



President's Message

It's Time to Advocate

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AAEM President

Advocacy: (*noun*) ad·vo·ca·cy \ 'ad-və-kə-sē\ : the act or process of supporting a cause or proposal. Popularity: Top 20% of words.

Approximately 136 million U.S. patients (one out of every three Americans) seek emergency care annually. Only 30% of these visits are covered by private insurance, with approximately 35% being covered by Medicaid or CHIP and 18% by Medicare.

The Affordable Care Act (ACA) became law nearly seven years ago. Today the number of Americans lacking health insurance that covers emergency care stands at an historic low, and the ACA is credited with reducing the number of uninsured by about 20 million.

Is there any doubt that our EDs serve as America's health care safety net?

Apparently Congress doesn't get it, at least not

those in the House of Representatives who recently passed the American Health Care Act (AHCA), which does not guarantee insurance coverage for emergency medical care. Access and coverage for emergency care is a critical component of the U.S. health care system. Regardless of your overall feeling about the ACA, at least it provides coverage for emergency care.

It is time to advocate, not only for our patients, but also for the EM system that provides them care. Interestingly, in 1986 Congress felt mandatory access to emergency care was important enough to enact EMTALA, but unfortunately it did not consider the financial burden that mandate placed on the U.S. health care system, specifically our EDs. The House version of the AHCA does little to improve the health of Americans. By allowing states to request waivers to exclude certain benefits, including coverage for emergency care, the AHCA could potentially increase the financial burden on emergency departments, forcing them to provide even more unfunded care — possibly even to the point of destroying the safety net.

At the same time, another kind of attack on EM reimbursement is occurring in several states, including Texas, Missouri, Ohio, and Indiana. The prudent layperson rule, also known as the Cardin Bill, is an amendment to the Medicare Act that directs CMS to provide Medicare coverage based on the prudent layperson definition of an emergency.

The prudent layperson rule was subsequently codified as the national standard for EM reimbursement in the Affordable Care Act. However, private insurers are bound by the prudent layperson standard based only on state laws. One of the nations' largest insurers, Anthem BC/BS, has developed a list of about 2000 "non-urgent" conditions it will no longer cover

as emergency care. Many potential emergency conditions previously covered under the prudent layperson standard, which is based on presenting symptoms such as pleuritic chest pain rather than final diagnosis, will now be denied. This approach to reimbursement directly negates the prudent layperson rule and the concept that patients cannot be expected to self-diagnose, and ignores the risk that delays in care because patients fear unreimbursed ED bills will lead to more morbidity and mortality.

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Regardless of your political opinions, insuring access to emergency care and the financial viability of our health care safety net should be a prime concern of every emergency physician. AAEM is currently in discussions with ACEP and other EM organizations on developing a coordinated advocacy plan to address these grave concerns. The Academy will host its inaugural Health Policy Symposium on June 5, followed by Advocacy Day on Capitol Hill on June 6. Guaranteed due process that cannot be waived in employment contracts, funded and protected access to emergency care, and protection of the prudent layperson standard will be our focus in discussions with Congressional leaders. Please consider joining us in D.C., and at the very least be sure to speak with your Representative and Senators about these issues.

As I close out the first year of my presidential term I would like to recognize a cadre of individuals whose tireless efforts support AAEM's mission

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AAEM Antitrust Compliance Plan:

As part of AAEM's antitrust compliance plan, we invite all readers of *Common Sense* to report any AAEM publication or activity which may restrain trade or limit competition. You may confidentially file a report at info@aaem.org or by calling 800-884-AAEM.

and service to the membership. First, tremendous thanks to the board of directors, who have been instrumental in the Academy's recent successes. Although we must unfortunately say farewell to departing board members Joel Schofer, Robert Stuntz, Bob Suter, Les Zun, and Larry Weiss (Past President's Council Representative), I hope these incredibly productive individuals will continue to provide leadership through other Academy venues. I would also like to welcome new members of the board: Jennifer Kanapicki Comer (YPS), Robert Frolichstein, Bobby Kapur, Evie Marcolini, and Howie Blumstein (Past President's Council Representative). Each of these individuals has been a tireless advocate for the Academy and will make AAEM stronger.

I would also like to recognize and thank Chris Doty and Evie Marcolini (co-chairs) and the 16 members of the Scientific Assembly Planning Sub-Committee, for once again developing and implementing the best EM educational meeting in the world. Unfortunately Chris Doty is stepping down as co-chair, but happily is the new President-Elect of CORD. The Academy cannot thank him enough for his tremendous contributions to our organization! As always, the Orlando meeting provided a diverse lineup of cutting edge, focused presentations that will change our practice and positively impact our patients — **and it's still free!** New this year were our small group instructional sessions, which were totally sold out and received rave reviews! Of course Scientific Assembly would not be a success without the incredible support of AAEM staff members Kathy Uy, Emily Marx, Laura Burns, Madeleine Hanan, Tom Derenne, Ginger Czajkowski, Darcy Welsh, Cassidy Davis, and Alissa Fiorentino, under

the leadership of Janet Wilson and Kay Whalen. Hats off to everyone who contributed to this incredible, innovative meeting.

Keeping our members informed will continue to be one of my top priorities. We have begun the next website redesign, so if you have any suggestions please let us know. With social media as a priority, the board voted to fund another staff FTE devoted to implementation of a more robust social media presence. We now have thousands of members communicating with AAEM via social media. Please join in! Led by RSA's efforts, the podcast program has been very successful and now boasts over 25 podcasts on clinical, advocacy, and resident-specific topics. Andy Walker has done an exceptional job of developing *Common Sense* into a top-notch platform for the Academy. As Andy steps down as Editor to become Chair of the Government and National Affairs Committee, we cannot thank him enough for his tireless efforts to keep our membership well informed. AAEM welcomes former board member Andy Mayer as the new Editor of *Common Sense*!

If you are not already a member of an AAEM committee, please consider joining one of our 16 committees. This is a great way to support AAEM, get involved, learn something, meet new colleagues, and help increase the productivity and impact of the Academy. Finally, consider recruiting a colleague to join AAEM. Our ability to accomplish AAEM's mission is directly related to our membership. As they say, there is strength in numbers!

I love to hear feedback from our members — feel free to email me at kgrodger@iu.edu. ■

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The IXth MEMC is jointly organized by the American Academy of Emergency Medicine (AAEM), the Global Research on Acute Conditions Team (GREAT), and the Mediterranean Academy of Emergency Medicine (MAEM).

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