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Mitigating the Unintended Consequences of the CURES Act

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While recognizing the value of improved patient access to medical records and the importance of reducing “information blocking,” the American College of Emergency Physicians (ACEP) believes that direct communication and discussion of clinical results between the emergency department (ED) care team and the patient/patient representative prior to patient-level access to results is a best practice in emergency care. Any regulations that lessen an ED’s ability to meet this practice may cause undue confusion and anxiety for patients and their advocate(s). Further, viewability of clinical results before they can be placed in context by the ED care team may increase the potential for avoidable reactionary events which may negatively impact the patient’s health, threaten the wellness of the ED care team, contribute to a hostile working environment, or lead to workplace violence based on misinterpretation of clinical results.

Hospitals and EDs must collaborate to establish policies and procedures that support the in-person and contemporaneous presentation and discussion of results by an emergency physician or member of the ED care team to maximize to maximize patient knowledge and minimize the potential for patient or caregiver misinterpretation of externally released results. Additionally, robust advocacy is essential for a clear ED exception (“carve out”) to the Cures Act that affords hospitals and EDs an efficient mechanism to be in place to delay release of these results for a minimum of 24 hours.