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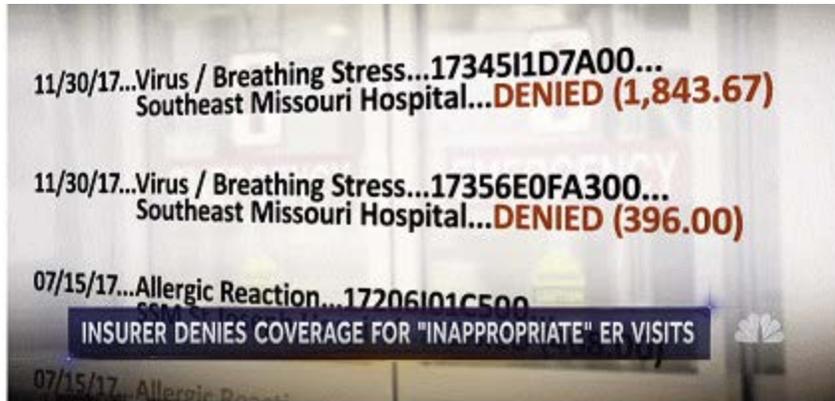
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ACEP Invited to Ways & Means Roundtable on Physician Burdens

On Thursday afternoon, Jon Mark Hirshon, MD, FACEP, represented ACEP in a roundtable discussion hosted by the House Committee on Ways and Means Health Subcommittee regarding red tape and regulatory burdens facing physicians. The discussion represents part of the Committee’s ongoing work on the Red Tape Relief Project, to which ACEP submitted detailed comments last year.

Dr. Hirshon focused on several areas that have unique impacts on emergency medicine, including how federal regulations impede the sharing of substance use disorder records and how this policy should be aligned with HIPAA standards, how a drafting error in the Appropriate Use Criteria (AUC) for Advanced Imaging burdens emergency medicine, and why Congress should revise the “Three-Day Stay” rule that unnecessarily delays patients from receiving essential follow-up care in a Skilled Nursing Facility. ACEP offered solutions for each of these important issues and will continue working with Congress to alleviate these and other unnecessary federal burdens that affect patient care.

More Scrutiny for Anthem on its Emergency Care Denials Policy



Attention in the media continues to grow on Anthem's policy to deny coverage for ED visits that the insurer deems as nonemergent. ACEP has been working with NBC Nightly News for several weeks on an Anthem story, which aired nationally last night and [can be viewed here](#). MOCEP President Jonathan Heidt, MD, MHA, FACEP appeared in the piece along with a patient in Missouri who had been denied coverage.

As well, the Editorial Board of the St. Louis Post Dispatch published an editorial yesterday, "[Health insurance company makes big profits by playing hardball](#)" that calls out Anthem for a number of its practices that shortchange their policyholders.

ACEP Responds to Ways & Means Committee Request on Opioid Epidemic

On Thursday, ACEP provided comments to the House Committee on Ways and Means in response to the Committee's questions on what stakeholders are doing to address the nation's ongoing opioid epidemic, with a specific focus on how this issue affects the Medicare population. This request for information is intended to supplement the Committee's continued efforts to examine and develop solutions to the opioid epidemic, focusing on questions regarding overprescribing and data tracking, communication and education for both patients and providers, and treatment.

ACEP's comments highlighted the innovative work being done by emergency physicians to implement alternative treatment protocols, such as the successful Alternatives to Opiates (ALTO) programs in New Jersey and Colorado, as well as efforts to improve data tracking like the Emergency Department Information Exchange (EDIE) that provides automatic, real-time patient information to emergency physicians. Additionally, ACEP noted the current limitations of state PDMPs and the need for greater interoperability, and urged lawmakers to ensure that legislative efforts do not unnecessarily patients and interfere with the clinical judgement of physicians.

ACEP also recently responded to a similar request from the Senate Finance Committee, and continues working with legislators to inform and shape Congress' efforts to address the opioid epidemic.

ACEP Meets with House Armed Services Committee to Address PDMP Data Sharing

This week, representatives of ACEP and Congressman Mike Turner's (R-OH) office met

with staff from the House Armed Services Committee (HASC) to discuss ways for the Department of Defense (DoD) to improve efforts to share opioid prescribing data with state Prescription Drug Monitoring Programs (PDMPs). This meeting was part of ACEP's ongoing efforts to get access to prescription data from DoD, as well as other agencies like the Department of Veterans Affairs (VA) and Indian Health Service (IHS).

ACEP stressed to committee staff the critical need for sharing prescription data for TRICARE beneficiaries, especially active service members, with state PDMPs to help fight the opioid epidemic and ensure greater patient safety for service members and their families. ACEP also recognized there are challenges in implementation, but ultimately this process must take into account ease of access and use for the clinician, otherwise the system will not be viable. The discussion was positive and HASC staff reiterated their commitment to this effort, noting that there will be legislative language included in the upcoming 2018 National Defense Authorization Act (NDAA) to help address this issue.

ACEP Response to the "Reimbursement for Emergency Treatment" Interim Final Rule

On Monday, March 12, ACEP submitted comments on a Department of Veterans Affairs (VA) Interim Final Rule (IFR) on reimbursement for emergency treatment. Under the IFR, the VA is now able to process claims that were pending since April 8, 2016 for reimbursement for reasonable costs that were only partially paid by a veteran's other health insurance (OHI) when he or she received emergency care for a non-service connected condition at a non-VA facility. The VA can cover veterans' remaining liability up to a certain amount for such emergency treatment and transportation. The actual payment made by the VA in these cases is the lesser of the amount for which the veteran is personally liable or 70 percent of the applicable Medicare fee schedule amount, excluding copayment, cost-sharing, or deductible associated with the veteran's OHI.

In our comments, we support the VA's policies, but highlight the need for emergency departments to receive adequate reimbursement from all payers, including the VA, to allow for the recruitment and retention of sufficient numbers of qualified providers to meet each community's needs with sufficient staffing 24 hours a day, 7 days a week. Specifically, we state that emergency physicians and providers should be reimbursed at the fair-market value for the services that they render. Payment below the fair market value for emergency services could potentially jeopardize the financial viability of the emergency care safety net. Our full set of comments on the IFR is found [here](#).

Check Out the Latest ACEP Capital Minute

There's a new edition of ACEP's Capital Minute for the second week of March, 2018. Check it out [here](#).



LAC18: Topics and Speakers Announced - Register Now: May 20-23, 2018 in Washington, DC!

The Leadership & Advocacy Conference will celebrate emergency medicine's accomplishments and continue to work for a better political environment for our specialty and our patients. First-timers will receive special training on how to meet and educate your Members of Congress while seasoned participants will build upon valuable Congressional connections. LAC attendees will have the opportunity to participate in evening dine-around dinners and receptions in DC for lawmakers including Rep. Curbelo (R-FL-26), Rep. Costello (R-PA-06), Rep. Walden (R-OR-02), Rep. Raul Ruiz (D-CA-36) and Senator Debbie Stabenow (D-MI). More are in the works. These dinners are sponsored by the [National Emergency Medicine PAC](#) and participants are asked to contribute personally as well to the invited legislators. If you're interested in participating or have a lawmaker you'd like to add to the list, please contact [Jeanne Slade](#).

This year, advocates will be speaking to their Congressional offices on several key issues and their impact on emergency medicine:

- Highlight and gain support for two emergency medicine opioid bills introduced last week
- ACEP recommendations for reauthorization of the Pandemic All-Hazards Preparedness Act (PAHPA)
- Prudent layperson standard issues with payers
- Drug shortages

Confirmed speakers for the conference include:

- Senator Bill Cassidy, MD (R-LA)
- Representative Kyrsten Sinema (D-AZ)
- HHS Assistant Secretary for Preparedness and Response Bill Kadlec, MD

To register or for more information, click [here](#).



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