Whereas, Symptomatic patients cannot accurately determine the need for emergency medical care prospectively; and

Whereas, The Emergency Medicine Treatment and Active Labor Act of 1986 (EMTALA) established a mandate for the provision of emergency medical care, the violation of which jeopardizes the very existence and continuance of hospital operations; and

Whereas, The federal program of Medicare and the federally sponsored program of Medicaid adopted a prudent layperson standard for seeking emergency medical care as incorporated in the Balanced Budget Act of 1997; and

Whereas, Many states have adopted a prudent layperson standard for seeking emergency medical care; and

Whereas, Anthem Blue Cross and Blue Shield has adopted a list of diagnoses that the insurer will not pay for, an ex post facto action that does not consider the prudent layperson standard or the necessary work of emergency department physicians to make the diagnosis; therefore be it

RESOLVED, That our American Medical Association oppose the arbitrary denial of payment for emergency services based on diagnostic coding alone and support the use of the prudent layperson standard. (New HOD Policy)

Fiscal Note: Not yet determined

Received: 04/30/18
RELEVANT AMA POLICY

Access to Emergency Services H-130.970
1. Our AMA supports the following principles regarding access to emergency services; and these principles will form the basis for continued AMA legislative and private sector advocacy efforts to assure appropriate patient access to emergency services:
   (A) Emergency services should be defined as those health care services that are provided in a hospital emergency facility after the sudden onset of a medical condition that manifests itself by symptoms of sufficient severity, including severe pain, that the absence of immediate medical attention could reasonably be expected by a prudent layperson, who possesses an average knowledge of health and medicine, to result in: (1) placing the patient's health in serious jeopardy; (2) serious impairment to bodily function; or (3) serious dysfunction of any bodily organ or part.
   (B) All physicians and health care facilities have an ethical obligation and moral responsibility to provide needed emergency services to all patients, regardless of their ability to pay. (Reaffirmed by CMS Rep. 1, I-96)

Coverage of Emergency Services D-130.989
Our AMA: (1) will promote legislation, regulation, or both to require all health payers to utilize the AMA's definition of "emergency medical condition"; (2) will promote legislation, regulation, or both to require all health payers, including ERISA plans and Medicaid fee-for-service, to cover emergency services according to AMA policy; and (3) in conjunction with interested national medical specialty societies, continue to work expeditiously toward a comprehensive legislative solution to the continued expansion of EMTALA and problems under its current rules.
Citation: (Res. 229, A-01; Reaffirmed: BOT Rep. 22, A-11)