



## **EDPMA Action Alert: Urge Congress Not to Cut Reimbursement for Emergency Care during the COVID-19 Crisis**

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Congress is considering additional legislation to address the COVID-19 pandemic. EDPMA has been lobbying to ensure that emergency physician groups and their practice partners receive the funding, loans, and regulatory relief they need to address the pandemic. Unfortunately, **Congress is considering adding a surprise billing proposal to upcoming COVID-19 legislation which would ban balance billing without ensuring that commercial insurers reimburse emergency physicians at sustainable and commercially reasonable rates.**

Congress may include a proposal supported by Senator Alexander and Representative Pallone that would set out-of-network reimbursement at the plan's median in-network rate. The Congressional Budget Office estimates that the proposal would cut physician reimbursement by 15-20%. **EDPMA supports a ban on balance billing, but the proposal must protect the healthcare safety net.** A payment standard set at the plan's median in-network rate sounds reasonable, yet it is easily manipulated by the plan. Please tell Congress that now is not the time to cut emergency physician reimbursement. Deep cuts, like those included in the Alexander/Pallone surprise billing proposal, pose a significant threat to the nation's safety net and patient access to timely emergency care during and after the pandemic.

**Please contact your Member of Congress and Senators today!** Directions for reaching your two senators is at the bottom of this alert. Here are talking points for your call:

1. Tell the staffer that you are a constituent, share your address, and share the number of patients in the state your group or company serves.
2. **This is not the time for deep cuts for emergency care! Instead, Congress should provide relief to emergency physicians who are on the front line fighting the coronavirus, bravely providing care 24/7, sometimes in makeshift tents, without personal protective equipment.**
3. Emergency physician groups are in dire financial straits due to the pandemic while commercial insurers are spending significantly less on care because patients are not experiencing as much illness or injury while sheltering at home. This is not the time to shift tens of billions of dollars from physicians to commercial insurance companies.

4. Emergency physicians provide more than fair share of uncompensated and undercompensated care. Already, emergency physicians are only 4% of physicians, yet they provide over two thirds of all uninsured care and over half of Medicaid/CHIP care. Everyone receives care - no matter how little their insurance plan - if any - pays.
5. The surprise billing provisions in the Alexander/Pallone proposal would allow commercial insurance companies to unilaterally dictate reimbursement for emergency care. There is no assurance that the insurance company will pay a sustainable rate.
6. We must make sure that commercial insurers reimburse at sustainable rates or our emergency departments will be staffed with fewer physicians, more rural hospitals will close, and our ability to address future pandemics and natural disasters will be in jeopardy.
7. Since 2010, over 100 rural hospitals have closed and mortality in those communities increased by an estimated 5%.

#### CONTACT INFORMATION

If you know who is in your Congressional delegation, you can reach them by calling the Capitol Switchboard at **202 224-3121** and asking to be transferred to their offices. To identify your Member of Congress, visit [www.house.gov](http://www.house.gov) and enter your zip code in the upper right hand corner and you will see the Representative's name and contact information. You can identify your senators and their contact information by visiting [www.senate.gov](http://www.senate.gov) and selecting your state.

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