October 26, 2023

The Honorable Xavier Becerra
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

The Honorable Julie A. Su
Acting Secretary
U.S. Department of Labor
200 Constitution Avenue NW Washington,
DC 20210

The Honorable Janet Yellen
Secretary
U.S. Department of the Treasury
1500 Pennsylvania Avenue NW Washington,
DC 20220

RE: [CMS-9890-P] Federal Independent Dispute Resolution (IDR) Process Administrative Fee and Certified IDR Entity Fee Ranges

Dear Secretaries Becerra and Yellen and Acting Secretary Su:

On behalf of the American College of Emergency Physicians (ACEP) and the Emergency Department Practice Management Association (EDPMA), we appreciate the opportunity to comment on the Departments of Health and Human Services, Labor, and Treasury (the Departments) proposed rule[1] that revises the methodologies for setting the *No Surprises Act*'s federal independent dispute resolution (IDR) administrative fee and certified IDR entity fee and establishes new fees for both on the latter of January 1, 2024 or the effective date of the final rule.

As background, ACEP is the national medical society representing emergency medicine. Through continuing education, research, public education and advocacy, ACEP advances emergency care on behalf of its 40,000 emergency physician members, and the nearly 150 million Americans we treat on an annual basis. EDPMA is the nation's only professional trade association focused on the delivery of high-quality, cost-effective care in the emergency department. EDPMA's membership includes emergency medicine physician groups of all sizes, billing, coding, and other professional support organizations that assist healthcare clinicians in our nation's emergency departments. Together, EDPMA members see or support 60% of all annual emergency department visits in the country. Together, ACEP and EDPMA members provide a large majority of emergency care in our country, including rural and urban settings, in all fifty states and the District of Columbia.

ACEP and EDPMA have strongly supported the patient protections embedded within the *No Surprises Act*. We also strongly believe that the federal IDR process, used for resolving payment disputes for out-of-network

[1] Federal Independent Dispute Resolution (IDR) Process Administrative Fee and Certified IDR Entity Fee Ranges. 88 Fed. Reg. 65,888 (September 26, 2023).

services, should be used as a last resort. However, the federal IDR process must be accessible, fair, and balanced. Unfortunately, the proposed administrative and certified IDR entity fees in this proposed rule will make it difficult for many smaller physician practices to access the process and force physician groups to unwillingly accept artificially low payment rates from health plans for out-of-network services. Our comments on the rule focus on the following areas:

- Process for Revising the IDR Fees
- Methodology Used to Determine Administrative Fee
- Proposed Tiered Structure for Certified IDR Entity Fee
- Impact of Texas Medical Association (TMA) IV Court Decision on Certified IDR Entity Costs

Process for Revising the IDR Fees

Initially, the Departments set a calendar year (CY) 2023 federal IDR administrative fee of $50, maintaining the same level as CY 2022.[2] Subsequently, just prior to the new year, the Departments revised their CY 2023 rate and increased the administrative fee from $50 to $350.[3] The increase was invalidated by the U.S. District Court for the Eastern District of Texas in a litigation filed by the Texas Medical Association (TMA IV). In the Federal Court ruling, the judge struck the directive to increase the fee to $350 due to the Departments' failure to comply with the *Administrative Procedure Act* and, therefore, the current fee reverted to $50. In this proposed rule, the Departments are proposing an administrative fee of $150 effective the latter of January 1, 2024 or the effective date of the final rule. This new fee would remain in effect until subsequent notice and comment rulemaking revises the fee. The Departments propose to give themselves the flexibility to update the administrative fee more than once a year, stating that "In such cases, the Departments would ***propose*** a different administrative fee amount in notice and comment rulemaking before applying a new administrative fee amount"[4] (emphasis added).

Updating the Fees More Frequently than Annually

While ACEP and EDPMA strongly support the proposal that revisions to the administrative fee occur through notice and comment rulemaking, a proposal that also aligns with the TMA IV court decision, **we are opposed to the proposal to allow the Departments to update the fee more than once a year**. A key goal of the *No Surprises Act* was to provide stability to patients and a system that must function in the context of sometimes unforeseeable events, such as the provision of emergency care. As the Departments continue the implementation of the *No Surprises Act*, they must prioritize a system of stability, which extends to the IDR process itself. Revising (and perhaps increasing) the fees more than annually would pose a significant financial barrier for all practices who must manage budgets and staffing and must plan for and create expectations for utilization of the IDR process for out-of-network claims throughout the year. This barrier becomes even more acute for small practices who must keep their organizations afloat with limited cash flow. **Thus, in order to create a more stable process, the Departments should limit updates to the administrative fee to no more than once a year.** Further, by updating the fees more frequently than annually, the Departments would potentially create instability for patients, as the volatility of fees could affect providers and health plans overall finances and therefore their ability to engage in in-network contract negotiations. The Departments should seek to remove as much uncertainty from these circumstances as possible, and thus, not change the administrative fee more than once per year.

Clarifications around Updates

The Departments state that they would *propose* a new fee in notice and comment rulemaking before applying a new administrative fee amount. **ACEP and EDPMA would like to clarify that the Departments would propose AND FINALIZE (also via rulemaking) a new administrative fee *before* applying it.**

[2] https://www.cms.gov/cciio/resources/regulations-and-guidance/downloads/cy2023-fee-guidance-federal-independent-dispute-resolution-process-nsa.pdf (October 31, 2022).
[3] https://www.cms.gov/cciio/resources/regulations-and-guidance/downloads/amended-cy2023-fee-guidance-federal-independent-dispute-resolution-process-nsa.pdf (December 23, 2022).
[4] 88 Fed. Reg. 65,892 (September 26, 2023).

Methodology Used to Determine Administrative Fee

The Departments are proposing to set the administrative fee amount by projecting the amount of expenditures to be made by the Departments in carrying out the federal IDR process and dividing this by the projected number of administrative fees to be paid by the parties.

The Departments estimate that there will be 225,000 closed disputes based on federal IDR process data from February 2023 through July 2023, the most recent 6-month period before federal IDR process operations were temporarily paused in August 2023. Using this projected volume of disputes, the Departments assume a prospective reduction of approximately 25 percent in the volume of closed disputes attributable to the impact of the TMA IV opinion. The Departments state that the vacatur of the batching regulations "may result in the initiation and closure of fewer disputes due to the possibility that batched disputes may involve more line items and take more time to close."[5]

It is Premature to Reduce Number of Closed Disputes by 25 Percent

ACEP and EDPMA do not have enough information to comment on the numerator of the equation to calculate the administrative fee, which the Departments assert to be estimated expenditures of $70 million. However, in the interest of creating more transparency and accountability around setting fees, we believe it is important for the Departments to share this information. We also believe the Departments should commit to sharing publicly a full accounting of how they are using the administrative fees to operate the federal IDR program. Such information will enable the public to more meaningfully engage and comment upon the numerator of that equation in future rulemaking. We also would like to note that the *No Surprises Act* included $500 million in implementation funding, which could be used to help establish and initially administer the federal IDR process.[6] CMS should issue a report indicating how it has spent those funds (which is required under Section 118(c) of the *No Surprises Act*), including how that funding has affected the Department's calculation of the IDR administrative fee amount each year.

The remainder of our comments are focused on the denominator of the equation: the projected number of administrative fees (which is determined by taking the number of closed disputes and multiplying that number by 2). We appreciate that the Departments are using actual cases to estimate the number of closed disputes. **However, we strongly disagree with the proposal to reduce the number by an arbitrary percentage of 25 percent**. Our specific concerns with the proposal are the following:

- ***New Batching Rules are Not Finalized:*** The Departments have yet to update and finalize any new batching requirements and therefore it is premature to reduce the number of disputes by 25 percent. As of Thursday, October 26th, the IDR portal has been closed for 3 months to the initiation of new batched disputes. While the Departments assume that the rescission of portions of the current batching regulations due to the TMA IV court decision will decrease the number of disputes, it is impossible to know that with certainty before the Departments put forth a new set of batching requirements via notice and comment rulemaking. **ACEP and EDPMA strongly encourage the Departments to refrain from finalizing any changes to the fees until new batching provisions have been proposed so that stakeholders can submit comments on the proposed fee levels in the context of the new batching proposals**.

- ***TMA IV Case May Not Impact Number of Disputes***: ACEP and EDPMA also note that with respect to emergency services delivered in emergency departments (EDs) (which represented over 70 percent of the

[5] 88 Fed. Reg. 65,893 (September 26, 2023).

[6] Section 118(b)(7) of the *No Surprises Act* lists "establishment and initial implementation of the processes for independent dispute resolution and implementation of patient-provider dispute resolution under such provisions" as one of the permitted purposes of the implementation funding.

federal IDR disputes according to the October 1- December 31 2022 IDR report), the TMA IV decision that vacated the regulations related to the "same or similar service" may not have a significant impact on the number of disputes. For emergency medicine, the largest batching issue relates to the current treatment of the phrase "the same group health plan or health insurance issuer." Under the Departments' current guidance, providers must batch self-insured claims based on the individual health plan. This policy effectively means that providers must know the employer of a product in order to batch self-insured claims. This information is frankly not readily available to out-of-network clinicians. Further, even when it is known, the number of disputes (for items or services furnished within 30 days of each other) that are covered by the same self-insured health plan are often minimal, making the Departments' theory that a change to the regulations regarding "related to the treatment of a similar condition" will generate larger batches specious because it does not affect the criteria that is the larger obstacle to batching in emergency medicine. In emergency medicine, which as previously mentioned has comprised 70 percent of disputes to date, large batches will be virtually non-existent due to the Departmental guidance that disputes among different self-insured health plans cannot be batched. Since the "the same group health plan or health insurance issuer" batching requirement was not addressed in the TMA IV court order, which has a significant impact on emergency medicine, the Departments cannot assume a 25 percent reduction to all closed disputes.

- ***The Departments Have Historically Underestimated the Number of Disputes:*** ACEP and EDPMA note that the Departments have historically underestimated the number of closed disputes. In fact, in the first IDR report issued by the Departments, the Departments state that "From April 15 – September 30, 2022, disputing parties initiated 90,078 disputes through the federal IDR portal, ***significantly more than the number of disputes the Departments initially estimated would be submitted for a full year***" (emphasis added). The Departments should not continue this trend of substantially underestimating the number of disputes.

- ***Not All Eligible Disputes for Underpaid Claims are Being Submitted:*** ACEP and EDPMA have heard from many of our members that, due to the bumpy roll out of the IDR process, the flawed batching methodology, the high fees that have been imposed, and the limited internal resources available to triage disputes through IDR, they are only submitting a small fraction of the disputes for which they are being underpaid by health plans. In the meantime, the groups are losing a significant amount of revenue due to the low initial payments they are receiving from health plans. While the specific choices these organizations will make going forward are unknown, based on the current practice of so many health plans making extremely low initial payments to clinicians based on the deflated qualifying payment amounts (QPAs) in circulation, it would be arbitrary for the Departments to assume that the disputes-to-date are the high-water mark.

- ***The Departments Should Not Be Relying On Closed Claims Only:*** The Departments' methodology relies on using the number of actual *closed* claims to date to project the number of expected cases and calculate the fee. Yet there are a significant number of claims in IDR that were found eligible but still remain open and unresolved. The administrative fees have already been assessed for these and will ultimately be collected by the government, so they should not be excluded from the methodology in calculating the administration fee.

- ***The Departments Do Not Consider the Impact of the Failure to Issue New Guidance on QPA Calculations in Future Dispute Estimates:*** The Departments recently acknowledged the TMA III court decision vacating provisions of the QPA methodology regulations, yet the Departments state that they have no intent to issue additional guidance and that health plans should just work to comply with the statute. Specifically, the Departments state,

  Therefore, plans and issuers are required to calculate QPAs in a manner ***consistent with the***

> ***statutes and regulations that remain in effect after the TMA III vacatur. The Departments and OPM generally do not intend to issue interim guidance (other than as outlined in these FAQs) addressing the QPA methodology in response to TMA III****. Accordingly, plans and issuers are expected to calculate QPAs using a good faith, reasonable interpretation of the applicable statutes and regulations that remain in effect after the TMA III decision* (emphasis added).

This decision by the Departments will inject more confusion and ambiguity into the entire payment and dispute resolution process. Further, the decision to exercise enforcement discretion with health plan QPA calculations until at least May 1, 2024 will create even more inconsistency in terms of the payment amounts that providers receive for out-of-network services. Yet the Departments fail to account for the increased number of disputes that will present in federal IDR as a result of this confusion and ambiguity about calculation and disclosure of QPAs. Overall, the Departments' announcements in relation to the TMA III court decision will leave additional underpaid providers with no option but to seek relief in federal IDR, and this dynamic should be accounted for in the Departments' estimates of the number of disputes when calculating the administrative fee.

Given these reasons, we strongly believe that the Departments should not reduce the number of disputes by 25 percent and instead assume that there would be ***at least 300,000 disputes*** (225,000 disputes / 0.75). If there are 300,000 disputes, the fee would be $117 instead of $150. ($70 million / (300,000 x 2) = $117).

While 300,000 would be the bare minimum number of disputes the Departments should use in their calculations, we believe the actual number could be much higher. **Thus, given the amount of uncertainty around the number of disputes going forward and around the accuracy of the other assumptions made to arrive at the $150 fee included in the proposed rule, we strongly recommend that the Departments finalize maintenance of the current $50 administrative fee.** The Departments will have an opportunity next year during annual notice-and-comment rulemaking on the IDR fee to make any needed adjustments to the $50 fee using new data that emerges as a result of updated batching rules that should be released and finalized by then, as well as the recently updated QPA guidance. In addition, as stated above, ACEP and EDPMA urge the Departments to provide regular accountings of the past and future spending of funds collected via the administrative fee.

Effect of Increase from $50 to $150

ACEP and EDPMA are concerned about the higher administrative fee and the effect the higher fee will have on the ability of emergency medicine practices - especially smaller practices - to use the IDR process. While we appreciate that it is lower than the $350 fee the Departments had previously instituted (before it was invalidated by the TMA IV court order), it is still a 200 percent increase in the fee from the original $50 and creates an artificial threshold for the IDR process—a barrier that Congress explicitly omitted from the statute. If claims are less than $150 and cannot be batched together to exceed this threshold, it is actually *more* expensive to enter the IDR process than to simply accept a low payment to a claim, thereby limiting what types of claims can go through the IDR process and unfairly providing insurers with further advantages in the process. To illustrate:

> If a physician believes fair reimbursement for a given ED visit is $300 and a health plan submits an initial payment of $150, that is a 50 percent payment cut. However, it would make no sense for that physician to move that dispute into IDR, where they would have to pay $150 just to have someone *consider* a fairer payment. Even if the physician were to prevail, they would still lose money or at best break even, notwithstanding the administrative time and costs needed to enter into the IDR process. Given that we see health plans routinely issuing initial payments that, while lower dollar amounts, are high percentage reductions to what providers believe are fair payment, it is devastating to emergency physicians' practices, yet the $150 fee (along with the inability to batch disputes because of the Departments' interpretation of the "same group health plan or health insurance issuer" batching requirement) builds an insurmountable barrier to fair reimbursement.

Worse, the Departments are handing health plans an incentive to continue this practice of cutting reimbursement by an amount that is below or near the administrative fee, knowing that financially rational actors will not move those disputes to IDR even when they are suffering devastating reductions. It is important for the Departments to recognize that no matter what level the Departments set the administrative fee, it will create a *de facto* barrier to entry for IDR for any amount-in-dispute below that number. ED visits are essentially low-dollar amount, large-volume services. Quite simply, emergency medicine practices do not collect $150 on a significant portion of the services that they provide. The Departments should not set an administrative fee that interferes with ED practices' ability to continue to provide services, yet this is precisely what the proposed administrative fee level does (when paired with the Departments' batching guidance and regulations). Thus, **ACEP and EDPMA strongly urge the Departments to remove this financial barrier imposed on the provider community, which also amounts to the creation of an unintended, but consequential undue incentive to allow payers to pay emergency medicine practices at a below-market rate while avoiding the consequences of IDR.**

In light of our concerns, we also ask that the Departments consider additional options for setting the administrative fee. One possible policy alternative is to set a cap on the administrative fee relative to the amount-in-dispute. The Departments could operationalize this by creating a "base fee amount" plus a "tiered payment subject to the cap" relative to amounts-in-dispute. The amount-in-dispute could be the difference between the initial payment and the initiating party's offer (making the amount-in-dispute knowable from the moment of initiation of IDR). By linking the fee to the amount being disputed, there could be more transparency around how the fee is established and the Departments will have a mechanism, by instituting a cap, to ensure that the fee, in many circumstances, is not larger than the amount-in-dispute. The Departments could establish a policy, such as, "the administrative fee shall not represent more than 20 percent of the amount-in-dispute." To illustrate:

> If the Departments were to finalize the general $150 administrative fee it has proposed, this could be separated into a $50 "base fee amount," plus a "tiered payment subject to a cap" of up to $100. For large amounts-in-dispute, this would come out to the $150 administrative fee the Departments have currently proposed. For a case that has an identifiable $350 amount-in-dispute, the administrative fee would be $70.00 ($50 "base fee" + $20 "tiered payment" capped so total does not exceed 20% of the amount-in-dispute). Under this structure, the Department would also be able to ensure that all disputes, no matter how small the amount-in-dispute, must always pay an at least $50 administrative fee, which is the level of the administrative fee currently in place, and would not exceed the $150 currently being proposed.

Update by Inflation

The Departments seek comment on updating the administrative fee by an inflationary factor such as the consumer price index for all urban consumers (CPI-U). **ACEP and EDPMA strongly believe that the Departments should NOT update the administrative fees automatically by inflation as inflation does not necessarily correlate with the projected increase in cost of operating the IDR process, nor does provider reimbursement see inflationary adjustments.** Furthermore, updating the fees by inflation does not align with how the Departments have established the methodology. The methodology is based on a definitive formula that takes into account the Departments' expenditures and number of disputes. Inflation is not incorporated into the formula, therefore rendering this suggestion irrelevant. In addition, just as the Department of Health and Human Services routinely asserts that new medical services delivered over time experience efficiencies deserving of reimbursement cuts, we would expect the Departments to apply the same policy to themselves and assume that they will become more efficient in operationalizing the IDR process over time, making the application of an inflationary update to the fee calculations inappropriate and inaccurate. Since the Departments introduce the concept of inflationary updates in this proposed rule, ACEP and EDPMA strongly request that the Departments enforce the requirement that health plans update their 2019-based QPAs by the required inflationary factor. A recent EDPMA survey of its members found that 60 percent of payers are not updating the QPA amounts with

the statutorily-required inflationary update.[7]

Proposed Tiered Structure for Certified IDR Entity Fee

The Departments are proposing a significant increase in the certified IDR entity fees: a 20 percent increase to the upper limit from the 2023 single determination fee range and a 25 percent increase to the upper limit from the 2023 batched determination fee range. Further, with respect to batched claims, the certified IDR entities would be permitted to charge a fixed tiered fee within the range of $75 to $250 for every additional 25 line items within a batched dispute beginning with the 26th line item. A certified IDR entity's batched determination fee would be applied to all batched disputes that have between 2 and 25 line items. For batched disputes with more than 25 line items, the certified IDR entity fee would be able to increase the base amount for every additional 25 line items by a fixed value between $75 and $250, as determined by the certified IDR entity.[8]

Significant Increase Disproportionately for Larger Batches

The current batching certified IDR entity fee is $268–$938. In addition, certified IDR entities can currently charge additional fees based on the size of the batch:

- 2-20 line items: 100% of the approved batched determination fee
- 21-50 line items: 110% of the approved batched determination fee
- 51-80 line items: 120% of the approved batched determination fee
- 81 line items or more: 130% of the approved batched determination fee

There is now a cap on the fee once the batch exceeds 81 line items. Under this proposal, however, the cap would be removed, and there would be an equal additional fee for every 25 line items.

The following table compares the maximum allowed charge at different sizes of batches:

Maximum Fees (current: $938, proposed: $1,173 with $250 increments for all cases above 25)			
Batch sizes	Current	Proposed	Percent increase
20 cases	$938	$1,173	25.05%
50 cases	$1,032	$1,423	37.91%
80 cases	$1,126	$1,923	70.84%
150 cases	$1,219	$2,423	98.70%
200 cases	$1,219	$2,923	139.71%

As the table shows, large batches could result in more than double the amount of fees than disputing parties currently pay. **Thus, this removal of a cap strongly disincentivizes the submission of larger batched disputes**. The ability to submit large batch claims is key to maximizing administrative and operational efficiencies within the IDR process for *all* parties—physician groups, payers, and the government. While we believe the batching regulations must be improved to achieve these operational efficiencies, we still believe the Departments should finalize a fee structure that incentivizes these economies-of-scale. Therefore, we believe that the proposal would be counter to the overall goals of the process and result in increased costs and more, not fewer, disputes.

ACEP and EDPMA request that the increases in fees are capped at the current policy of 81 or higher cases.

[7] EDPMA, *Independent Dispute Resolution in the No Surprises Act – Deficiencies and Compliance Failures* (July 2023).
[8] 88 Fed. Reg. 65,894 (September 26, 2023).

Tiered Fee Schedule Does Not Take Into Account Economies-of-Scale

ACEP and EDPMA also believe that adding an additional fee of an equal amount for every 25-claim increment does not take into account the economies-of-scale in terms of being able to handle additional claims within each batch. For example, having a batch of 200 claims versus 150 claims (a difference of 50) is not necessarily up to $500 more expensive for certified IDR entities to handle, especially if the claims within the batch are similar. Depending on the contents of the batch, the certified IDR entity could apply similar principles and review similar evidence when making its payment determination for each claim within the batch.

High Fees will Create Cash Flow Issues

While one may argue that certified IDR entities will not set fees at their maximum in order to "compete" for business, it is important to note that if parties cannot agree on a certified IDR entity, the Departments will randomly assign one. Further, although these fees are refundable to the prevailing party, the fees still have to be paid upfront to the certified IDR entity. With the current backlog of claims and subsequent delays in adjudication, it could be months before the winner of the dispute is refunded. Having to pay thousands of dollars for each batched dispute upfront will create significant cash flow issues for physician practices. In order to highlight the cash flow issues the Departments have allowed to occur as the federal IDR process grows to a halt, we provide an example based on the ED service highlighted above where the initiating party submits a $300 offer:

> Services by an emergency physician are provided in an emergency department and are subject to the *No Surprises Act*. The emergency physician practice believes that fair payment for this service is $300, and the health plan provides an initial payment of $150. If Open Negotiation fails and the provider were to initiate the federal IDR process under the current proposals, the provider must submit two fees: (a) a $150 administrative fee; and (b) using the historical median single determination fee plus the proposed percentage increase cited by the Departments in the proposed rule,[9] a certified IDR entity fee of $659. These sums total almost 540% of the amount-in-dispute in this example.
>
> For cases where the initiating party's offer is ultimately selected, this practice has lost access to $809 (i.e., [the certified IDR entity fee] + [the amount-in-dispute]). While we understand that the dispute resolution process deprives the practice of access to this capital (including lost interest) in any scenario, the longer the Departments allow the IDR process to fall behind the statutory timeline for issuing payment determinations, the larger the losses that accrue to the practices caught up in this queue. This is inappropriate. (These losses become even worse when the Departments fail to enforce compliance on health plans that refuse to pay after a payment determination has been issued by the certified IDR entity.)

Therefore, **ACEP and EDPMA urge the Departments to ensure that payment determinations are being adjudicated under the timelines set by the *No Surprises Act*, which to date, has by and large not occurred**. The Departments must recognize that this affects our members' ability to continue to serve as the safety net of care for our nation's patients.

Impact of TMA IV Court Decision on Batching

The Departments make the assumption throughout the proposed rule that the TMA IV court decision will make certified IDR entities' responsibilities and processes for eligibility and payment determinations under the federal IDR process more complex and less certain. The Departments believe that this unpredictability increases the systemic burden for certified IDR entities in the administration of their duties.

[9] The Departments state, "*Currently, the median of the calendar year 2023 certified IDR entity fees is $549 for single determinations . . .*" and that the proposed fee range "*a 20 percent increase to the upper limit from the 2023 single determination fee range*."

ACEP and EDPMA strongly disagree with this assertion. The rescission of the flawed batching policies will make the entire process smoother for both disputing parties and certified IDR entities. As Mr. James Bobeck, representing a certified IDR entity, testified during the House Ways & Means Committee No Surprises Act hearing on September 19, 2023, the ability to batch in accordance with billing practices will make the process more efficient and would reduce administrative costs. Further, as articulated above, 70% of disputes to date have been related to claims for emergency department services and broader batching guidance is unlikely to address the current guidance related to the "the same group health plan or health insurance issuer" batching criteria, a large obstacle to batching for many emergency services claims.

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We appreciate the opportunity to provide feedback. If you have any questions, please do not hesitate to contact EDPMA's Executive Director, Cathey Wise, at cathey.wise@edpma.org or Laura Wooster, ACEP's Senior Vice President of Advocacy and Practice Affairs at lwooster@acep.org.

Sincerely,

Andrea Brault

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