

Get to Know Ohio's Emergency Physicians

Who We Are

Representing more than 1,500 emergency physicians, residents, and medical students across the state, Ohio ACEP is Ohio's leading voice for emergency medicine.

We are medicine's "problem-solvers," the doctors who do more with less and thrive in hectic environments.

Why You Need to Know Ohio's Emergency Physicians

One in three people will visit the emergency department (ED) this year.

Protecting Patient Access to Care

- ✦ When patients call their family doctors about a sudden medical issue, four out of five get the same advice: "Go to the ED"
- ✦ Emergency doctors have the facilities and expertise to care for severely ill or injured patients and do complex diagnostic workups that can't be done in physician offices
- ✦ EDs can treat patients at any time because **emergency physicians have special hours: All day. All night. All year.**

Emergency Physicians: Our Nation's Healthcare Safety Net

- ✦ Operating under the federal law EMTALA, we are the only physicians who treat all patients who come through our doors - regardless of their insurance status or ability to pay
- ✦ In fact, ED doctors handle 50% of all Medicaid and CHIP recipients and 67% of all uninsured patients

Providing High-Value, Low-Cost Care

- ✦ Despite the myth that emergency medicine is a major driver of health costs, **emergency care actually makes up less than 2% of healthcare spending.**

Advocacy Agenda

EMTALA 101

What is EMTALA?

- ✦ The Emergency Medical Treatment and Labor Act. This federal law requires that any patient who presents to the emergency department receive a medical screening and any stabilizing care. This care is provided regardless of insurance status or ability to pay.
- ✦ Ohio's emergency physicians are not aware of their patients' insurance coverage when they provide their evaluation and treatment.
- ✦ The ACA also requires that all insurance plans cover emergency care.

What is prudent layperson?

- ✦ The prudent layperson standard means that if a person with average medical knowledge believes they have an emergency medical condition (including severe pain), that visit to the emergency department should then be considered a medical emergency and fall under the ACA's mandate for payment.

Prudent layperson and EMTALA are critically important to emergency medicine. If a patient is guaranteed medical care under EMTALA and the patient presents under the prudent layperson standard, that care should be covered by insurance. However, insurers have found loopholes to Ohio's current prudent layperson standard. We have seen care denied as a "non-covered service" if a patient presents to the ED but their final diagnosis was not considered "emergent". The classic example is "chest pain". The patient presents with chest pains and it is later diagnosed as heart burn. Heart burn might not be considered "emergent" but the patient had symptoms consistent with a medical emergency. It takes a thorough medical exam and possible diagnostic testing to determine the patients' true diagnosis. The physician should be covered for that care. Expecting an average person to know if they are having a heart attack or not is unreasonable and unsafe. **The presenting symptoms, not final diagnosis, should drive the prudent layperson standard.**

Retroactive denials by insurance companies results in a "surprise bill" for the patient. If the insurer does not cover that care, the patient is on the hook. If the patient isn't able to pay, the hospital and emergency physician have to write off that care as charity or uncompensated care. Even though that patient had insurance.

Scope of Practice

- ✦ Emergency physicians value our partnership with physician assistants, APRNs and other allied health providers. We work effectively as a team to provide patients the best care possible. PAs and APRNs do not have the level of training or the expertise that comes with the extensive training and experience of a board-certified emergency physician. High quality patient care and safety hinges upon a physician-led team. Independent practice for APRNs is not in the best interest of patients and the health of Ohioans. Ohio should make it a priority to continue to support the physician-led, team-based approach to medicine particularly in such high-level care environments as the emergency department.
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