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Capital Minute

Check out the latest version of ACEP's Capital Minute to hear about the top legislative and regulatory issues impacting emergency medicine.

[Click here](#) to view the Capital Minute or click on the blue box below.



Congress, Administration Working Toward Emergency Coronavirus Funding

This week, President Trump sent a \$2.5 billion supplemental budget request to Congress, asking for additional federal funds to help address the growing coronavirus epidemic. \$1.25 billion of the request would be new funding, while the remainder of the President's request would shift unused FY2020 funds, including several hundred million that are dedicated to fighting Ebola. And in a press conference on Wednesday evening, President Trump announced that Vice President Mike Pence will be leading the Administration's coronavirus efforts.

On the legislative front, both Republicans and Democrats bristled at the Administration's desire to shift funds away from Ebola. House and Senate appropriators continue to negotiate a supplemental package that will include sufficient funding for coronavirus efforts. And on Wednesday, Senate Minority Leader Chuck Schumer (D-NY) offered his own proposal for an \$8.5 billion package. Appropriators are expected to deliver a package within the next several days.

ACEP remains engaged in several efforts to help secure adequate funding to ensure that emergency physicians and other frontline health care providers are equipped with the tools they need to respond to this growing public health concern. This includes a [joint letter](#) from ACEP and the Emergency

Nurses Association (ENA) sent to appropriators requesting funding for coronavirus response efforts. ACEP and ENA also issued a [joint press release](#) as a follow up to the letter. ACEP will continue to closely monitor this issue and work with legislators to ensure emergency physicians are prepared.

Senate Legislation Introduced to Help Communities Save Lives

Today, Sens. John Boozman (R-AR) and Bob Menendez (D-NJ) introduced bi-partisan legislation that would expand access to life-saving bleeding control kits in communities across the country. The “Prevent Blood Loss with Emergency Equipment Devices (BLEEDing) Act,” supported by ACEP and many other health care organizations, allows states to apply for funding for anti-blood loss purposes including the use of supplies to use in medical emergencies, training on use of the supplies and help with distribution of the materials in public and privately owned spaces such as schools, libraries, malls and performance venues. [Click here](#) to see the press release including ACEP’s statement.

Regs & Eggs: Reducing your EHR Burden

This week’s [Regs & Eggs blog](#) focuses on an issue that each emergency physician is all too familiar with: the burden of using electronic health records (EHRs). EHR use is a major contributor to physician burnout, which is why reducing the burden associated with EHRs is a [top priority](#) for ACEP. Recently, the U.S. Department of Health and Human Services (HHS)’s Office of the National Coordinator (ONC) for Health Information Technology issued [a final report](#) outlining its plan for reducing regulatory and administrative burden relating to the use of EHRs. Read the [blog](#) to find out more about ONC’s report.

On a separate, but related note, the Centers for Medicare & Medicaid Services (CMS) Administrator Seema Verma announced this week that her agency is working on a new initiative, called Meaningful Measures 2.0, that aims to reduce burden around reporting quality measures. In a [speech](#) that Administrator Verma delivered at CMS’ annual Quality Conference, Ms. Verma said that the goal of the initiative is to “point us toward a future in which quality is only measured electronically. Imagine a world in which clinicians don’t have to lift a finger – where quality measures can be seamlessly transmitted from their EHRs.” More details about this initiative will be available in the next several months.

CMMI Announces Selected Applicants for the Emergency Triage, Treat, and Transport (ET3) Model

On Thursday, the Center for Medicare & Medicaid Innovation (CMMI) released the list of selected applicants for the Emergency Triage, Treat, and Transport (ET3) Model. The list, which is available [here](#), includes applicants from 36 states and the District of Columbia.

As background, the ET3 model is a voluntary payment model that allows Medicare to pay ambulance providers for taking beneficiaries to alternative destinations beyond the emergency department (such as urgent care centers and primary care clinics). It also would reimburse for treatments provided in place by a qualified health care practitioner (physician, NP, or PA) either in-person on the scene of the 911 emergency response or via telehealth. Information about the model is available [here](#).

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