

## LETTERS

# The Cost of Emergency Room Care

May 27, 2018

**To the Editor:**

Re “Is That E.R. Trip Necessary? An Insurer May Not Think So” (front page, May 20):

Penalizing patients for using hospital emergency services is another insult to health care consumers. It’s time to take a bold step and keep insurance companies out of the emergency room, and empower Medicare to negotiate contracts with hospitals to cover *all* Americans.

Why does this plan make sense? According to federal law, hospitals are required to provide emergency care and to stabilize all patients regardless of a patient’s ability to pay. A result is that hospitals provide billions of dollars in uncompensated care to uninsured patients every year.

But when patients don’t pay for their hospital care, those costs are shifted to government and private health insurers, who are charged higher rates by hospitals to make up for the losses they incur from nonpaying patients. In essence, this dysfunctional system is a camouflaged tax.

A far better approach would be to eliminate the costly bureaucracy and replace it with a single-payer, “Hospital for All” plan.

THOMAS M. CASSIDY, SETAUKET, N.Y.

*The writer, an economist, is a former senior investigator with the New York State attorney general’s Medicaid Fraud Control Unit.*

**To the Editor:**

Insurers have too much control over health care and should not be denying lifesaving treatment to patients; that’s a given. But the rush to the E.R. in the first place is a symptom of a “silent epidemic,” according to an article in *The Lancet*: an epidemic of health illiteracy. It is an American epidemic.

Health illiteracy is the “inability to comprehend and use medical information that can affect access to and use of the health-care system.”

At least half (and probably more) of all Americans “have trouble interpreting medical information,” so it’s no surprise that too many end up in the E.R. in unnecessary panic over, for instance, the consequences of failing to take needed medications, not understanding that their child’s fever of 101 degrees isn’t life-threatening, or the fact that Grandma just isn’t going to get better.

There are many causes for health illiteracy, among them limited access to primary care, but the epidemic is real, growing and extremely costly at every level.

LINDA LOGDBERG, SEA CLIFF, N.Y.

*The writer is working on a book about health illiteracy.*

**To the Editor:**

Treating non-emergency patients in the E.R. not only adds costs to an already bloated health care economy, but it also affects patient flow, reduces capacity and, because of the triage process, is a major reason for patient dissatisfaction.

The more progressive hospital executives have already taken steps to remedy the community's penchant to run to the E.R. for every pain and sniffle by performing required medical screening before the patient crosses the threshold into the E.R. clinical area and by referring patients to provider partners like hospital-owned primary practices, affiliated urgent care centers, and clinics run by nurse practitioners and medical residents.

Emergency room care, just like hospital level of care, should be reserved to those whose care cannot be safely provided in a clinically and financially less risky setting.

STEFANI DANIELS, CLARENDON, VT.

*The writer is a case management consultant for hospitals.*

**To the Editor:**

Anthem's tactic of refusing to pay emergency room bills in certain cases is portrayed as an effort to influence patient behavior and avoid the most costly medical setting for minor ailments. Asking frightened patients to diagnose their illnesses without the benefit of training is absurd on its face.

Anthem, like most health insurers, is obligated to maximize the wealth of its shareholders. The company has been very successful in this regard, generating profits of \$3.8 billion in 2017, and paying an effective tax rate of 3.1 percent, according to Healthcare Finance.

The practice of threatening not to cover an E.R. visit is consistent with this goal. What does it matter if a few patients die or are injured because they are afraid of getting hit with a large medical bill? Profits jumped by 55 percent in 2017!

When third-party payers are driven to be profitable, these types of incentives result. This ridiculous, immoral situation is yet another reason the United States must adopt a single-payer health system.

JOHN PERRYMAN, ST. CHARLES, ILL.

*The writer is a pediatrician.*

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