Memorandum in Opposition
2017-18 Executive Budget Proposal
Reduce “Avoidable” Emergency Department Visits by 25%

The New York American College of Emergency Physicians (New York ACEP), representing over 2,650 physicians across the State, is strongly opposed to Governor Cuomo’s State Budget proposal to take administrative action to “reduce avoidable” emergency visits by 25% and create a “Reinvestment Pool.” Total annual Medicaid reductions for emergency services are projected at $20 million. This proposal will penalize hospital emergency departments for events that are beyond their control, seriously jeopardize the financial stability of the State’s emergency care network, and impair access to patient care.

Emergency physicians are committed to delivering the highest quality of care in the most cost-effective and efficient way possible for the 7 million people who visit the State’s emergency departments each year. It is our mission, and our mandate under the federal Emergency Medical Treatment Act (EMTALA), to provide care 24 hours a day, 7 days a week to every patient who walks in the door, regardless of ability to pay.

Many people seeking emergency care have serious or urgent symptoms. In some cases, their final diagnosis may turn out to be non-urgent. These visits are not “avoidable.” The State’s Prudent Layperson Standard law, spearheaded by New York ACEP in 1996, requires health insurance companies to provide coverage based on symptoms, not final diagnosis. This law was passed in recognition that anyone with potentially life-threatening symptoms should be treated and stabilized in an emergency department and that the visit should be covered by insurance.

Medicaid rates are already grossly inequitable for emergency care, providing only $17 per visit for a non-boarded and $25 for a board certified physician regardless of patient severity compared to $30 for a private office visit. This proposal will further erode payment and seriously compromise the capacity of the State’s emergency safety net to treat patients with severe trauma, stroke, heart attack, and to respond to pandemics, disasters, and flu epidemics. In addition, it comes at a time when the federal government is poised to repeal the Affordable Care Act and drastically reduce Medicaid payments to states.

A study in the Annals of Emergency Medicine found that reducing non-urgent visits in emergency departments will yield little to no savings for the health care system. Emergency care itself represents only 2% to 4% of the nation’s health care. In addition, there is no clear consensus about how many patients, or which types of patients, could be treated in alternative settings, nor is there a clear understanding of the potential savings that might be achieved by diverting ED care to alternative delivery settings.¹

Emergency departments are a vital part of the health care system. Many so called “avoidable” visits occur when doctor’s offices are closed. Those hardest hit by this proposal will be underserved populations living in rural and urban areas. This proposal comes at a time of great instability in the nation’s health care system. It is dangerous for patients and for the viability of the emergency care safety net.

For these reasons, New York ACEP strongly urges that this proposal be defeated.