



June 16, 2017

The Honorable Mitch McConnell Majority Leader U.S. Senate 317 Russell Senate Office Building Washington, D.C. 20510

The Honorable Chuck Schumer Minority Leader U.S. Senate 322 Hart Senate Office Building Washington, D.C. 20510

Dear Senate Majority Leader McConnell and Senate Minority Leader Schumer:

On behalf of the Emergency Nurses Association (ENA) and our more than 43,000 members, I am writing to urge the Senate, as it considers legislation to repeal and replace the Affordable Care Act (ACA), to include provisions that protect access to affordable and meaningful health care coverage, especially for patients requiring treatment in our nation's emergency departments (EDs).

As you know, EDs are on the frontline of our nation's health care system. According to the Centers for Disease Control and Prevention, more than 130 million persons visit EDs each year. Emergency nurses provide care for patients with a multitude of injuries and illnesses, and demonstrate expertise in all aspects of emergency care, including triage, acute patient care, public health emergency response, injury prevention, trauma care and disaster preparedness.

Therefore, as you consider potential changes to the U.S. health care system, ENA is urging the Senate, in its ACA-replacement bill, to maintain the guarantee of health insurance coverage for emergency care. The ACA included emergency services as an essential health benefit for the simple reason that patients requiring emergency care do not have the option of choosing the time or place for such critical care. Patients should not be financially penalized for having an emergency. Accordingly, we request that the Senate reject the policy contained in the House-passed version of the American Health Care Act (AHCA) that eliminates emergency care as a covered benefit.

In addition, ENA is deeply concerned about the proposed changes to the Medicaid program included in the AHCA. Since 1986, the Emergency Medical Treatment and Labor Act (EMTALA) has guaranteed access to care to anyone arriving at an ED, regardless of coverage status or ability to pay. While this has resulted in the provision of lifesaving care for

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countless Americans, it has also led to high levels of uncompensated care that have significantly burdened hospital emergency services.

The Medicaid program, including its expansion under the ACA, has been a lifeline to EDs across the country by reducing the number of uninsured patients – patients that EDs are required to treat under EMTALA. While ED care only accounts for about four percent of all Medicaid spending, nearly 32 percent of monthly ED visits since 2014 were covered by Medicaid. Further, states that expanded Medicaid under the ACA have seen a 31 percent drop in uninsured visits to EDs compared to non-expansion states.

The effects of eliminating the ACA's Medicaid expansion would be exacerbated in the AHCA by its provision that replaces the current federal-state partnership with either a block grant or per capita cap. The Congressional Budget Office estimates that this change will result is an \$880 billion reduction in Medicaid support over a 10-year period, leading to reduced or no health coverage for the 74 million Medicaid beneficiaries. This will further strain EDs as uninsured patients are more likely to seek primary care services in the ED, placing disproportionate strain on hospitals and the emergency health care system.

The cuts are especially problematic for mental health and substance abuse patients. According to the National Council for Behavioral Health, Medicaid is the single largest payer of mental health services in the United Sates, accounting for approximately 25 percent of mental health spending in the U.S. Medicaid covers a broad range of mental health services, including psychiatric hospital care, case management, day treatment, evaluation and testing, medication management and individual and group therapy. Significant reductions to the Medicaid program will result in additional uninsured and underinsured behavioral health patients utilizing their local ED for care.

This will lead to the increased boarding of mental health patients in the ED, which is not the appropriate setting for comprehensive behavioral health treatment. Research conducted by ENA in 2015 found that mental health patients who present to an ED have an average stay of 18 hours, compared to an average of only four hours for all ED patients. The extended boarding of mental health patients is a direct result of the shortage of community-based mental health services, which in turn is caused by the high number of uninsured mental health patients. This problem will only deteriorate if Medicaid coverage is reduced.

The situation is equally dire with respect to substance abuse patients. In 2014, Medicaid paid for 21 percent of all substance abuse treatment costs and covered approximately one-quarter of medication-assisted treatments. In many states that have expanded Medicaid and are facing a severe opioid abuse crisis, Medicaid pays a much higher share of payments for medication-assisted treatment. For example, in Vermont Medicaid covers 68 percent of medication-assisted treatment costs and in Ohio Medicaid pays 50 percent. As our nation faces an unprecedented opioid crisis, Congress should be looking to improve care for those suffering from substance use disorders instead of considering cuts to the very program that provides critical services for these patients.

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As you consider legislation to reform our health care system, we look forward to working with you to improve our health care system, especially with respect to the care received by millions of Americans requiring care in our nation's emergency departments.

Sincerely,

Karen Wiley, MSN, RN, CEN

Karen K Wiley

2017 ENA President