Testimony of Arvind Venkat, MD, FACEP, Secretary, Pennsylvania College of Emergency Physicians

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The Pennsylvania College of Emergency Physicians, representing nearly 1700 physicians providing emergency medical treatment and care to the people of Pennsylvania, appreciates the opportunity to participate in the process of finding solutions to barriers that put access to emergency medical care for the citizens of Pennsylvania at risk.

In emergency departments across the state, we care for patients under a federal mandate known as EMTALA, the Emergency Medical Treatment and Labor Act. Under that law, a person who comes to the emergency department with a prudent layperson’s belief that he/she is experiencing a medical emergency is entitled to a diagnostic examination and stabilizing treatment, regardless of the person’s ability to pay or insurance status. We embrace this mandate as it recognizes the unique and essential role that emergency medicine plays in our health care system. In Pennsylvania, emergency physicians are 4% of the physician workforce, but provide 28% of all acute care, 50% of all care to Medicaid and CHIP participants, and 67% of all uninsured care. At ANY hour of the day or night, ANYONE experiencing an injury, medical illness, or trauma knows that at ANY emergency department they will find physicians specifically trained to manage ANY acute illness or injury. Emergency physicians see patients regardless of ability to pay, commonly have no knowledge of a patient’s insurance status when they are caring for individuals in times of crisis and only even consider payment after the care of the patient is completed.

We have heard the concerns about unaffordable bills received by patients and note that they are coming at a particular time when the nature of insurance coverage is dramatically changing. Increased deductibles and copays have increased the patient’s obligation for his/her healthcare. This means that the patient’s out of pocket obligation has increased, even though the amount of savings of the average person has not. Disclosure of these costs is lacking when selecting a health insurance product; our patients often express surprise when they discover their out of pocket obligations. This is especially true in the individual market where Pennsylvanians will buy coverage at the lowest premium only to find that their high deductible policy covers nothing when they have an unexpected emergent medical need. The root cause of the issue before us is an unwillingness of health insurance companies to recognize the unique nature of emergency care which is acute, unanticipated and time-sensitive.

It is these gaps in insurance coverage that are surprising, worrying and angering many of our patients. According to a national survey of emergency physicians, 7 in 10 emergency physicians saw patients with health insurance who reported delaying medical care because of high out-of-pocket expenses, deductibles and co-insurance. In addition, many insurers have narrowed the number of providers within their networks. Patients frequently tell our physicians that they come to the emergency department because they are unsuccessful in finding a physician in their insurer’s network that has available time for an appointment, often being told the first available appointment was not for 1 to 2 months.

Insurance companies know that because of our EMTALA obligations we will treat any patient at any time in any emergency department, even when their insurers do not reimburse us adequately or at all for medical treatments provided or stabilization of a potentially catastrophic illness or injury. We believe that Pennsylvanians should be able to receive timely and quality emergency care regardless of where they live and when their crisis may occur. To achieve this, we would advocate the following solutions:

1. No health care insurance company should require prior authorization for emergency services

2. No health insurance company should impose a higher coinsurance, copayment, deductible or other out-of-pocket expense for out-of-network emergency care than that for in-network emergency care

3. If emergency services are rendered out-of-network, the health care provider will be reimbursed for the greater of either the amount that would have been paid to an in-network provider or the Usual, Customary and Reasonable amount defined by an impartial standard unaffiliated with either physicians or insurance companies such as the Fair Health Database.

4. There should be a reasonable floor on amounts that require dispute resolution between health insurance companies and physicians. This would incentivize insurers to broaden their physician networks, protecting Pennsylvanians access to critical emergency care.

We are proud to be the physicians that provide care to all Pennsylvanians with any condition at any time. We want to ensure that Pennsylvanians can continue to have access to the timely and quality emergency care they deserve.

Thank you again for the opportunity to provide our perspective on these issues. We will look forward to working with you on meaningful solutions.