



September 29, 2018

The Honorable Bill Cassidy SH-520 Washington, D.C. 20510

Dear Dr. Cassidy:

On behalf of the American College of Emergency Physicians (ACEP), our 38,000 members, and the more than 140 million patients we treat each year, I am writing to express ACEP's support for the "Emergency Care Improvement Act." This legislation would provide Medicare and Medicaid recognition of freestanding emergency centers, so that they can fully serve those patient populations and thereby increase access to care, which is particularly needed in rural areas.

ACEP believes that any emergency medical facility that presents itself as an emergency department, regardless of whether it is an off-site, hospital-based emergency department (ED), or an independent freestanding emergency center (FEC), should meet criteria including being available to the public 24 hours a day, seven days a week, 365 days per year, have policy agreements and procedures in place to provide effective and efficient transfer to a higher level of care if needed, and follow the intent of the federal EMTALA statute – thereby ensuring all individuals presenting at an FEC should be provided an appropriate medical screening exam and, if necessary, be provided with stabilizing treatment within their capability or transferred to an appropriate facility for definitive care. FECs should also have the same standards as hospital-based FSEDs for quality improvement and governance as hospital-based EDs.

ACEP would like to applaud you for meeting these criteria as part of your Emergency Care Improvement Act. We think FECs can improve access to emergency care in all areas and we particularly appreciate your recognition of the unique issues affecting access to emergency medical services in rural communities, and relative adjustment of reimbursement for FECs in these geographic areas as part of the legislation. We look forward to working with you and your staff on an appropriate mechanism for ensuring that rural FECs in areas of particular access-scarcity will be adequately resourced to ensure patients in these geographically isolated areas have access to lifesaving services.

Should you have any questions or require any further information, please do not hesitate to contact Brad Gruehn, ACEP's Congressional Affairs Director, directly at (202) 370-9297 or at bgruehn@acep.org.

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Sincerely,

Paul D. Kivela, MD, MBA, FACEP

ACEP President