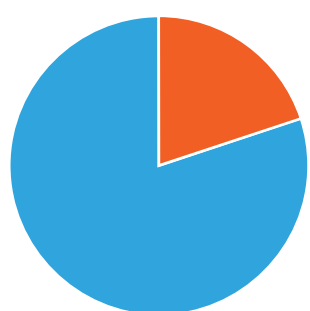


U.S. Emergency Department Physician Payment Crisis



20% of all U.S. ED physician expected payments went completely unpaid.

\$5.9B

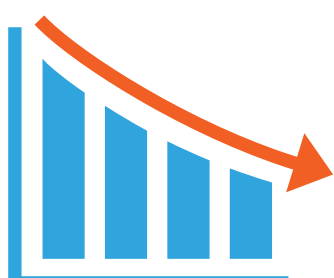
per year of unpaid ED EMTALA-mandated physician services.



Medicare and Medicaid payments to ED physicians both fell 3.8 percent per visit and total nearly 30% over the past decade when indexed to inflation.

Commercially insured patient visits payments dropped 10.9% for in-network visits and 47.7% for out-of-network visits.

-10.9%
in-network



-47.7%
out-of-network

The critical ED safety net is frayed, and patient access is threatened – policy and payment reforms are essential.



Reimbursement change is essential to preserve the ED safety net. Advocacy strategies include:

- ▶ Requirement for insurers to collect copays, deductibles and coinsurance from patients with full payments to providers
- ▶ Combine Medicare Parts A and B and ensure physicians are also given inflationary adjustments
- ▶ Allow physicians to deduct unfunded EMTALA monetary losses from taxes
- ▶ Utilize funding from the CDC and Dept of Defense as revenue sources for health screening and disaster preparedness
- ▶ Hold insurers accountable for the contractual amount obligated to physicians
- ▶ Provide DSH payments to physicians and not just facilities for undercompensated care