Introduction

While emergency care has improved over the last several decades, increasing patient needs, decreasing capacity, and the impact of the Emergency Medicine Treatment and Labor Act (EMTALA) threaten to collapse the entire system. Between 1993 and 2003 ER visits rose by more than 2 million per year; a 26% increase to nearly 114 million visits, or roughly one for every three people in the US. During that same time, cost-cutting measures resulted in a net loss of 425 hospital ERs. ERs are also dealing with older and sicker patients needing more complex evaluation and treatment. Emergency departments have taken on additional roles beyond just life saving acute or trauma treatment. Emergency departments to report certain information as a condition for Medicare participation.

The Emergency Medical Treatment and Active Labor Act (EMTALA) legislation of 1986 requires hospitals to provide a medical screening examination to any individual presenting regardless of ability to pay. This guarantees emergency access for the uninsured, who often have worsened conditions because of a lack of access to community-based primary and specialty care.

Patients are often “boarded” or held in the ER while waiting for an inpatient bed. This draws staff attention away from emergent care, since patients can be held for 48 hours or more. Crowding causes ambulances to be diverted to different hospitals that may be further away or may lack certain services. Overcrowding, boarding and ambulance diversion are limiting access to care and affecting the quality of care.

The Proposed Solution

Access to Emergency Services Act of 2007 seeks to improve the quality and availability of emergency services by increasing reimbursements to emergency departments and physicians; establishing a commission to examine and better coordinate the existing system (including Emergency Medical Response Providers); and requiring emergency departments to report certain information as a condition for Medicare participation.

Proponents

The American College of Emergency Physicians, the American College of Osteopathic Emergency Physicians, the American College of Physicians, and the American College of Surgeons favor this legislation because of potential improvements in reimbursement, working conditions, and physician participation in on-call emergency room panels. The American Bar Association supports this bill. The American Heart Association and the American Stroke Association are also concerned with guaranteeing emergency services for patients. The National Rural Health Association supports expanded and better organized emergency services to better accommodate the unique needs of patients in rural areas. The Society of Trauma Nurses, the American Trauma Society and the National Society of State EMS Officials are directly invested in trauma care and in improving preparedness and responsiveness.

Opponents

The Emergency Medical Services for Children (EMSC) Partnership for Children have a particular agenda pertaining to children’s health issues. Certain public interest or advocacy groups such as the American Immigration Control Foundation have alternate proposals for solving the emergency services crisis including responsible immigration policies to limit crowding by individuals without other access to care. The American College of Osteopathic Emergency Physicians, the American College of Physicians, and the National Rural Health Association are also concerned with guaranteeing emergency services for patients. The National Rural Health Association supports expanded and better organized emergency services to better accommodate the unique needs of patients in rural areas. The American Bar Association supports this bill. The American Heart Association and the American Stroke Association are also concerned with guaranteeing emergency services for patients. The National Rural Health Association supports expanded and better organized emergency services to better accommodate the unique needs of patients in rural areas. The Society of Trauma Nurses, the American Trauma Society and the National Society of State EMS Officials are directly invested in trauma care and in improving preparedness and responsiveness.

Figure 1. Trends in Emergency Care

Figure 2. Overcrowding in the Emergency Room

Recommendation

The current emergency system is over-burdened and in danger of collapse. Americans rely on the availability of ER care and expect access and efficiency. The current situation is the result of many challenges within the healthcare system, including that many patients choose the emergency room for non urgent care when other sources are unavailable. In addition, many uninsured patients use the ER because they lack other options, and they present sicker because they have not sought care earlier.

Legislation to increase funding for better coordination of the emergency care system is essential, but should be a part of a package with additional measures for improving primary care or prevention services. Medicare reimbursement rates to physicians continue to be cut, yet this bill singles out emergency physicians as worthy of higher reimbursement. However, the effects of ER closures or loss of services may spark public demand for more funding for emergency care. Funding oversight and coordination for the system, as well as required reporting could help improve access and quality. Nevertheless, greater system-wide healthcare changes are necessary in order to keep emergency rooms healthy.

References