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# PALMETTO STATE EPIC

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SOUTH CAROLINA COLLEGE  
OF EMERGENCY PHYSICIANS

EMERGENCY PHYSICIANS' INTERIM COMMUNIQUE



*Peter D. Hyman, MD, FACEP  
President*

## *2009 - More Challenges Ahead*

Greetings to my colleagues in the South Carolina College of Emergency Physicians. Serving as your President has really been an honor. This is a challenging role. I started the year by going to ACEP's Leadership and Advocacy Conference in Washington, DC. It is an incredible conference that everyone interested in a leadership role should attend. I owe a special thanks to Dr. Pam Benson for guiding me through the meetings and introducing me to the leaders of ACEP, both past and present. We also went together to meet with our Congressmen. Watching her and listening to her talk to these leaders made me realize how lucky South Carolina is to have her as a member of our chapter. Her fund of knowledge of ACEP's history seems endless.

As emergency physicians we continue to face challenging problems in our profession. The number of emergency visits is rising. The number of on-call specialists is declining. The demand for ER physicians seems to be greater than the supply. Multiple physicians in Washington talked about the difficulty in finding physicians to hire. We are still facing psychiatric issues in the ER despite multiple meetings with the Department of Mental Health. With continued budget cuts, in both the mental health and Medicaid budgets (Page Three) there is no solution in sight and, in fact, the situation is expected to get worse. Certainly recent news articles have pointed out the closings of more mental health centers, psychiatric beds, and on-call services to ER's. The legislature is supposed to appoint a Behavioral Health Study Committee inclusive of 5 Senators and 5 Legislators along with others to look at the issue of mental health patients in the emergency department. This is a new twist to an old problem, but hopefully, since they do control the money, they may be able to produce other solutions. I would like to thank Jorge Infante, MD for taking the lead in this.

ACEP recently released the 2009 "National Report Card on the State of Emergency Medicine". South Carolina received a C (down from the B- we were given in 2006), placing it 26<sup>th</sup> in the national ranking. See more detailed report on Page Two.

I have been involved with the South Carolina Hospital Association and the American Heart Association in developing a statewide plan for STEMI care. This initiative has been named South Carolina Mission: Lifeline. Many thanks go to Rick Foster, MD and Lori Gibbons at the South Carolina Hospital Association for their hard work. The goal is for all EMS units statewide to be able to obtain 12-lead EKGs and transmit them to a PCI hospital. Hopefully then, ERs will know about these patients while in the field and can activate cardiologists and cath labs prior to the patient arriving in the ER. This will then decrease the door-to-balloon times for these patients and preserve more cardiac muscle.

As you can see – our challenges are many and our resources limited. Therefore, we must focus on those issues that present us with the greatest opportunity to make a difference. One activity planned is our co-sponsorship with the SC Hospital Association of an ED conference on March 3-4, 2009 entitled Code Blue: Strategies for an ED in Crisis". As you can see by the agenda on Page Four this conference will address issues of concern to all who practice emergency medicine. So, mark your calendars! I look forward to seeing you in Columbia on March 3!

In the meantime, I send you my very best wishes for a Healthy, Happy and Prosperous New Year!

*Peter Hyman, MD, FACEP*

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## **National Report Card - Nation's Failure to Support Emergency Patients Graded C- With 90% of States Earning Mediocre or Near-Failing Grades**

According to ACEP's recently released National Report Card the nation's Emergency Care System is a ticking time bomb accelerated by the financial crisis and physician shortages. Economic woes and a failing health system mean more people than ever before are relying on emergency care at a time when the nation is receiving a substandard C- grade for its support of emergency patients. Policymakers can no longer remain oblivious to what is happening in emergency departments and ACEP has called upon President-Elect Obama and the new Congress to make emergency patients a top priority in health care reform proposals.

### **South Carolina Receives a C Grade - Ranks 26th in the Nation, for its Support of Emergency Patients in Report Card on the State of Emergency Medicine**

#### ***State Receives Failing Grades in Access to Emergency Care and Public Health & Injury Prevention Categories***

South Carolina received high marks for its medical liability policies and has made important strides in preparing for disasters, but received failing grades for its public health record and for having significant barriers to emergency care, according to a National Report Card on the State of Emergency Medicine, released by the American College of Emergency Physicians (ACEP). The Report Card comes at the time when the national picture looks bleak: job and insurance losses, a rapidly growing senior population and a recent survey forecasting critical shortages of primary care doctors all point to escalating emergency patient populations.

The five Report Categories (and weightings) are: Access to Emergency Care (30 percent), Quality & Patient Safety Environment (20 percent), Medical Liability Environment (20 percent), Public Health & Injury Prevention (15 percent) and Disaster Preparedness (15 percent). In these categories South Carolina ranked 45<sup>th</sup> (F), 16<sup>th</sup> (B+), 5<sup>th</sup> (A), 50<sup>th</sup> (F), and 34<sup>th</sup> (C), respectively.

“South Carolina has significant workforce shortages in mental health care, specialty medicine and primary care,” said Dr. Peter Hyman, president of the South Carolina College of Emergency Physicians. “We must work to reverse these trends, beginning with reversing the declining trends in Medicaid reimbursement rates and increasing the number of physicians in our state who will accept Medicare. Medicaid patients deserve proper medical care. We need to fix the system so it works.”

South Carolina received an F in the category Public Health & Injury Prevention, having the fourth highest rate of infant mortality in the nation and an obesity rate of nearly 30 percent. The state also has a higher-than-average rate of traffic fatalities, with 50 percent of those fatalities linked with alcohol use. The state has lower than average rates of older adults receiving either the influenza or pneumococcal vaccines.

“We need to focus on public education and target resources, starting with our babies and including our grandparents,” said Dr. Hyman. “We need to act quickly to provide the necessary resources to combat the tragic consequences of these public health problems.”

The Report Card grades are a comprehensive analysis of the support that states provide for emergency patients. The new Report Card contains more than twice the measures of ACEP's first Report Card in 2006, as well as a new category for disaster preparedness, which makes it more comprehensive, but not directly comparable, to the previous Report Card.

The South Carolina Report Card made several recommendations for improvement:

- \* Target public education campaigns aimed at healthier behavior, especially with regard to alcohol use, weight management and safe driving.
- \* Increase medical access for older adults facing barriers. Implement vaccination programs that target adults 65 years and older.
- \* Reduce the high rate of infant mortality.
- \* Reverse the decline in Medicaid reimbursement rates for office visits and increase the rate of physicians accepting Medicare.
- \* Attract on-call medical specialists, mental health care providers and primary care physicians to SC by maintaining a good liability environment. This would include: lowering the cap on non-economic damages, abolishing joint and several liability, and instituting mandatory pretrial screening panels.

The nation's failure to support emergency patients resulted in an overall grade of C- for the nation as a whole. Massachusetts earned the highest overall grade of a B, and Arkansas ranked last (51<sup>st</sup>) in the nation with a D-. The national grade was calculated using the same methodology used for the overall state grades and is a weighted average of the nation's category grades.

“The weakened economy combined with a failing health care system mean that growing numbers of people will need emergency care,” said Dr. Nick Jouriles, president of ACEP. “In fact, the role of emergency care has never been more critical to this nation, which is why emergency patients must become a top priority for health care reform. We are urging President-elect Obama and the new Congress to strengthen emergency departments, because they are a health care safety net for us all.”

The National Report Card on the State of Emergency Medicine was made possible, in part, by funding from the Emergency Medicine Foundation, which gratefully acknowledges the support of The WellPoint Foundation and The Robert Wood Johnson Foundation.

## **SC MEDICAID AGENCY CUTS EXPECTED TO LEAD TO MORE ED VISITS**

In December, the state Medicaid agency announced a \$61 million round of cuts. These cuts will affect many of South Carolina's neediest residents. In a Beaufort Gazette article on December 17th Jim Davenport noted, "Health care advocates and providers said that some people would be left without care and get sicker, which could lead to more expensive emergency room visits or worse."

Listed among the proposed cuts that could affect EDs and hospitals are: discontinuing coverage of hospice care for Medicaid only patients; cutting HIV program by \$40,000; reducing payments for prescription drugs that help cover a gap in Medicare Part D's drug program (state previously covered 95% of difference but proposal is 10%); coverage of OTC expectorants or cough/cold medicines; adult dental procedures; alcohol swabs; limiting nebulizers to one every 2 years; and elimination of the "After Hours" Code 99051. Also, billing for specific procedure codes may be limited or elimination.

## **EVEN MORE CUTS ON THE TABLE FOR MENTAL HEALTH**

The Department of Mental Health, having already suffered a decade of cuts, was shocked by the Legislature's cutting of \$26 million for this fiscal year, a 12 percent cut in the agency's budget. These cuts were blamed on a \$500 million shortfall blamed on the slumping economy.

With South Carolina's behavioral health system already in a crisis state, these cuts have led to reductions in the number of psychiatric beds in state-run mental health facilities. So, even though the state is responsible for providing a statewide system for delivering mental health services, reductions in the number of psychiatric beds in state-run mental health facilities, and inadequate Community based services have resulted in many behavioral health patients in South Carolina presenting to hospital emergency departments, most of which are ill prepared to handle their special needs. These patients are often housed in the EDs for days waiting for a "psych bed" to become available. Many go without proper care.

In 2008, the Legislature created a 10-member legislative study committee to examine the delivery of behavioral health care services in South Carolina. The committee's findings and recommendations are due to the General Assembly by February 15, 2010. SCCEP will work with this study committee to identify problems and possible solutions to the problems related to the behavioral health system.

## **ACEP COUNCIL REPORT**

*by Allison L. Harvey, MD, FACEP - SCCEP Councilor*

The 2008 ACEP Council meeting will always be remembered by those who attended. Not because of the legislation passed or defeated, although it was compelling. Not because of the venue, although Chicago is a vibrant (if cold) setting. No, the most remarkable aspect of the Council meeting was its brevity! Usually a gathering of rancorous debate, particularly considering the topics on this year's agenda, the council found unanimity where there is usually none.

Criteria for fellowship continued to be the hot topic. This seems to be the thorn that will never go away. For the fourth year in a row, there was lively discussion among the attendees about criteria for various categories of fellowship and membership with a total of 6 separate resolutions addressing the issue. Last year, a new category of fellowship was introduced, the "legacy fellow". This would allow those emergency physicians who have made large and significant contributions to the specialty to be accepted into the college even if they did not qualify for membership by current criteria (residency training and board certification). This was meant to honor the founders of the specialty who laid the groundwork for emergency medicine today. This year, it was voted to close this track to fellowship as of December 2009, the assumption being that those who qualified would have had 2 years to apply and be accepted. In the same vein, a resolution to add "hon." or "emeritus" to the end of the FACEP designation was defeated, thus making no outward distinction between fellows of ACEP. All fellows are equal, regardless of how you got there.

It was also voted to create a task force to address a possible "associate membership" category for non-EM trained physicians who practice in EDs. I can already hear the fracas when they bring their recommendations to the Council in 2009!

Other more mundane issues included creating a dues discount for groups that have 100% ACEP membership, National support for "felony to assault an emergency physician" laws (SCCEP passed this years ago!), and for ACEP to write a "White paper" on the use of nurse-directed order sets (i.e. triage standing orders) and how they DO NOT constitute a physician-patient relationship.

Nick Jouriles was seated as the new president and Angela Gardner was elected president-elect. Thank you for allowing the four of us to serve you as YOUR councillors to national ACEP. We will continue to serve you and voice the views of SC emergency physicians.

*Allison Harvey, MD, FACEP  
Steve Grant, MD, FACEP  
Steve Stanfield, MD, FACEP  
Geoff Renk, MD, FACEP*

**South Carolina Hospital Association and  
South Carolina College of Emergency Physicians**

**Code Blue: Strategies for an ED in Crisis**

**March 3-4, 2009 - William L. Yates Conference Center, Columbia, SC**

***Tuesday, March 3, 2009***

- 09:30 – 10:00**            **Registration & Continental Breakfast**
- 10:00 – 11:15**            **The National Scope of Emergency Departments**  
Dr. Arthur Kellerman, Professor & Associate Dean for Health Policy, Emory University
- 11:15 – 12:30**            **Breakout Sessions (Choose 1 of 3)**
1.            Throughput  
              Dr. Leon Haley, Grady Health System, Atlanta
  2.            Primary Care Networks/Access Health SC  
              Melanie Matney, SCHA
  3.            On-Call Strategies
- 12:30 – 13:30**            **Lunch**
- 13:30 – 14:45**            **The State of Behavioral Health in the ED**  
Jeffrey Geller, Professor of Psychiatry. University of Massachusetts Medical School
- 14:45 - 15:00**            **Refreshment Break**
- 15:00 – 16:30**            **Breakout Sessions (Choose 1 of 3)**
1.            Throughput  
              Dr. Leon Haley, Grady Health System, Atlanta
  2.            Community Strategies for Addressing Behavioral Health Patients  
              Moderated by Jeffrey Geller, Univ. of Massachusetts Medical School
  3.            Behavioral Health Pilot Project  
              Joe Epling, East Jefferson Hospital
- 16:30 – 17:30**            **Reception**

***Wednesday, March 4, 2009***

- 08:30 – 09:45**            ***CRAZY: A Father's Search Through America's Mental Health Madness***  
Pete Earley  
Former *Washington Post* Reporter  
  
In his presentation, Earley - a former *Washington Post* reporter and three-time *New York Times* best-selling author - will discuss his family's struggle and the findings of his three year probe of the nation's mental health system. His research included a nine month stint inside the Miami Dade County jail's psychiatric cellblock where he followed a handful of psychotic inmates through the criminal justice system and into the streets to observe first-hand how they were treated. His book was one of two finalists for the 2007 Pulitzer Prize and has won awards from the American Psychiatric Association and all major mental health groups.
- 09:45 – 11:00**            **Breakout Sessions (Choose 1 of 3)**
1.            Staffing & Security  
              Theresa Taverno, Patient Safety Director, TeamHealth
  2.            Telepsychiatry Status Report
  3.            EMTALA  
              Rick Wild, Chief Medical Officer, CMS Atlanta Regional Office
- 11:00 – 11:15**            **Refreshment Break**
- 11:15 – 12:30**            **Breakout Sessions (Repeat)**
- 12:30 – 13:30**            **Lunch - Andy Brack, Publisher, The Statehouse Report**

**FOR MORE INFORMATION AND REGISTRATION - CONTACT LARA HEWITT (SCHA) AT 744-3518**

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## ACEP Recognizes SCCEP Members As Heroes of Emergency Medicine

Drs. Allison Harvey and Richard Schmitt were recognized as "Heroes of Emergency Medicine", emergency physicians who have dedicated their careers to their patients, their community, and their specialty.



*Allison L. Harvey, MD, FACEP  
Clinical Faculty, Director of Sexual  
Assault Nurse Examiners Program  
Palmetto Health Richland  
Columbia, SC*

Dr. Allison Harvey has served emergency medicine in a number of ways, including her dedication to ACEP. As chapter president she provided crucial leadership during lobbying efforts to achieve meaningful tort reform in South Carolina. Tort reform enacted during her term continues to be a model for other states seeking improvements in tort legislation. As a councilor for SCCEP/ACEP, she is a regular attendee at ACEP's Leadership & Legislative Conference, leading an annual delegation from South Carolina to Washington DC to lobby senators and congressmen for positive changes in patient care.

Dr. Harvey has also developed a program to train health care professionals in the care and management of sexual assault victims. She continues this effort through several ongoing research studies that may prove to be groundbreaking in the treatment of sexual assault victims. She is an outstanding role model for all emergency physicians.

*Richard A. Schmitt, MD, FACEP  
President, SCMA  
Attending Physician & Co-Founder,  
Carolina Health Specialists  
Myrtle Beach, SC*



Dr. Richard A. Schmitt has been a tireless worker for emergency physicians and organized medicine. He serves as President of the SCMA, having previously served as Chairman of the Board and Chair of the Legislative Inter-Specialty Council. He is also a past president of SCCEP and served as an ACEP/SCCEP councilor for many years. He has served on numerous national ACEP committees, including the ACEP Council Steering Committee.

Dr. Schmitt was awarded the prestigious "Jack Niles Leadership Award" for his services to SCCEP, the only person to have received this award twice. He has authored numerous resolutions and white papers, and has been involved in the development and subsequent passage of several pieces of state legislation benefitting patients, emergency medicine and organized medicine. His knowledge of, and activities in the state house have been invaluable in mentoring our young physicians members. And, in order to continue to educate our future leaders he is currently developing an SCMA Leadership Academy.

## SCCEP Members and Executive Director Honored at ACEP Scientific Assembly

### Congratulations to:



**Dr. Sam Kini:** who was presented with an ACEP National Teaching Award for 2008. The award was presented at the Scientific Assembly in Chicago. Sam was one of seven emergency medicine educators in the country to receive this award.

**Joy Zimmer, SCCEP Chapter Executive** who was elected an Honorary ACEP Member "in recognition of outstanding service to the medical profession and the college." Joy is one of only eleven non-physicians to be awarded this honor.



*Joy Zimmer receiving award from  
ACEP President Nick Jouriles, MD, FACEP*

### And, the following physicians who were recognized as New ACEP Fellows at the Convocation Ceremony:

- Thomas O. Brewer, MD, FACEP - Boykin
- Jeffrey S. Bush, MD, FACEP - Daniel Island
- Charlotte N. Charfen, MD, FACEP - N. Augusta
- Daniel E. Lewis, MD, FACEP - Mt. Pleasant
- Matthew T. Logan, MD, FACEP - Greenwood
- Adam H. Mandel, MD, FACEP - Summerville
- Daniel M. McNabb, MD, FACEP - Medford, WI
- Mark. W. Mossey, MD, FACEP - Arnold, MD
- Gabe Simpson, MD, FACEP - Cheraw
- Simon C. Watson, MD, FACEP - Mt. Pleasant

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## South Carolina General Assembly

118th Session, 2009-2010

### Bills Introduced

**SC HB 3204** - Health Care Reform - Rep. Whipper (Ways and Means) - to amend the code of laws of South Carolina, 1976, by adding article 11 to chapter 6, title 44 to enact the “healthy communities capacity act”; so as to establish the small business health insurance premium assistance program within the department of health and human services to provide health insurance premium assistance to small businesses for employees who are at or under two hundred percent of the federal poverty level, to establish eligibility criteria for small businesses to participate in the program, to require eligible employees to contribute up to fifteen percent of the premium cost, to require the department to place caps on the number of employees that may enroll in the program so that no more funds are expended than are available for this program from the Medicaid match fund, to provide that this program must be funded from a portion of an additional 4.65 cents per cigarette license tax which must be adjusted annually based on the consumer price index, and to direct the department to apply for a Medicaid waiver to implement this program; to provide that the department shall provide Medicaid coverage to children eighteen years of age and younger whose family incomes do not exceed two hundred percent of the federal poverty level; to create the Medicaid match fund into which a portion of the additional cigarette tax must be deposited; by adding section 12-21-640 so as to provide for an additional 4.65 cent license tax on each cigarette to fund the small business health insurance program.

**SC SB 168** Liability Reform - Senators Cleary, Campsen and Rose (Banking & Insurance) - to amend section 38-79-30, code of laws of South Carolina, 1976, relating to medical malpractice insurance so as to provide that a licensed health care provider who renders medical services voluntarily and without compensation, and seeks no reimbursement from charitable and governmental sources, and provides notice to the patient or patient’s provider in a non-emergency, is not liable for any civil damages for any act or omission unless the act or omission was the result of the health care provider’s gross negligence or willful misconduct.

**SC HB 3101** - Seat Belts/Motor Vehicle Safety - Rep. Kirsh (Agriculture, Natural Resources and Environmental Affairs) - to amend the code of laws of South Carolina, 1976, by adding chapter 26 to title 50 so as to enact the “all-terrain vehicle safety act”; to provide for the regulation of the operation of all-terrain vehicles by persons under the age of sixteen, to provide safety standards for operation of all-terrain vehicles, and to provide penalties for violation of the chapter.

**SC HB 3109** - Seat Belts/Motor Vehicle Safety - Rep. Kirsh (Agriculture, Natural Resources and Environmental Affairs) - to amend the code of laws of South Carolina, 1976, by adding chapter 26 to title 50 so as to enact the “all-terrain vehicle safety act”; to provide for the regulation of the operation of all-terrain vehicles by persons under the age of sixteen, to provide for the regulation of the sale of all-terrain vehicles for the use of persons under the age of sixteen, to provide safety standards for operation of all-terrain vehicles, and to provide penalties for violation of the chapter.

**SC SB 180** - Seat Belts/Motor Vehicle Safety - Senator Massey (Transportation) to amend section 56-5-6540 of the 1976 code, relating to safety belts, to provide that a violation of any safety belt provision

is admissible as evidence in a civil action to establish comparative negligence under certain circumstances.

**H. 3199** - Behavioral Health Services Act - Reps. Harrison, Allison and G.M. Smith (Judiciary) - to amend section 1-30-10, code of laws of South Carolina, 1976, relating to the departments in the executive branch of state government, to enact the behavioral health services act of 2009, so as to add the department of behavioral health services and to delete the department of alcohol and other drug abuse services and the department of mental health; to amend section 1-30-20, relating to agencies previously transferred to the department of alcohol and other drug abuse services, so as to provide that the power and duties of the department of alcohol and other drug abuse services are transferred to and devolved upon the department of behavioral health services, division of alcohol and other drug abuse services; to amend section 1-30-70, relating to agencies previously transferred to the department of mental health, so as to provide that the powers and duties of the department of mental health are transferred to and devolved upon the department of behavioral health services, division of mental health; by adding section 1-30-72 so as to place the department of mental health and the department of alcohol and other drug abuse services under the department of behavioral health services; by adding chapter 8 to title 44 so as to create the department of behavioral health services comprised of the division of alcohol and other drug abuse services and the division of mental health and to provide for the department’s powers and duties, including developing and implementing a state plan for the coordinated care and unified delivery of behavioral health services and overseeing the administration and delivery of behavioral health services; to amend chapters 9, 11, 13, and 15 of title 44, relating, among other things, to the organization and operation of the department of mental health and its facilities, the South Carolina mental health commission, and local mental health programs and boards, so as to conform these chapters to the provisions of this act and to provide that the mental health commission is an advisory board to the division of mental health; to amend chapter 49, title 44, relating to the department of alcohol and other drug abuse services, so as to conform this chapter to the provisions of this act and to create an advisory board to the division; and to amend sections 44-52-10, 44-52-165, 44-52-200, and 44-52-210, relating, among other things, to alcohol and drug abuse commitments and programs for chemically dependent persons, so as to conform these sections to the provisions of this act



*Joy Zimmer and Dr. Sam Kini following the Awards presentation during the ACEP Scientific Assembly in Chicago. Both Joy and Sam were honored at the event.*

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## 2008 LEADERSHIP AND LEGISLATIVE CONFERENCE

SCCEP President, Peter Hyman, MD, FACEP and Board Member Pamela P. Bensen, MD, FACEP attended the ACEP Leadership and Legislative Conference in May, 2008 in Washington, DC. Each year SCCEP provides financial support for chapter leaders to attend this very valuable conference. Attendees are updated on current issues and given the opportunity to meet with the South Carolina Representatives. Every physician who has attended this conference gives it the highest marks possible.



*Drs. Hyman and Bensen with Dr. George Podgorny, Past President of ACEP, and first President of ABEM*



*Drs. Nick Jouriles (then ACEP President-Elect, Peter Hyman (SCCEP President) and George Podgorny*



*Drs. Michael Rapp (Past President, ACEP) and Peter Hyman (SCCEP President)*



*Drs. Pam Bensen and George Podgorny celebrate ACEP's 40th Anniversary*

### **Pam Bensen, MD, FACEP Displays Quilt She Made To Celebrate ACEP's 40th Anniversary**

Dr. Bensen, well known as a past ACEP Board Member and ACEP "Ribbon Lady" was the very first intern in emergency medicine. Since moving to South Carolina in 2003 she has shared her knowledge of the history of ACEP, expertise in the Legislative arena, and background in billing and coding with our chapter leadership. SCCEP is truly lucky to have her as a member.



*Dr. Bensen with the "History of ACEP" quilt she made to celebrate the College's 40th Anniversary*

## Medicaid Publishes Final Rule on ED Co-Payments for Non Emergency Visits

by Barbara Tomar, ACEP DC Office

CMS recently published new rules regarding hospital copays for Medicaid patients. If you have any questions, please contact Barbara at btomar@acep.org.

The DRA 2005, Sec. 6043 created **an option** for states to **allow hospitals** to impose co-payments on Medicaid patients whose visits to the ED have been determined (after the medical screening exam) to be non-emergent. The co-pay has been quantified in this final rule, but can only be applied if there are viable/available community-based alternatives for care that do not charge co-pays.

Congress provided \$50m for a grant program that states and communities can use to develop alternative primary care sites. As of April, 2008, 20 states received competitively bid funds for 2-year projects.

<http://www.cms.hhs.gov/GrantsAlternNonEmergServ/>.

The final rule sets amounts for co-pays and rules for states and hospitals to notify Medicaid recipients about alternatives.

Basically, cost sharing is geared to family income at or below 100% of federal poverty line, 100 to 150%, and above 150% but not to exceed 5% of family income. Cost sharing is a percent of Medicaid payment and runs from \$.55 to \$ 3.15.

1. CMS had estimated that it would take 30 minutes of hospital personnel time to give information to patients on other sites for care, time that is needed for patient care in a busy ED. In the final rule, CMS cynically reduced the time estimate to 5 minutes.
2. ACEP comments noted that since most of the ED visit is taken up with the medical screening exam, imposing a co-pay on the patient for a prescription or minor treatment is hardly cost effective and seems somewhat unethical. CMS responded that providers can waive the co-pays.
3. Finally, the state is tasked with keeping up to date schedules on cost sharing amounts and a list of all the hospitals that impose co-payments. This too seems unrealistic and time consuming.
4. This regulation, and many other Medicaid regulations in the past few years are designed to limit federal expenditures.

**Do you have any news, views, funny stories, interesting cases, praise, recognition or comments you would like to share with your colleagues. If so, we are always looking for articles of interest for the EPIC. Please e-mail your submission to [sccep@sc.rr.com](mailto:sccep@sc.rr.com)**

## JOB OPPORTUNITIES

**Various Locations, SC** - Looking for a change? Need an exit strategy from full-time EM career?

**Doctors Care** offers a unique and rewarding opportunity for EP's. You can practice in a relaxed atmosphere that offers better hours. You will still see a variety of patients and perform procedures. Your diagnostic skills will be challenged daily. We have full and part-time employment available throughout South Carolina. Malpractice is included and there is a 401K with a match even for part-time.

Consider the life style benefits and check us out. There is life after EM. For more information contact: [Kathy.Mitchell@DoctorsCare.com](mailto:Kathy.Mitchell@DoctorsCare.com) 803.782.4278 x 115

**Myrtle Beach** - Opening creates excellent full and part time opportunities for a residency trained BC/BP emergency physician to join our well established and progressive group of emergency physicians. Regional cardiac and trauma referral center, with local and regional EMS control. Community, State, National medical and political involvement, are just some of the group's activities. Physician owned multi-specialty group provides state-of-the-art organization, stability, and billing/transcription services. Excellent compensation including immediate scheduling equity, shared financial equity opportunities, paid occurrence malpractice premiums, retirement plan, CME stipend, and a complete benefits package. The rapidly growing Myrtle Beach area offers an excellent family environment, as well as unsurpassed recreational activities including: great restaurants, night life, theaters, shopping, hunting, boating, fresh and saltwater fishing, and world class golf. The Myrtle Beach area, also known as South Carolina's Grand Strand, is a 60-mile stretch of coastline. The Myrtle Beach area was No. 1 on the 2005 list of 10 most desirable areas. Please forward CV to John T. Molnar, MD, FACEP, Carolina Health Specialists, 4615 Oleander Drive, Suite 201-A, Myrtle Beach, SC 29577, call 843-692-1780 or fax to 843-497-6601 or email [jtmol@attglobal.net](mailto:jtmol@attglobal.net).

## SCCEP Member Reminder Update Your Contact Information

Please notify ACEP and SCCEP when you have a change in your contact information (address, hospital, phone number, e-mail address). We want to keep you informed in a timely manner - and we can only accomplish this if we have your up-to-date information (particularly your e-mail). I am constantly getting e-mails returned because the address is changed. So PLEASE, include the chapter on your "people to let know of an e-mail change" list. Send changes to [sccep@sc.rr.com](mailto:sccep@sc.rr.com).

## **PALMETTO STATE EPIC --**

the newsletter of The South Carolina  
College of Emergency Physicians

Editor: Joy Zimmer

EPIC is sent to emergency physicians in South Carolina. The opinions expressed in this newsletter are not necessarily those of the Chapter or the American College of Emergency Physicians.

### **2008-2009 CHAPTER OFFICERS**

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### **COUNCILORS**

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*Allison L. Harvey, MD, FACEP*

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*Stephen C. Stanfield, MD, FACEP*

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*Brianne Hoover, MD - PHR*

*Jennifer Franklin, MD - MUSC*

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*Ms. Joy Zimmer*

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## **WELCOME NEW MEMBERS AND TRANSFERS**

Following is a list of new members and transfers  
who joined the chapter in 2008.

Charles M. Andrews, MD - Resident, MUSC

Martin D. Avery - Student, MUSC

Suzanne M. Bertollo, MD - Greenville

Christina L. Bourne, MD, FACEP - Greenville

David A. Circle, MD - Simpsonville

Cale M. Davis, MD - Resident, PHR

Joshua C. Davis, MD - Resident, PHR

Brian M. Desauiniers, MD - Resident, PHR

Matthew R. Dettmer - Student, MUSC

Lynette Doan-Wiggins, MD, JD, FACEP - Hilton Head Island

Melissa L. Downing, MD - Resident, PHR

Mark N. Flanagan, DO - Resident, MUSC

Shane Frederick, MD - Piedmont

Timothy G. Givens, MD, FACEP - Mt. Pleasant

Jose L. Gonzalez, MD - Resident, PHR

Mark J. Hanna, MD, FACEP - Myrtle Beach

Christianne M. Hoffman - Student, MUSC

Edward C. Jauch, MD, FACEP - Mt. Pleasant

Edward Jones - Student, EVVCOM (Moncks Corner)

Wiley Jordan, III, MD - Resident, PHR

Zachary P. Kiker, MD - Resident, PHR

Sara E. Kirby - Student, USC

Dan Kommel, DO - Greenville

Diann Krywko, MD - Mt. Pleasant

Christopher M. Lombardozzi, MD - Spartanburg

L. Wade Manaker, MD, FACEP - Charleston

Kristin McCabe-Kline, MD - Simpsonville

Daniel M. McNabb, MD - Medford, WI

Kristina Mrowca - Student, MUSC

Brad Presley, MD - Resident, MUSC

William N. Ramsey, MD - Resident, PHR

Elizabeth A. Renwick, MD - Winnsboro

Dag Shapshak, MD - Mt. Pleasant

Richard C. Stuntz, Jr., MD, FACEP - Wylie

Christopher C. Ward, MD, FACEP - Daniel Island

Lorone Washington, MD - Elgin

Simon C. Watson, MD, FACEP - Mt. Pleasant

Scott M. Weitzel - Student, USC

Derick M. Wenning, MD - Resident, PHR

Amanda M. Wood, MD - Mt. Pleasant

Jesse Woodard - Student, Greenville

Greg J. Yost, MD - Bluffton

**Do you have any news, views, funny stories,  
interesting cases, praise, recognition or  
comments you would like to share with your  
colleagues. If so, we are always looking for  
articles of interest for the EPIC. Please  
e-mail your submission to [sccep@sc.rr.com](mailto:sccep@sc.rr.com)**

## SCCEP CALENDAR OF EVENTS

### SCHA/SCCEP CONFERENCE: CODE BLUE: STRATEGIES FOR EDS IN CRISIS

March 3-4, 2009 William L. Yates Conference Center

SCHA, 1000 Center Point Road, Columbia, SC

### SCCEP ORAL BOARD PREPARATION COURSE

April 2-3, 2009, Charleston, SC

[www.scecp.org](http://www.scecp.org)

### SCCEP ANNUAL MEETING

May 27, 2009, Columbia, SC

[scecp@sc.rr.com](mailto:scecp@sc.rr.com) for information and registration

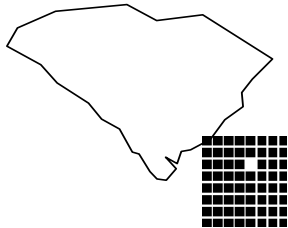
### SCCEP LLSA COURSE - 2009

November 9-10, 2009, Charleston, SC

[www.scecp.org](http://www.scecp.org)

### SCCEP EMERGENCY ULTRASOUND COURSES

For dates and locations - [www.emergencyultrasound.com](http://www.emergencyultrasound.com)



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