

Dear Honorable (***Enter Legislators First and Last Name***),

As an Emergency Physician working in the Emergency Department at (***Facility/ED name***), I am writing to seek your help in changing Washington State Health Care Authority (HCA) policy involving Medicaid and emergency department visits.

Medicaid patients do sometimes misuse emergency services, increasing costs to the state and creating overcrowding in emergency departments. As an emergency room physician, I believe that the plan created by the Washington Chapter of the American College of Emergency Physicians (WA ACEP) can help alleviate these problems without forcing doctors and hospitals to deny care to patients who need it.

The problem of ER misuse has been grossly misrepresented by the HCA to the legislature and public. The statistics from the CDC show that only 8% of patients are in the ED for non-emergent conditions. Furthermore, 67% of these patients are seen at times when primary care offices are not available.

The root causes of emergency-room misuse are inadequate access to primary care, chronic medical conditions, and inadequate resources for Medicaid patients for substance abuse, mental health, and dental issues.

The ACEP plan achieves savings through addressing these root causes by:

- Using such tools as integrated statewide case management, prescription guidelines and visit-tracking programs to reduce ER visits by substance abusers seeking narcotics.
- Collaborative use of next-day or same-day visits in primary care, patient notification of non-urgent visit determinations, and implementation of medical screening exams to potentially reduce “unnecessary” visits.
- Voluntary development of a state wide pharmaceutical formulary spearheaded by physicians to help save millions across the entire house of medicine.
- Removal of cabulance services for truly non-emergent conditions, improved access to care, and visit tracking programs to reduce ED shopping.

State health care policy should focus on finding solutions that save money while improving the quality of care. Simply shifting costs of care onto patients or providers does not make sense. The current policy does nothing to get patients to the right place for treatment at the right time. Medicaid patients experiencing chest pains, ankle injuries, or migraine headaches need and will seek emergent care.

The state is not addressing this fundamental challenge of access. The ACEP plan addresses this challenge while seeking savings for all. I urge your support for a sensible solution to this problem. Please support the collaborative plan put forth by the physicians and hospitals.

Sincerely,

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