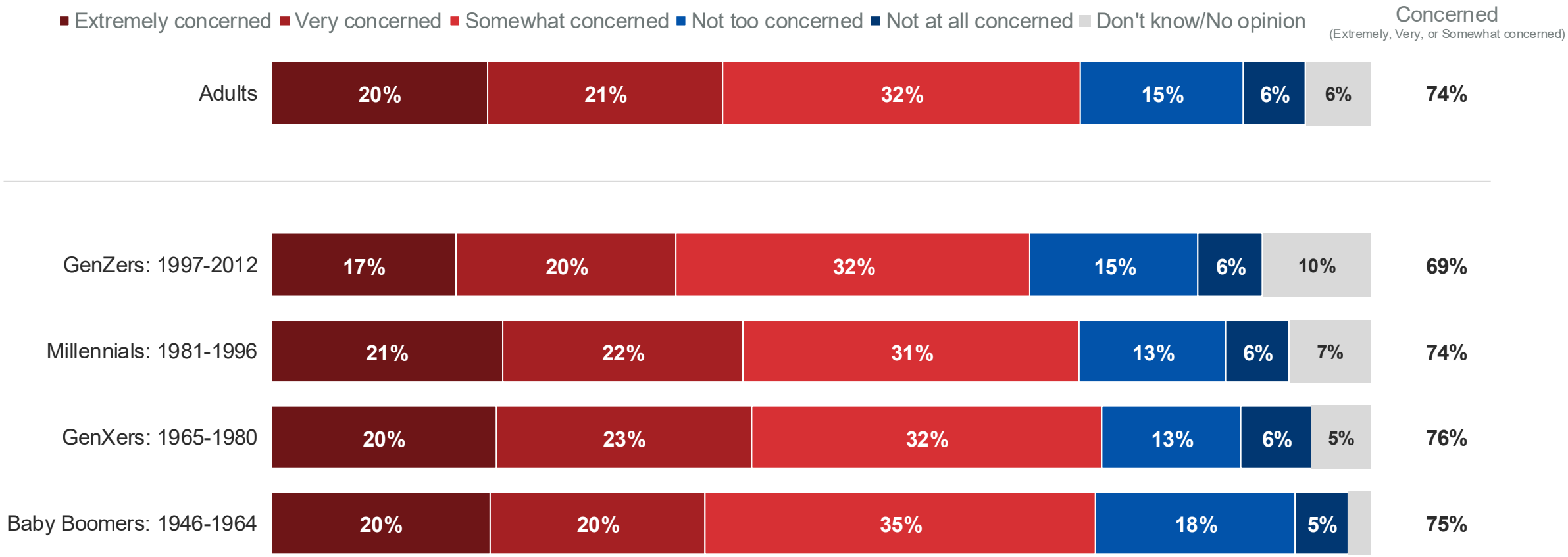


Base: US Adults (n=10,011)

NATIONAL ATTITUDES ON EMERGENCY CARE: THE PHYSICIAN DIFFERENCE

And Three-Quarters Would Be Concerned Without a Physician Overseeing Their Care

Question: How concerned would you be, if at all, about the quality of your medical care if there were not a doctor/physician overseeing your diagnosing and treatment in a medical emergency?



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Base: US Adults (n=10,011)

NATIONAL ATTITUDES ON EMERGENCY CARE: THE PHYSICIAN DIFFERENCE

Even After Learning More, Most Americans Still Choose a Physician

Question: Having learned more, who of the following do you prefer most to lead your medical care (diagnosing and treatment) in a medical emergency?

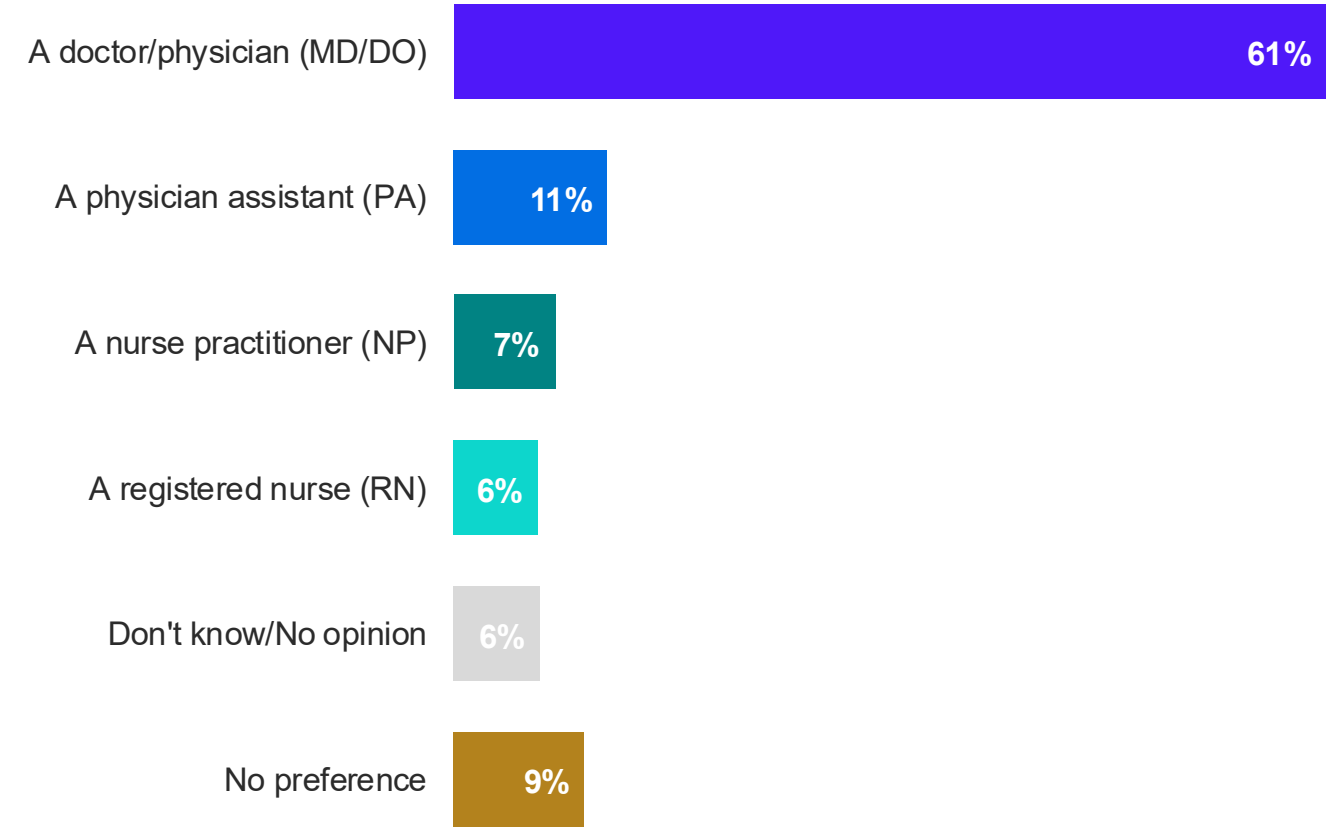
Additional Information Provided to Respondents:
As you may know, the training required to be licensed differs across these roles:

A physician assistant (PA) is required to complete 7 years of training and 1,600 clinical hours.

A nurse practitioner (NP) is required to complete 5–8 years of training and 500 clinical hours.

A registered nurse (RN) is required to complete 4 years of training and 400 clinical hours.

A doctor/physician (MD/DO) is required to complete 11 or more years of training, a medical residency, and 12,000 clinical hours.

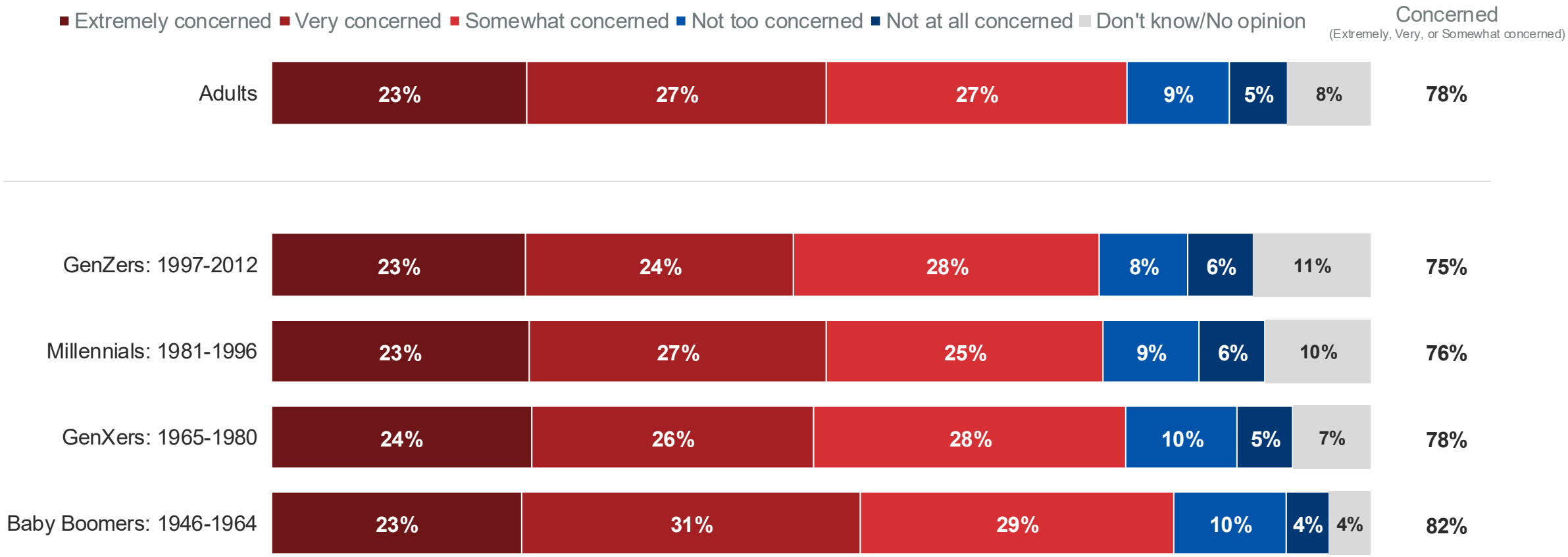


Base: US Adults (n=10,011)

NATIONAL ATTITUDES ON EMERGENCY CARE: THE SAFETY RISK AND ASK

78% of Americans are Concerned About Violence Against ED Staff

Question: You may know that 90% of emergency physicians report that they or a colleague have been assaulted on the job. How concerned are you, if at all, about the safety of healthcare workers in emergency departments?



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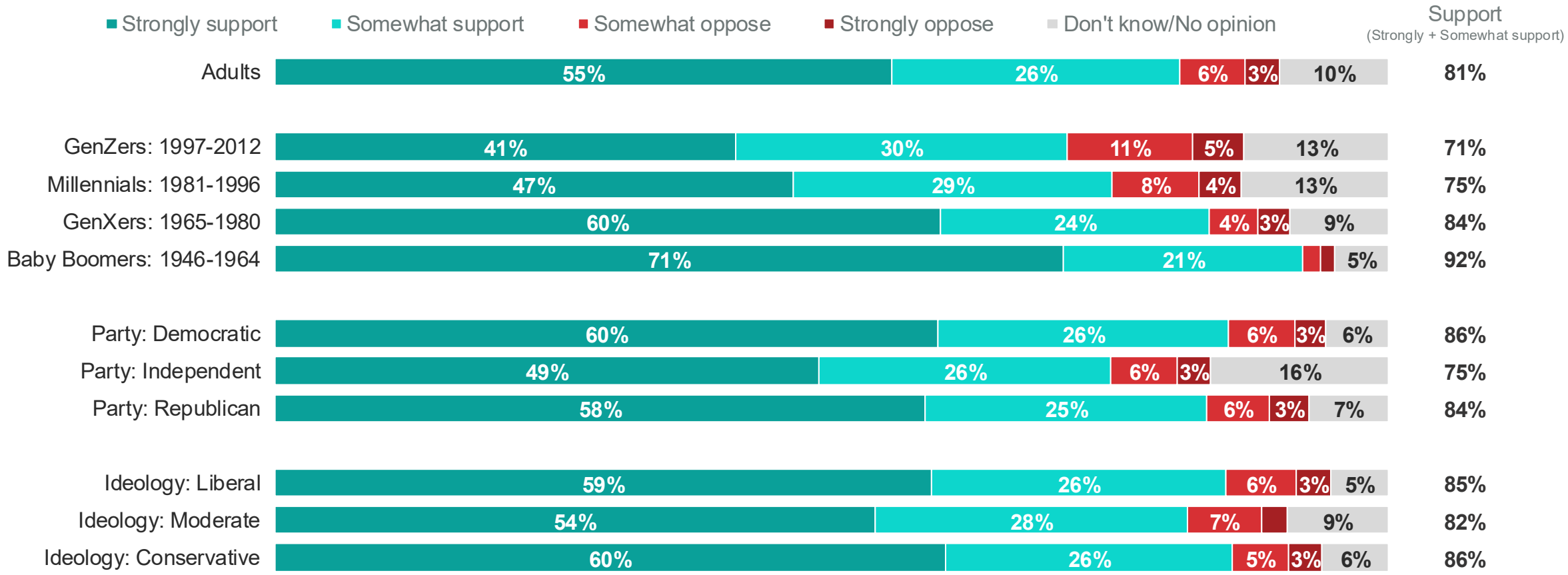
Base: US Adults (n=10,011)

NATIONAL ATTITUDES ON EMERGENCY CARE: THE SAFETY RISK AND ASK

8-in-10 Americans Support Stronger Protections for ED Care Teams

Question: Do you support, or oppose, stronger measures to protect emergency department care teams from violence, such as increased security personnel, metal detectors, and stricter penalties for assaulting a health worker?



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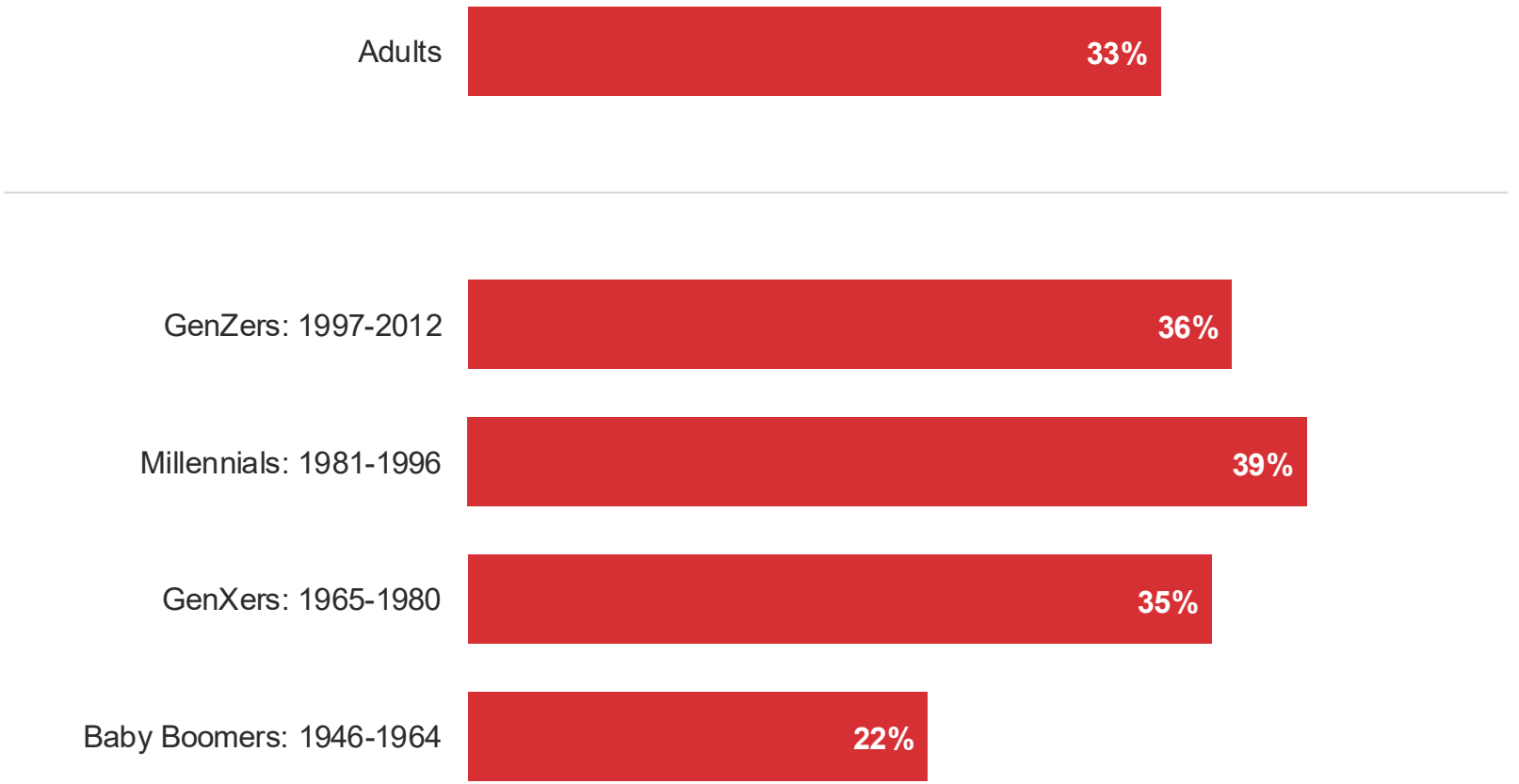
Base: US Adults (n=10,011)

NATIONAL ATTITUDES ON EMERGENCY CARE: THE COST/ACCESS BARRIER

1-in-3 Americans Have Delayed or Avoided Emergency Care Over Cost Fears

Question: Have you or a family member ever delayed or avoided going to an emergency department because of concerns that insurance will not cover the visit costs? // *Showing Yes*



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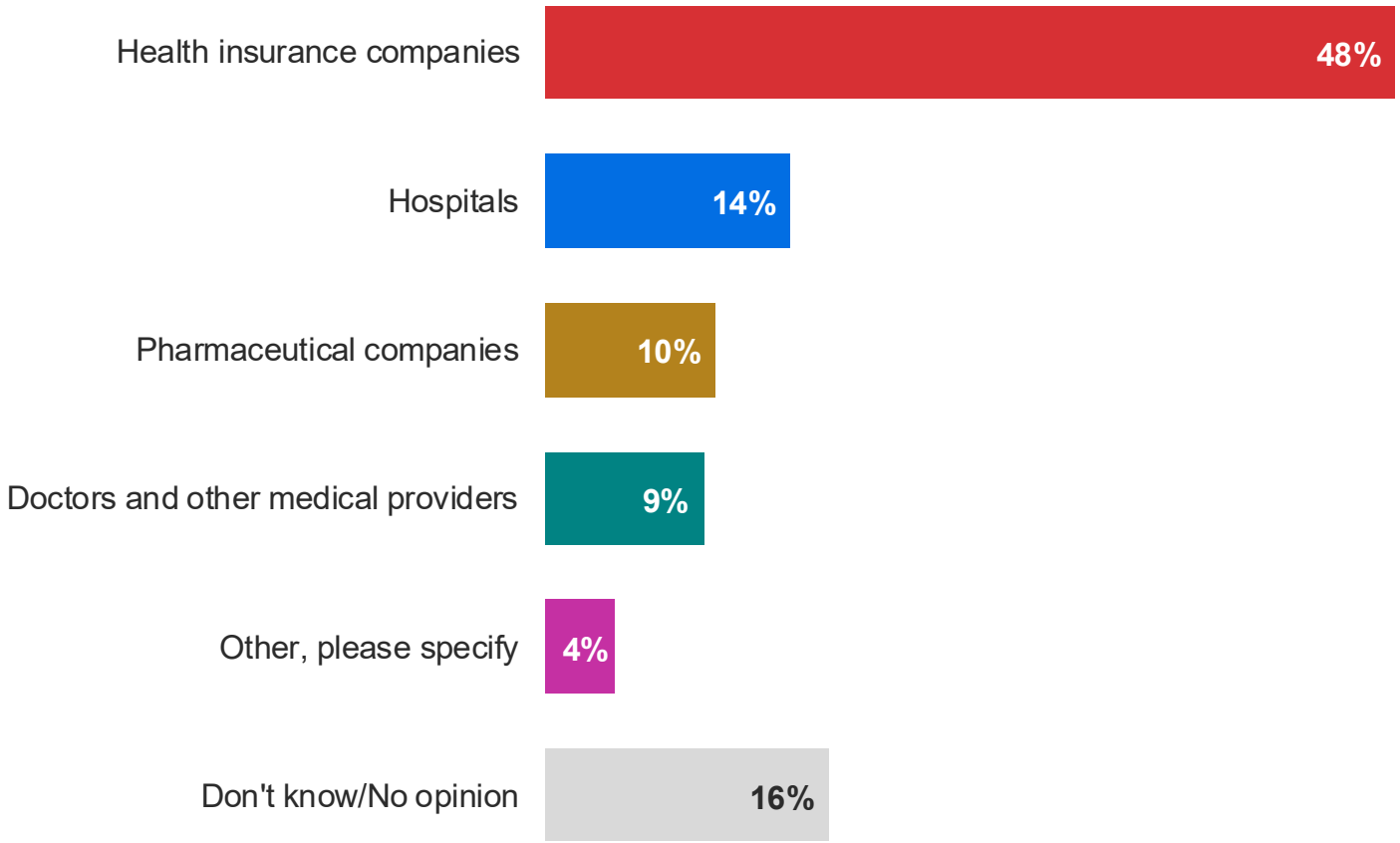
NATIONAL ATTITUDES ON EMERGENCY CARE: THE COST/ACCESS BARRIER

Americans Point to Insurance Companies as the Top Driver of Health Care Costs

Question: Who or what do you believe is most responsible for the health care cost pressures you face?



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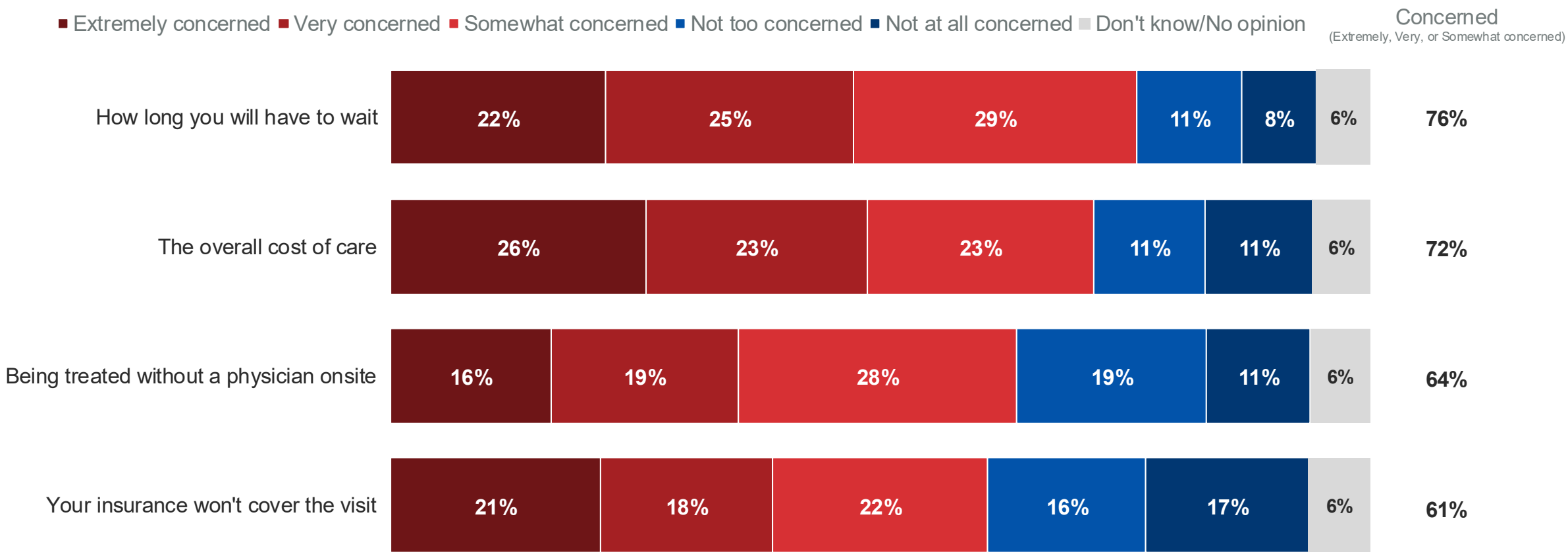
NATIONAL ATTITUDES ON EMERGENCY CARE: THE COST/ACCESS BARRIER

Cost and Wait Times Worry Americans, But Also Who's Treating Them

Question: When deciding whether to go to an emergency department, how concerned are you, if at all, about each of the following?



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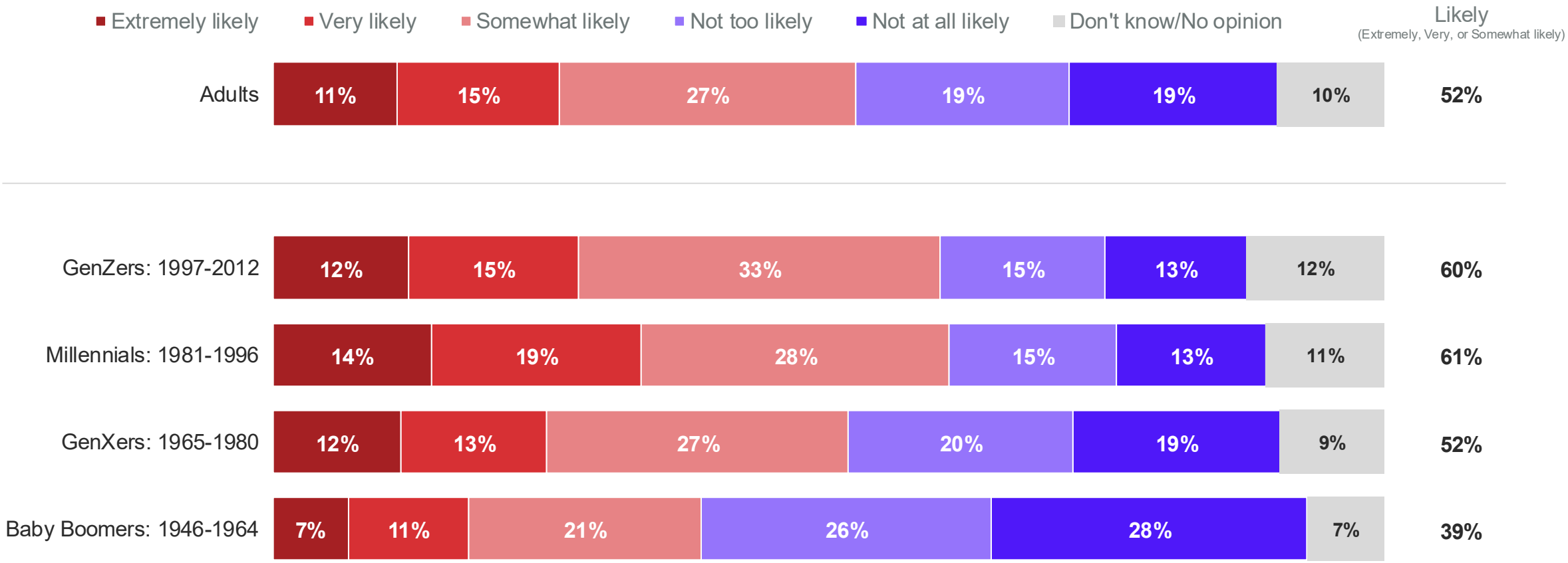
NATIONAL ATTITUDES ON EMERGENCY CARE: THE COST/ACCESS BARRIER

Just Over Half Are Likely to Delay or Avoid Emergency Care Over Long Boarding Waits

Question: If you knew that you, or a loved one, with a severe illness or injury could face a long wait after receiving care in an emergency department before being admitted to the hospital or transferred to another facility, how likely, if at all, would you be to delay or avoid going to the emergency department?



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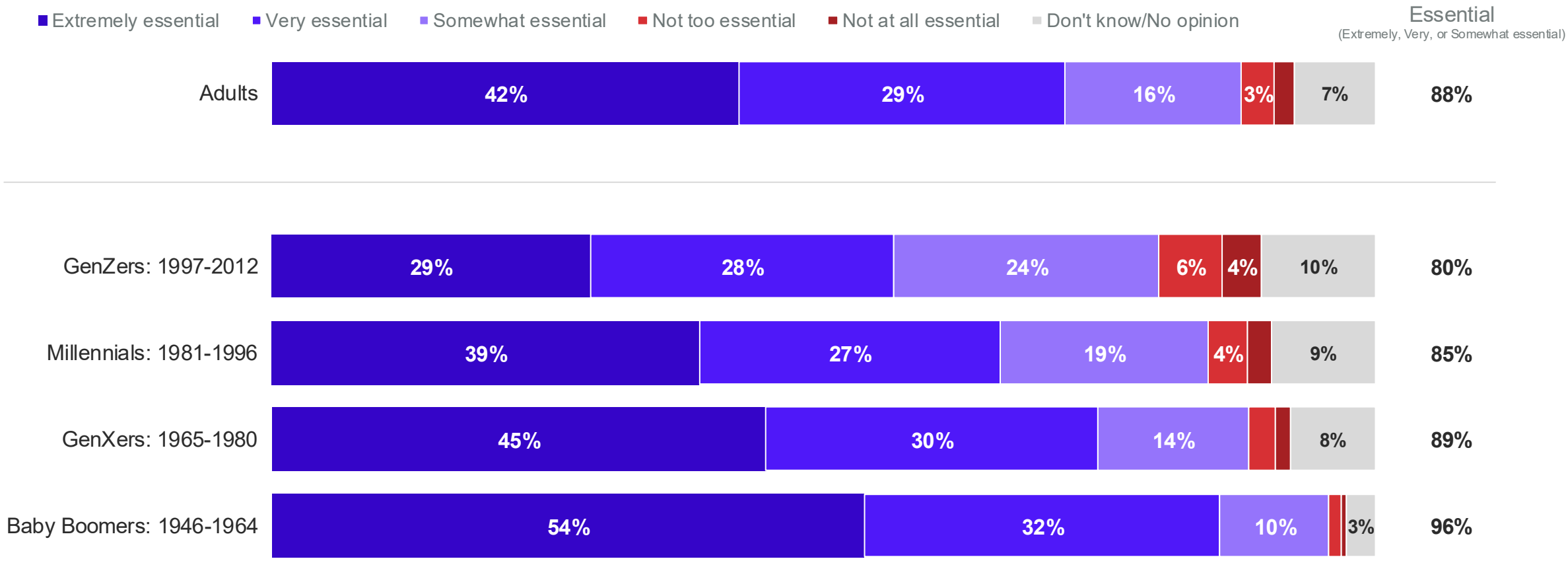
NATIONAL ATTITUDES ON EMERGENCY CARE: THE STAKES

Almost 9-in-10 Americans Say EMS Are Essential to Their Community

Question: How essential, if at all, are emergency medical services such as emergency departments, paramedics, and emergency medical treatment in your community?



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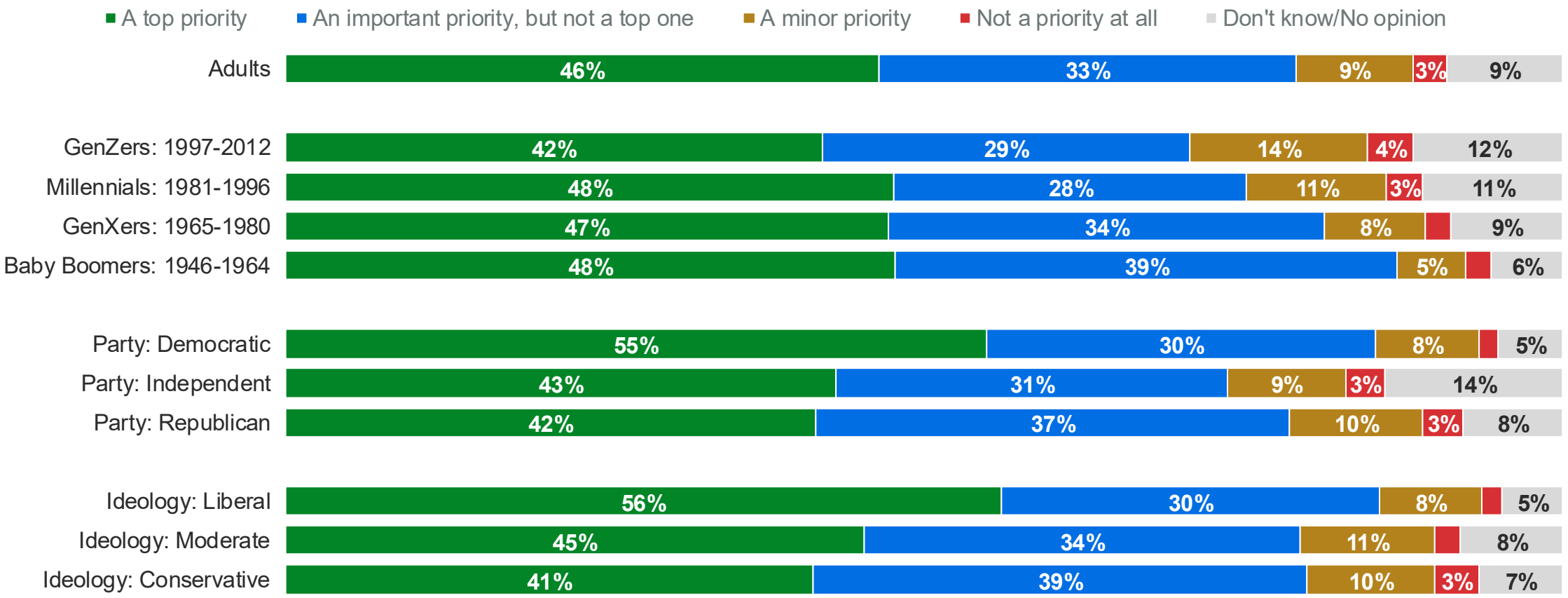
NATIONAL ATTITUDES ON EMERGENCY CARE: FUNDING POLICY

Nearly Half Call Government EMS Funding a Top Priority

Question: How much of a priority, if at all, should additional or supplemental government funding for emergency medical services be?



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