



**PENNSYLVANIA COLLEGE  
of EMERGENCY PHYSICIANS**

*ADVANCING EMERGENCY CARE* 

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*Pennsylvania College of Emergency Physicians  
Out-of-Network Consumer Bills Public Hearing  
October 1, 2015*

Good Morning. My name is Michael Bohrn, MD, FACEP. I am a practicing emergency physician at WellSpan York Hospital. I am here today speaking as Past President of the Pennsylvania College of Emergency Physicians.

The College exists to support quality, and universally available and cost-effective emergency medical care for all who are in need, regardless of the nature or complexity of the patient's condition, their insurance status, ability to pay, or whether or not there is a contract with a particular insurer.

Our patients are increasingly having to contend with narrow networks, high-deductible health plans, and high out-of-network bills. Pennsylvania ACEP shares the concern of the Insurance Department regarding the impact of unexpected high out-of-network bills that patients often face.

Patients don't have the luxury of time to choose their emergency care provider. While the hospital may be in-network, their emergency physician may not.

The emergency physician, whether employed by the hospital or by an independent physician group, may not be in network for a variety of reasons. For example, the physician may be excluded from the network — often without cause; the physician chose not to participate due to inadequate health plan payment rates that are substantially below the reasonable and customary value of the emergency services provided; or because mandated participation reduced the ability of emergency physicians to negotiate for fair payment.

Emergency physicians provide a vital community safety-net service by being available 24/7, actively ready to provide emergency services on a moment's notice. Patient scheduling is not a factor of the day-to-day emergency department experience. We often provide care to multiple patients at a time with different injuries or illnesses, such as a man with crushing chest pain, a woman with a broken ankle or a victim of domestic violence. Emergency physicians are also crucially important in handling large scale events like the May 12 Amtrak train derailment in Philadelphia where 200 people were injured and eight people were killed.

Care is provided to patients who perceive that they, or their family member's medical condition requires immediate attention. We proudly care for those who have difficulty paying the usual costs for medical treatment, but inadequate payment rates are affecting the provision of emergency care and has a long-term deleterious effect on our ability to maintain this safety-net.

Emergency physicians provide an under and uncompensated safety-net for the insured, under-insured and un-insured. In 1986, Congress mandated access to emergency care for patients, regardless of their ability to pay, by enacting the Emergency Medical Treatment and Labor Act (EMTALA). The law requires screening and stabilization for anyone who presents to an emergency department. Designed to ensure that all patients have access to emergency care, EMTALA legally mandates emergency departments to provide a significant amount of uncompensated care and to bear the financial burden of the associated labor, medical liability, and overhead costs. Emergency physicians share in covering these costs.

Emergency physicians provide a substantial amount of services to patients where the reimbursement is set by government payers (Medicare, Medicaid) or is entirely absent (unable to pay and uninsured). The payment for providing these services does not cover the full cost of providing the services, and the reimbursement from private payers is particularly important for the maintenance of adequate emergency services.

Private payer insurance companies have added to the uncompensated care financial burden borne by emergency physicians. One insurer practice is to increase the portion of payment the patient is responsible for, which can ultimately result in a large out-of-network bill. Another is denying care based upon the final diagnosis rather than accounting for the appropriate work effort and value involved in arriving at such diagnosis, or inappropriately down coding and bundling claims. These policies have added to the economic challenges of providing emergency care.

Taking into consideration the mission and under and uncompensated burden emergency physicians assume, and to maintain the emergency care safety-net, insurers should pay a usual and customary rate for out-of-network emergency care. The emergency care safety-net is threatened when underpaying the true value of these services.

While consumer education is needed regarding up-to-date provider directories, and the costs associated with out-of-network care, when urgent medical care is needed, patients are limited in their ability to choose emergency care providers.

Emergency physicians have a mission, which includes providing emergency services and care to all who present to their emergency departments, regardless of insurance status or ability to pay. Effective contracting and fair reimbursement is required for emergency medicine physicians to meet this mission, to recruit and retain qualified emergency physicians, and to provide sufficient emergency department coverage to meet 24/7 readiness and other demands critical to maintaining the emergency care safety-net.

Thank you for the opportunity to provide comments. PACEP is ready to work with you in order to provide a fair and equitable solution to protect patients' access to emergency medical care.