

## Final Objectives 2023-24

### Federal Government Affairs Committee

Chair: Hilary Fairbrother, MD, FACEP

Board Liaison: Alison J. Haddock, MD, FACEP, President-Elect

Staff Liaison: Laura Wooster, MPH

1. Analyze and recommend legislative and regulatory priorities for the Second Session of the 118<sup>th</sup> Congress.
2. Support and advocate for regulatory and legislative solutions on health care staffing shortages and ED boarding, with a particular emphasis on psychiatric boarding.
3. Explore opportunities at the federal level to examine the impacts of different ownership arrangements and health care consolidation both on the provider side and the insurer side on emergency physicians and identify potential federal strategies to address related challenges.
4. Actively engage in the regulatory process for the implementation of the “No Surprises Act” working to ensure that the law is implemented in a way that will protect patients as well as reimburse providers appropriately for services rendered. Be aware of issues related to the NSA that may require additional legislative intervention. Collaborate with content experts from the Reimbursement Committee and State Legislative/Regulatory Committee. (Federal Government Affairs is the lead committee.)
5. Monitor and support legislative and regulatory efforts to address racial and social disparities and inequities in the health care system.
6. Continue federal efforts to promote emergency physician practice rights and protections, as well as educating federal lawmakers and regulators about the difference in training between emergency physicians and mid-level providers who participate in the emergency physician-led team.
7. Support ACEP efforts to develop targeted federal legislation to address challenges identified by emergency medicine workforce projections, such as federal designation of emergency medicine health professional shortage areas (HPSAs) and relocation/relicensure incentives and benefits to help recruit emergency physicians and spouses/partners to help address emergency medicine shortages in rural and underserved communities.
8. Continue efforts to improve safe working conditions in the emergency department.
9. Support and advocate for legislative and regulatory relief that would protect physicians from potential Medicare reimbursement cuts in 2023 and beyond via a more stable and fair physician payment system.
10. Identify new opportunities to work with federal agencies, including the Department of Defense, and Indian Health Services, etc.
11. Develop and assess potential innovative approaches to improving the way care is delivered and reimbursed in rural areas, with the goal of improving patient access to emergency department services in these areas. This includes overseeing the implementation of the Medicare rural emergency hospital (REH) designation. Collaborate with content experts from other committees and task forces as needed.
12. Continue to develop and assess potential legislative ideas to address firearm safety and injury prevention.
13. Ensure emergency physicians are protected from legislative, regulatory, or criminal consequences when providing federally-mandated emergency care, particularly in cases of conflict between federal law and state reproductive health laws.
14. Continue advocating for emergency medicine needs to deal with preparedness and develop and propose federal legislation and regulatory proposals based on lessons learned in the pandemic that will lessen obstacles for emergency physicians and patients in future pandemics or disasters and provide emergency physicians with the upfront financial resources and protection they need to be prepared to respond immediately.

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15. Serve as a resource to the State Legislative/Regulatory Committee in their objective to provide guidance to state chapters regarding advocacy on state laws addressing out-of-network/balance billing considering federal action related to the No Surprises Act. (State Legislative/Regulatory is the lead committee.)
16. Collaborate with the Emergency Medicine Practice Committee and the Reimbursement Committee to evaluate the desirability and feasibility of passing legislation allowing competing physicians to collectively bargain with health insurers and governmental agencies over rates and terms for physician services. (Federal Government Affairs lead committee.)
17. Review the following policies per the Policy Sunset Review Process:
  - Delivery of Care to Undocumented Persons

*Determine by December 15 if the policies should be reaffirmed, revised, rescinded, or sunsetted. Submit any proposed revisions to the Board for approval by the end of the committee year.*

18. Work with the State Legislative/Regulatory Committee to develop a recommendation to the Board of Directors regarding the advisability of implementing Amended Referred Resolution 27(23) Addressing Interhospital Transfer Challenges for Rural EDs and potential initiatives to address the resolution. (Federal Government Affairs is the lead committee.)

RESOLVED, That ACEP work with state and federal agencies to ~~create~~ advocate for state and regional transfer coordination centers to facilitate transfer of patients when normal transfer mechanisms are impaired by hospital and ED capacity problems and to report their activities publicly; and be it further

RESOLVED, That ACEP advocate for state and federal requirements that tertiary centers have a regional process for rapidly accepting patients from rural hospitals when the patient needs an emergency intervention not available at the referring hospital, ~~even when capacity is limited at the tertiary center~~; and be it further

RESOLVED, That ACEP advocate for regional dashboards with updated information on hospital specialty service availability including procedural interventions and other treatment modalities (e.g., ERCP, ECMO, dialysis, STEMI, interventional stroke, interventional PE, neurosurgery, acute oncologic disease) and in this region is defined as patient catchment areas rather than jurisdictional boundaries; and be it further

RESOLVED, That ACEP support research to strengthen the evidence base regarding rural hospital transfer processes including delays, administrative burden on sending hospitals, and clinical association with patient outcomes and experience and include investigation of common challenges experienced by all small, non-networked hospitals; ~~and be it further~~

~~RESOLVED, That ACEP create a task force to examine current models and existing research yielding detailed recommendations for ACEP advocacy efforts regarding interhospital transfer challenges for rural EDs and the task force should:~~

- ~~• Examine existing and theoretical transfer models to identify best practices, including coordination of transfers across state borders.~~
- ~~• Enumerate and endorse effective mechanisms to facilitate tertiary care hospitals' acceptance of patients in transfer with time-sensitive conditions who are initially treated at EDs without needed services.~~
- ~~• Identify key capacity measures for public reporting of hospital capacity limitations, and propose mechanisms to create and sustain appropriate state/regional dashboards.~~