About Emergency Physicians

Every year, 1 in 3 people will require emergency care.

Emergency physicians are healthcare's safety net, providing care in emergency departments (EDs) 24 hours a day, 7 days a week, 365 days a year. They play a vital role in public health and safety, collaborating with local EMS and fire rescue agencies in the oversight and planning for natural disasters, mass casualty events, hazardous materials disasters and terrorism preparedness. They are also on the frontline of the opioid epidemic, treating over 142,000 overdoses in the U.S. per year.

Emergency physicians practice in highly intense and chaotic environments where rapid diagnosis and treatment decisions must be made, often without the benefit of patient records or the advantage of an established doctor-patient relationship. They are federally mandated by the Emergency Medicine Treatment and Active Labor Act (EMTALA) to provide care to *every* patient in the ED, regardless of their insurance status or ability to pay. In fact, emergency physicians provide 67% of all medical care to uninsured patients and 50% of all care to Medicaid and CHIP pediatric patients, even though they represent only 4% of the nation's total physician work force.

In Florida, emergency physicians provide care for 11 million patient visits annually, and 20% of those patients are uninsured. This means that each individual emergency physician in our state provides an average of $193,000 in uncompensated care, every year.

The cost of caring for patients without funding cannot be sustained without some form of additional cross-subsidy from commercial payors or the government. But lately, private health insurance companies have employed aggressive tactics to avoid their financial responsibilities, such as narrowing their networks of physicians and outright denying reimbursement for emergency care, which leads to surprise bills for patients. They have also shifted costs to patients by increasing annual premiums, patient deductibles and copays—all the while recording record-high revenues.

These tactics have severely diminished the ability of emergency physicians to negotiate with insurance companies for reasonable in-network rates, which threatens the availability of adequate staffing in Florida's EDs by physicians who are appropriately trained to make lifesaving medical decisions. In other words, these tactics ultimately put patient lives at risk.

A stable reimbursement environment is key to maintaining Florida's safety net, and commercial insurers should be required to contribute their fair share to the cost of federally-mandated care.

The **Florida College of Emergency Physicians (FCEP)** is a state chapter of the American College of Emergency Physicians (ACEP). FCEP is the largest specialty society for emergency physicians in Florida with more than 2,000 members, and is recognized within the Florida Medical Association (FMA). We represent our physician members and patients by advocating for the highest quality emergency care.

Learn more at fcep.org

Emergency Medicine (EM) Days is the premier advocacy event for emergency physicians, residents and medical students. Every year, FCEP members meet with Florida legislators to discuss current bills, priorities and issues.

See the bills we support and oppose on the other side »

Positions on Key Bills in 2020 Session

FCEP OPPOSES:

SB 378/HB 771: Motor Vehicle Insurance (Lee/Grall)

Per Florida Senate Bill analysis of fiscal impact, repeal of Florida's PIP no-fault auto insurance system would:

- Drive the cost of coverage up by 5.3%, or $67 per year
- Shift $470 M towards private health insurers (which would get passed back to consumers through higher premiums)
- Shift $33 M towards health providers and $83 M towards injured claimants

When Colorado repealed PIP for BI in 2002, its hospitals saw a 26% decrease in reimbursement and a double in self-pay patients. First responders saw non-reimbursed charges increase by 37%.

Main Point: This bill will shift costs to consumers and the Florida Medicaid program, all to save auto-insurers money and give personal injury protection lawyers incentive to sue.

Proposed Solution: **Any change in coverage needs to preserve a set-aside for EMTALA-mandated medical care, as exists under the current PIP laws, to assure Floridians' services aren't disproportionately hit with the burden of caring for uninsured motorists.**

SB 714/HB 389: Testing for & Treatment of Influenza & Streptococcus (Hutson/Sirois)

Every year the flu kills 50,000-75,000 people, including many pediatric and otherwise healthy patients. Because the flu causes fever, which changes normal vital signs, only a properly trained professional can recognize which flu patients could become unstable and require hospitalization.

Since Medicaid and financially-distressed patients will not be able to afford services from pharmacists, they will be referred to EDs anyway, leaving insured and self-pay patients who see pharmacists at the highest risk for adverse consequences.

Main Point: This steps beyond a pharmacist's scope of practice and could lead to patient harm.

Proposed Solution: **FCEP supports a compromise where pharmacies can test for strep/flu, but incorporate technology such as tele-medicine to ensure a physician interprets symptoms, lab studies and vital signs to provide appropriate treatment.**

HB 607: Health Care Practitioners Expansion of Scope (Pigman)

Nurse practitioners (NP) and physician assistants (PA) were never meant to practice outside of a collaborative team with a supervising physician:

- NPs receive 500-1500 hours of clinical training while physicians receive 15-20,000 hours from medical school and residency
- By their own reports, NP programs have no basic standards such as collaborative clinical agreements to ensure a baseline standard for education. As a result, many online programs produce unprepared NPs who require remedial training before seeing patients under MD supervision, let alone by themselves.

All studies showing "equivalency" of nurse practitioner care to physician care were conducted while NPs were operating under physician supervision vs. independently.

Moreover, NPs/PAs order more imaging and ancillary tests than physicians (JAMA 2015) and were 1.9x more likely to inappropriately refer patients to specialists (Mayo Clinic 2013).

Main Point: NP's lack the experience and training to practice independently. Furthermore, NP's practice medicine, and need to be under the regulation of a medical board.

Proposed Solution: **NP's and PA's lack the training and experience to practice independently at the level necessary to provide safe, quality care, and should remain under the supervision of a physician.**

SB 1830/HB 1103: Electronic Prescribing (Baxley/Mariano)

E-prescribing for *every* prescription presents challenges in the ED, where immediate access to the Electronic Health Record (EHR) system is limited and the type of technological software used to e-prescribe is notoriously unreliable. Emergency physicians frequently call in prescriptions for positive cultures, for example—and this bill creates unnecessary barriers that prolong access to medications.

Main Point: There are many instances in which e-prescribing would prevent patients from receiving critical prescriptions in a timely manner.

Proposed Solution: **Exceptions must exist to effectively streamline care.**

FCEP SUPPORTS:

- **SB 100/HB 057: Dispensing Medicinal Drugs** (Harrell/Willhite)
- **HB 309/SB 500: Prohibited Acts by Health Care Practitioners** (Massullo/Harrell)

  FCEP believes "physician" and "Dr." used in a clinical setting should only pertain to those who have completed a doctorate in medicine or osteopathy, and not for nursing or physician assistant PhD's.
- **SB 120/HB 331: Naloxone in Schools** (Pizzo/Geller)
- **HB 275/SB 934: First Aid for Severe Bleeding** (Grieco/Pizzo)
- **SB 706/HB 939: Insurance Coverage Parity for Mental Health & Substance Use Disorders** (Rouson/Slosberg)
- **SB 1196: Coverage for Epinephrine Injectors for Children** (Cruz)
- **SB 878/HB 145: Public Records ER Health Care Practitioners** (Harrell/Greico)
- **SB 298: Prior Authorization for Opioid Alternatives** (Farmer)