

July 27, 2017: State Advocacy Update

Anthem emergency care policy harmful to patients

As of July 1, 2017, Blue Cross Blue Shield of Georgia (BCBSGA), and its parent company, Anthem, says it may not pay for care received in an emergency department if it is later determined that the patient was not in need of emergency medical care. Letters sent to thousands of Georgians who purchased BCBSGA plans in the individual market state that an emergency will ultimately be determined by the insurer, potentially leaving patients and physicians holding the bag for the cost of care and deterring patients from seeking emergency care in the first place.

And Georgia is not the only state affected. This policy is now live for some Anthem patients in Missouri and anticipated in several other states soon. The Medical Association of Georgia and the American College of Emergency Physicians have been actively and loudly opposing this harmful policy, and the AMA sent a letter (PDF) to the CEO of Anthem last month stating serious concern with the policy. The AMA letter outlined the financial and clinical impact on patients, suggested that that the policy may be in conflict with federal and state laws. The AMA asked that Anthem rescind the policy immediately.

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