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Texas to CMS: “Let Nation’s ERs Treat Medicare Patients Now”

14 Members of Texas Congressional Delegation Call on Centers for Medicare & Medicaid Services to Give Freestanding ERs Recognition as Medicare/Medicaid-Eligible Healthcare Facilities

Austin, TX – April 14, 2020 – In a letter to Centers for Medicare and Medicaid Services (CMS) Administrator Seema Verma, 14 members of the Texas Congressional delegation requested that CMS utilize its authority to provide Medicare and Medicaid reimbursement to freestanding emergency centers (FECs) that are ready and able to serve Medicare and Medicaid patients during the Covid-19 pandemic.

“Across the state of Texas alone, there are more than 200 freestanding emergency centers with 1,500 beds that stand ready to relieve the burden on hospitals and treat both COVID19 and non-COVID19 patients needing emergent care,” the letter reads. “The FEC presence throughout the state is equivalent to three large, 500-bed hospitals whose estimated \$1.5 billion of infrastructure can be turned on overnight without any capital expenditure at all by the government. FECs are located in rural, suburban and urban areas and their small size limits potential COVID contagion between patients.”

The letter, authored by Rep. Jodey Arrington, (R) Texas, was dated April 13, 2020, and was also signed by the following Members of Congress from Texas:

- Sen. Ted Cruz
- Rep. Brian Babin, D.D.S.
- Rep. Louie Gohmert
- Rep. Michael Cloud
- Rep. Vicente Gonzalez
- Rep. Dan Crenshaw
- Rep. Kenny Marchant
- Rep. K. Michael Conaway
- Rep. Chip Roy
- Rep. Henry Cuellar
- Rep. Van Taylor
- Rep. Lizzie Fletcher
- Rep. Randy K. Weber

FECs' recognition as Medicare and Medicaid-approved healthcare facilities would alleviate over-crowding in hospitals, provide rural and underserved patients with more and easier access to care and help leverage untapped resources in the nation's response to the pandemic.

Currently, FECs across the nation are not eligible for Medicare or Medicaid reimbursement because federal regulations have not caught up to this relatively new form of healthcare delivery. This cuts off many vulnerable and older patients dependent on Medicare and Medicaid who are at greatest risk during this healthcare crisis from a multitude of medical resources.

"The COVID-19 outbreak demands that health resources across America be fully available as we priority access and ability to treat this patient population," said Brad Shields, Executive Director of the National Association of Freestanding Emergency Centers. "During this healthcare crisis, patients' needs should take precedence in determining where they can seek medical care. The nation's freestanding ERs are ready, willing and able to serve Medicare and Medicaid patients and relieve the pressure on the hospital system as soon as the federal government gives them the green light."

The nation's more than 200 FECs are fully equipped emergency rooms staffed by emergency physicians, nurses and support staff and are required to provide 24/7 access to emergency health care under the same quality standards that apply to hospital emergency rooms. FECs possess key healthcare resources such as ventilators and isolation rooms that are badly needed during the pandemic. Across the state of Texas alone there are more than 1,550 patient beds in freestanding emergency centers ready to relieve the burden on hospitals.

(See attached letter from Members of the Texas Delegation to CMS Administrator Verma.)

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About NAFEC

MISSION

To advocate for fair regulation and to raise nationwide awareness of freestanding emergency centers as a high-quality, accessible, emergency medical care option.

VISION

The National Association of Freestanding Emergency Centers (NAFEC) will be the expert association safeguarding, supporting, strengthening, and serving as the voice for the freestanding emergency center industry.