American College of Emergency Physicians®
ADVANCING EMERGENCY CARE

TEST

Congressional August Recess 2025

Toolkit for ACEP Member Advocates

American College of Emergency Physicians®
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Download PDFs to leave behind with your legislator or their staff:

- Download a PDF of Protect Emergency Care for Every American
- Download a PDF of ABC-ED Act (H.R.2936/S.1974)
- Download a PDF of Dr. Lorna Breen Health Care Provider Protection Act (P.L. 117-105)

Five Ways Emergency Physicians Can Get Involved Anytime, Anywhere

Advocacy is standing up and sharing your story for emergency medicine and patients. Having your voice heard is not only important to the specialty's future, but also easier than you may think! ACEP has created five simple ways to get involved:

1. Join the ACEP 911 Grassroots Network

    - Join the premier grassroots network for emergency physicians by signing up at 911 Grassroots Network | ACEP. You will receive a weekly email with the most current information on federal and state legislative and regulatory policy impacting emergency medicine, and detailed tips and tools to help you advocate for your profession and patients.

2. Advocacy Action Center

    - Visit the ACEP Advocacy Action Center to stay informed and up to date on current legislation and policies affecting your practice. Here you can directly connect with your federal legislators on issues of importance to emergency medicine.

3. Host an ED Tour for your legislator

    - Invite legislators for a tour of your emergency department to show them the challenges you face every day in providing care to thousands of your patients/their constituents. Exposing and educating elected officials about the impact of legislative proposals on health care delivery in their communities is the best way to build lasting and meaningful relationships. For more information, contact jslade@acep.org.

4. *Schedule a meeting with your legislator or staff during congressional work periods when they are back home.*

5. Attend ACEP's annual Leadership and Advocacy Conference. Find out more here: www.acep.org/lac

Tools and Tips for Meetings with Legislators In-District

What is an in-district visit? You meet with your elected official and/or their staff in the district instead of traveling to Washington, D.C. You share your expertise and experience and encourage the elected official to act on specific issue(s). Interacting with lawmakers back home can be the best strategy to get "quality time" with key decision makers. Providing policymakers with opportunities to personally see and hear first-hand where thousands of their constituents access life-saving health care, can change minds, develop champions, and create lasting working relationships that can lead to support for new and existing legislation.

Watch this short video produced by ACEP's advocacy partner, the Congressional Management Foundation (CMF), to assist your advocacy back home during the recess. You will learn about the most effective in-district advocacy strategies for building lasting relationships with lawmakers and their staff. The video will walk through the steps for planning, scheduling, and conducting in-person and virtual site visits that will leave a long-lasting and influential impression on Members of Congress.

Stay-cation Advocacy: Hosting Site Visits for Your Federal, State, & Local Officials

Click here for a short video - https://vimeo.com/617255648/c4a444cfb8

Requesting Your Meeting

- Request a meeting via email and/or phone call to the elected official's scheduler. Check here to find contact information for the D.C. and District offices.
- Your meeting request should include: a range of times you are available to meet; your contact information; the fact that you are a constituent; and specific issue(s) or legislation you would like to discuss. Feel free to send the ACEP Leave Behind Issue Papers in advance of your meetings. The "Talking Points" are for your eyes only.

Preparing for Your Meeting

- **We have provided a menu of topics that you can choose from to discuss with your legislator. This toolkit contains talking points to use in advocating to policymakers on issues including;**
    - The impact on emergency medicine of the recently passed "One Big Beautiful Bill (H.R.1). While we share Congress's commitment to curbing waste, fraud, and abuse in Medicare and Medicaid, certain provisions in H.R. 1 – the "One Big Beautiful Bill Act" significantly jeopardize emergency care;
    - The RAND Report released in April, Strategies for Sustaining Emergency Care in the United States | RAND, outlining the escalating pressure on EDs: overcrowding, workforce burnout, uncompensated care, and diminishing resources which are creating a crisis for emergency medicine;
    - The patient boarding crisis in our nation's hospital emergency departments;
    - The need for additional resources to protect the well-being of our healthcare workforce.
- Prepare for your meetings by reviewing the included talking points and identifying a relevant personal story for each topic, if possible. The goal is to use your experience to personalize the need for a specific policy "ask," such as urging a legislator to sponsor a bill.
- **The "Talking Points" are for your eyes only.**
- **Print the "Leave-behind" for the legislator and/or staff.**
- Let the office know if you are planning to bring any colleagues, residents, medical students, etc. with you to the meeting. A maximum of four attendees is recommended.
- If you bring colleagues with you, discuss talking points, and which stories you want to share as examples, in advance.
- Check your elected official's website to familiarize yourself with their priority issues and anything that will help you relate your talking points and stories to their interests.

During Your Meeting

- Bring ID in case you are asked for it when you arrive.
- Silence your phone during the meeting but keep it available if you have an opportunity for a photo with your elected official. Please send any relevant photos to Jeanne Slade in the ACEP D.C. at jslade@acep.org.
- Be prompt and patient. Elected officials have tight schedules that may change. If your meeting changes to a meeting with staff, that is still valuable and worthwhile!

- Start the meeting by introducing yourself, thank them for taking time to meet with you, and mention any personal connection you may have with the office.
- Keep your remarks focused and stick to your planned topic. You will likely have 20 minutes or less with staff, and ten minutes or less with an elected official.
- Provide personal and local examples of the impact of the legislation you are advocating for.
- Thank them for any recent votes in support of ACEP priority issues.
- If you do not know the answer to a question or if they request additional materials, this can be a great opportunity to follow up afterward and/or connect them with ACEP Advocacy staff. Please direct any questions or follow-up to Jeanne Slade in the ACEP DC office at jslade@acep.org.

After the Meeting

- Immediately after the meeting, debrief with anyone who joined you on how you feel it went, and agree on how and when to follow up.
- Each person who participated in the meeting should send a personal thank you to the elected official and/or staff you spoke with. This can include follow-up information and materials, or a timeline for sharing more information.
- Share a summary of the meeting, and the response to your specific ask, with ACEP Advocacy staff at jslade@acep.org .

Sample Scripts: Requesting a Meeting at Your Legislator's District Office

For calling the office to determine meeting request protocol:

Hi, my name is [YOUR NAME]. I am an emergency physician and member of the American College of Emergency Physicians living in your district/state. I'm calling to request a meeting with [SENATOR/REPRESENTATIVE] [LAST NAME] at your [CITY OF MEMBER'S OFFICE] office to discuss critical issues that are impacting emergency medicine and access to care for your constituents. What is the preferred method for sending a formal request to the office, and whom should it be to the attention of [SCHEDULER'S NAME]?

For submitting your meeting request in writing:

Dear [SENATOR/REPRESENTATIVE] [LAST NAME]:

As an emergency physician living in your community and a member of the American College of Emergency Physicians, I am writing to request a meeting with you to discuss critical issues that are impacting the delivery of emergency care to your constituents in our community. I will be available to meet with you at your [CITY OF MEMBER'S OFFICE] office on [DATES & TIMES AVAILABLE] and would welcome the opportunity to speak with you about how these issues impact my patients, their families and our community. I may be reached via email or as noted below and look forward to hearing from you regarding a time we can meet.

Thank you for your consideration.

Respectfully,
[NAME & TITLE]
[PREFERRED ADDRESS]
M: [MOBILE PHONE]
O: [OFFICE PHONE]
H: [HOME PHONE]

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TALKING POINTS – NOT FOR DISTRIBUTION

Medicaid Changes in the OBBB Impacting Emergency Medicine

1. **The Emergency Department is the Safety Net**
   - Emergency physicians are legally and ethically required under EMTALA to care for all patients, regardless of insurance status, immigration status or ability to pay.
   - Medicaid and Medicare account for over 65% of ED visits (33.6% and 32%, respectively). *(Strategies for Sustaining Emergency Care in the United States Page 52)*
     - H.R. 1 "One Big Beautiful Bill Act" eliminates enhanced federal matching funds for Emergency Medicaid offered to undocumented immigrants otherwise eligible for expansion coverage.
   - Emergency physicians are already under immense pressure due to financial instability, administrative burdens, and growing patient volume under the existing boarding crisis.
   - 89% of Americans support additional government funding for emergency departments and EMS (October 2023 poll by ACEP/Morning Consult).
   - ED closures—particularly in rural areas—will increase more than projected, and patients nationwide will face longer waits and worse outcomes.
   - Medicaid reforms in H.R. 1 the "One Big Beautiful Bill Act" run counter to public expectations for timely and accessible emergency care.

2. **Medicaid's Critical Role in ED Patient Population**
   - Medicaid covers:
     - Over 40% of births in the U.S.; nearly 50% in rural areas.
     - Over 50% of all long-term care services for elderly and disabled Americans.
     - 40% of adult ED visits and 69% of child ED visits for dental conditions — 70% of dental emergencies occurring after-hours.
   - Medicaid pays the least per visit, further straining already underpaid EDs.
   - Much of Emergency Medicaid spending goes towards labor and delivery costs and Emergency Medicaid spending represented less than 1% of total Medicaid spending in fiscal year 2023.

3. **Uncompensated Care & Other RAND Report Findings**
   - As of 2020, uncompensated care across U.S. hospitals totaled $42.6 billion, and there is evidence suggesting that rural hospitals in states that have not adopted Medicaid expansion have the most uncompensated care.
   - 20% of emergency physician payments go unpaid, totaling $5.9 billion in annual losses.
   - Emergency departments face high volumes of uncompensated care that will worsen with coverage loss.

- H.R. 1 the "One Big Beautiful Bill Act" change to "presumptive eligibility" will limit to some extent the ability of hospitals and hospital-based providers to recoup costs for patients enrolled at the time of care in the ED or other similar encounter.
- Commercial insurance payments have dropped (*(Strategies for Sustaining Emergency Care in the United States Page 57)*
    - 10.9% in-network
    - 47.7% out-of-network
- Medicare and Medicaid payments per visit dropped 3.8%.

4. Impacts of Medicaid Changes

- H.R. 1 the "One Big Beautiful Bill Act" will result in *approximately* 10.9 million people losing insurance, including:
    - 7.8 million losing Medicaid
    - 1.4 million due to inability to verify immigration status
- ACEP originally estimated an additional $5.5 billion in uncompensated losses for emergency physicians with the enactment of H.R. 1 the "One Big Beautiful Bill Act", in addition to the $5.9 billion in annual losses found in the RAND Report.
- Patients will be forced into EDs as primary care clinics and specialists close practices or stop accepting Medicaid.

5. Boarding Crisis Will Worsen

- Boarding times (patients held in the ED after being admitted) are already dangerous:
    - 97% of emergency physicians report boarding over 24 hours.
    - 33% report patients boarding for over a week.
    - 28% for over two weeks.
- Patient impact:
    - 44% of patients already report prolonged ED wait times.
    - 16% have waited over 13 hours.
    - 43% would delay or avoid emergency care if they expected long wait times.
- Medicaid reforms will make the boarding crisis worse, as:
    - Care teams stretch to handle more patients per provider.
    - Ambulance handoffs are delayed, impacting entire communities.
    - Mortality, errors, workplace violence, and costs rise.

6. Consolidation in Emergency Medicine Will Worsen

- Health care consolidation compounds financial instability, reducing physician leverage and transparency, and risking access to independent emergency care.
- The RAND report (June 2025) underscores how these trends threaten access to lifesaving emergency care.
- Consolidation could cause further:
    - reduction in wages and/or non-cash benefits for emergency physicians;

- infringement of due process rights, including fair hearings and contract protections;
    1. See “Workforce Mobility Act”
- interference with physician autonomy, preventing providers from making independent medical decisions in the best interest of their patients;
- barriers to employment mobility, including inability to find a job or undue restrictions on switching jobs (e.g., non-competes);
- shifts toward less-skilled health care workers, which may jeopardize patient safety and care quality in the emergency setting.

7. **Burnout & Workforce Attrition Will Worsen**
    - Burnout among emergency physicians is highest among all specialties:
        - 63% report burnout or depression (2024 Medscape Report).
    - Strained conditions and rising violence (linked to patient frustration and crowding) are pushing physicians out of the field.

Without adequate reimbursement and workforce support, staff shortages and poor care outcomes will rise.

Download a PDF of Protect Emergency Care for Every American

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TALKING POINTS – NOT FOR DISTRIBUTION

Addressing Boarding and Crowding in the Emergency Department (ABC-ED) Act

(H.R. 2936/S.1974)

- Emergency department (ED) boarding is a national public health crisis affecting communities across the country.
- Boarding occurs when patients remain in the ED after being admitted to the hospital, but no inpatient beds or transfer options are available.
- ED beds remain full, which delays care for new incoming patients.
- Our boarded patients wait in limbo in waiting room chairs or stretchers in the hallway, sometimes for hours, days, or even weeks.
- Our hardworking ED nurses are strained beyond their capabilities and resources with some caring for ten patients or more at one time.
- Meanwhile, EMS and ambulance crews wait to hand off patients, limiting or delaying their ability to respond to other emergencies in our communities.
- These delays lead to preventable medical errors, worse outcomes, increased mortality, ambulance diversion, and violent incidents. All of this increases costs and adds to the strain on the safety net.
- Boarding affects all types of patients and is not exclusive to one patient population:
    - Patients with behavioral health needs face major delays due to limited access to mental health providers and resources in our communities.
    - Pediatric patients with mental health crisis are especially vulnerable due to a severe lack of pediatric psychiatric beds across the country.
    - Older patients often end up stuck because nursing homes or other long-term care facilities have no room, or burdensome prior authorization requirements delay or prevent them from safe and expedient transfer to where they need to be.
- Boarding is **not** caused by patients who come to the ED with less urgent issues that could be treated in other settings.
    - Patients with non-urgent conditions are only a small percentage of total ED visits.
    - These patients are assessed, treated, and discharged quickly, which does little to help boarding patients who need a *hospital* bed immediately, rather than an ED bed.

  - This is not a problem that would be solved by expanding access to primary or urgent care.

- This is a multifactorial problem with causes that extend far outside the hospital walls and has no one-size-fits-all solution. But there are innovative ways to tackle and mitigate the crisis by using our existing resources more efficiently.

- One such way is to enhance bed tracking not just within a hospital, but across an entire state or region.
  - Successful implementations of such systems provide real-time tracking of available beds in various hospital units across the state, as well as current EMS capacity, and even nursing home or psychiatric facility space availability.
  - These systems are updated in real (or near-real-time) automatically from the EHR, a much more efficient process than each facility manually keeping track on whiteboards.
  - In fact, in Oregon, the average time for critical care transfers went from 22 hours down to 4 hours statewide following implementation of a state-wide system.

- We therefore ask you to cosponsor the bipartisan the "Addressing Boarding and Crowding in the Emergency Department Act," or the ABC-ED Act, sponsored by Representatives John Joyce, MD and Debbie Dingell.
  - H.R. 2936 introduced by Representatives John Joyce, MD (R-PA) and Debbie Dingell (D-MI)
  - S. 1974 introduced by Senators Sens. Chris Coons (D-DE), David McCormick (R-PA), Thomas Tillis (R-NC), Angus King (I-ME), Markwayne Mullin (R-OK), and Lisa Blunt Rochester (D-DE)
- The legislation will:
  - Utilize existing grants to support development of real-time, state- or region-wide hospital bed tracking and hospital capacity management systems to improve patient flows and transfers to address ED boarding.
  - Allow the CMS Innovation Center to evaluate innovative new models to improve emergency care coordination for older patients and patients with acute mental or behavioral health needs; and,
  - Require the GAO to identify best practices for hospital capacity tracking and its effect on boarding, wait times, and EMS offload delays.

- Providing EDs with real-time tracking data will help us understand where capacity exists, coordinate care more efficiently and effectively, and ensure our patients receive the timely care they need, when and where they need it.

Download a PDF of ABC-ED Act (H.R.2936/S.1974)

TALKING POINTS – NOT FOR DISTRIBUTION

Dr. Lorna Breen Health Care Provider Protection Reauthorization Act (H.R. 929 /S. 266)

- Physicians, nurses, and health care professionals face greater and increasing rates of mental and behavioral health conditions.
- Emergency physicians have long experienced higher rates of career burnout, stress, and post-traumatic stress disorder (PTSD) than other medical specialties.
- The most recent Medscape Physician Burnout & Depression Report (2024) once again features emergency physicians at the top of the list, with 63 percent of emergency physicians reporting burnout.
- Unfortunately, nearly half of emergency physicians say they are not comfortable seeking mental health treatment.
- This is due to a legitimate and pervasive fear of consequences, such as losing our medical licenses or our credentialing, that deter us from seeking the care we need and deserve.
- However, we have made important progress thanks to the bipartisan Dr. Lorna Breen Health Care Provider Protection Act – a landmark law that is the only one dedicated to the unique considerations around the mental health of our health care workforce.
- The law is named in honor of the life and legacy of one of our emergency medicine colleagues, Dr. Lorna Breen, who died by suicide in April 2020.
- The law was a critical first step in acknowledging and addressing the stigma of and barriers to mental health treatment for health care professionals.
- Since its passage, the law has supported more than 250,000 health care workers through 45 evidence-informed initiatives to strengthen health workers' mental health.
- It has also supported continued advocacy work that has resulted in several state licensure boards, hospitals, and health systems implementing overdue changes in licensing and credentialing processes that have contributed to the stigma associated with seeking mental health care.
- The need for the law is as great as ever and we must continue building on this important progress.

- Please support emergency physicians and the many dedicated health care workers in your district by cosponsoring the bipartisan Dr. Lorna Breen Health Care Provider Protection Reauthorization Act (H.R. 929 /S. 266) to ensure this critical work will continue.

- Both the House and Senate versions of the reauthorization effort were marked up during the 118th Congress and reported out of their respective committees with overwhelming bipartisan support. It was also included in the 2024 bipartisan, bicameral health package that was ultimately not included in the year-end continuing resolution.

Download a PDF of Dr. Lorna Breen Health Care Provider Protection Act (P.L. 117-105