



## Maryland Chapter

# AMERICAN COLLEGE OF EMERGENCY PHYSICIANS

*The Maryland Chapter of the American College of Emergency Physicians (MDACEP) exists to support quality emergency medical care and promote the needs and interests of emergency physicians by (1) enlightening public awareness of emergency issues; (2) acting as advocates before the legislative branches of local, state and national government; and (3) developing continuing medical education programs for the emergency medicine provider community.*

## 2021 POLICY PRIORITIES

### **ENSURE EMERGENCY DEPARTMENTS HAVE ADEQUATE SUPPLY OF PERSONAL PROTECTIVE EQUIPMENT (PPE)**

Practicing emergency physicians, nurses, and healthcare professionals depend heavily on a robust supply of PPE to reduce the risk of healthcare worker transmission of the novel coronavirus. In May of this year, MDACEP conducted a survey of PPE utilization of emergency physician members and non-members across the State. Seventy-one responses were provided by 63 physicians, 6 physician assistants and 2 nurse practitioners, representing at least 26 different EDs in the State. Respondents endorsed having greater access to N-95 masks, gowns, gloves, and face shields and a high degree of PPE reuse. The most reused PPE items were N-95 masks (96.55%), face shields (79.31%), PAPR hoods (65.52%), goggles (55.17%), and surgical masks (48.28%). Of most concern, 46% cited running out of N-95s and 36% cited indefinite use of their N-95 masks. There are numerous articles citing the loss of integrity of N-95 masks and the increased risk of transmission through indefinite use of these masks. As Maryland continues to fight this deadly pandemic, the State needs to remain focused on the importance of PPE. **MDACEP advocates that the State prioritize the distribution of PPE to emergency departments and continue to provide incentives to Maryland-based companies for the intra-state production of PPE (e.g., Maryland COVID-19 Emergency Relief Manufacturing Fund).**

### **REDUCE “BOARDING” OF PATIENTS IN EMERGENCY DEPARTMENTS BY STRENGTHENING AND EXPANDING BEHAVIORAL HEALTH CRISIS SERVICES**

The issue of “boarding” results in critical overcrowding and heavy emergency resource demand. A “boarded patient” is defined as a patient who remains in the emergency department (ED) after the patient has been determined to require hospitalization but has not been transferred to an inpatient unit either within the hospital or another facility. Too often, a “boarded patient” is one who is experiencing a behavioral health crisis. This practice often results in ambulance diversions because of unavailability of beds, prolonged overall patient waiting times, increased suffering, and lack of receipt of needed services for those experiencing the crisis. This reduces the ability of ED staff to treat non-behavioral health patients. When EDs are overwhelmed, their ability to respond to community emergencies and disasters may also be compromised. **MDACEP advocates for a broader investment in behavioral health crisis services. A comprehensive, integrated crisis response system serves as a critical access point to help individuals in crisis. It also reduces demand for emergency care, while reducing harm and overall costs for the health care system.**

## **SUPPORT PHYSICIAN PARTICIPATION AND PROTECT THE INTEGRITY OF THE MEDICAID PROGRAM BY MAINTAINING E&M CODE PAYMENTS**

When Medicaid payment rates to physicians have been too low to ensure an adequate network for enrollees, access to medically necessary services has suffered. Access to care challenges leads to poor outcomes and results in an increase in the cost of care for Medicaid recipients. Without an appropriate physician network, many enrollees often seek care in the hospital under emergent conditions. Appropriate payment rates encourage private practice physicians to participate in the Medicaid program. Over the years, the State has worked to restore E&M code payment to 100% of Medicare rates, which in turn, increases provider participation in Medicaid. Currently, the State is reimbursing at 93% of Medicare. The COVID-19 pandemic has not only caused a sharp increase in Medicaid enrollment but has also resulted in many physician practices struggling due to earlier stay at home orders, restrictions on elective surgeries and the reluctance of many to seek medical treatment. **MDACEP advocates for continued support of physician participation in Medicaid by maintaining E&M code payment at its current percentage level. MDACEP also believes that the State must develop a plan for E&M payment codes to be restored to 100% Medicare, like previous years.**