

July 2, 2009

Draft Hospital Urgent Care Regulations

Recently, regulations were proposed by the Pennsylvania Department of Health (DOH) that would require hospitals to establish a separate area of the hospital to provide treatment for urgent care services on a 24/7 basis, or enter into a contractual arrangement with an entity located within 15 miles from the hospital.

President Michael Turturro, MD, FACEP, President-Elect Daniel Wehner, MD, MBA, FACEP, Vice President Henry Unger, MD, FACEP, and Past President John Kelly, DO, FACEP, responded to these regulations at a June 15 meeting with Secretary of Health Everette James. They relayed concerns, specifically that there are a number of serious EMTALA violations and that the intent to reduce ED crowding would not be realized if the regulations are adopted. On June 30, the chapter also sent a formal letter to the DOH detailing the following concerns.

- Quality timely care in the emergency department has been compromised by the result of boarding admitted patients due to the lack of readily available inpatient beds, not by unnecessary, non-urgent care. Reducing the volume of less urgent patients will do very little to reduce crowding and any potential cost savings to Pennsylvania's health care system would not be realized.
- Implementing the regulations would incur substantial cost for hospitals, and would further strain institutions that are struggling to remain financially solvent.
- After a medical screening examination and transport to an alternate site, any perceived efficiencies of an urgent care center would be lost.
- The true root cause for lack of access to care is an inadequate primary care network. Opening urgent care centers will not improve primary care access.
- Most importantly, hospitals have a federal mandate under EMTALA to provide a medical screening exam for all who present to an ED for care to ensure that no emergency medical condition exists. The regulations call for "pre-screening" to determine who "may have" an emergency medical condition. The regulations violate the EMTALA requirement that the medical screening examination must be the same for all and must be sufficient to determine if an emergency medical condition exists. Robert A. Bitterman, MD, JD, FACEP, provided invaluable comments regarding the serious EMTALA violations, which were included in the letter to the DOH.

After the meeting with the Secretary of Health, the chapter sent an email to member ED directors, encouraging them to forward their concerns to the DOH. PaACEP anticipates that once the DOH assesses the influential combination of member ED director comments, the chapter's concerns, and the support and agreement of the Pennsylvania Medical Society and the Hospital and Healthsystem Association of Pennsylvania, the draft regulations will not be implemented. Updates will follow as this issue unfolds.

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