

ILLINOIS COLLEGE OF EMERGENCY PHYSICIANS

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AT ANY TIME



HB 5168 & SB 2713: Violence in the Emergency Department



On average, workers in the health care sector are **four times more likely to experience serious workplace violence** than those in private industry.



ED violence adds pressure to an already understaffed emergency medical system, causing further staffing shortages and dangerous gaps in care.



When law enforcement does make an arrest for violent behavior, district attorneys often choose not to pursue charges, leaving offenders unprosecuted. As a result, many of these incidents go unnoticed and unaddressed.



91 percent of emergency physicians polled reported that they or a colleague were victims of violence in the last year, and **85 percent** report the rates of ED violence increased over the last year.

HB 5168 & SB 2713 strengthen protections for health care workers by requiring stronger workplace violence prevention measures, improving reporting and investigations of violent incidents, and ensuring workers can safely report threats to law enforcement without retaliation.

Violence against health care workers is rising, putting staff and patients at risk and worsening burnout and staffing shortages.

Strengthening prevention measures and supporting those who report violence will help create safer, more sustainable health care environments.



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HB 4735 & SB 3114: Transparency in Downcoding



Stops unfair insurance practices:

Prevents insurers from using automated systems to reduce payments for emergency care claims.



Protects patient access to emergency care:

Helps ensure emergency departments can continue providing care for complex and critically ill patients.



Increases transparency and accountability:

Requires insurers to notify physicians when claims are downcoded and creates a clear appeals process.



Strengthens enforcement: Allows the state to fine or penalize insurers that repeatedly engage in discriminatory downcoding practices.

HB 4735 & SB 3114 aim to prohibit health insurers from automatically or unfairly reducing (“downcoding”) medical claims and requiring that any such decisions be made by a qualified physician, with clear notice, appeal rights, and enforcement penalties for discriminatory practices.

These bills protect patients and physicians by stopping insurers from using automated systems to unfairly reduce payments for medically necessary emergency care. By requiring transparency and physician oversight, they help ensure emergency physicians can continue providing high-quality care to the sickest and most vulnerable patients without facing discriminatory payment practices.



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Emergency Department Boarding and Crowding



Emergency physicians are increasingly having to treat patients directly in the waiting room, where limited privacy, inadequate equipment, and insufficient space significantly compromise the quality of care.



The American College of Emergency Physicians gathered over 140 firsthand accounts from emergency physicians nationwide, with nearly **97%** reporting patient boarding times exceeding 24 hours.



Boarding occurs in emergency departments across the country, impacting patients of all ages, conditions, insurance statuses, income levels, and geographic areas. However, it disproportionately affects minority and underserved populations seeking emergency care.



The growing strain on emergency departments and hospitals is driving more physicians and nurses to burnout and ultimately out of the profession, deepening the boarding crisis and pushing an already overburdened emergency care system closer to collapse.

Emergency department (ED) boarding occurs when a patient continues to occupy an ED bed after treatment by an emergency physician awaiting additional care on a medical floor or ICU.

ICEP is urging decision makers and stakeholders to address issues that lead to our nation's boarding crisis.

Extensive research shows that ED crowding is linked to higher mortality rates.

Prolonged patient boarding can also trigger ambulance diversions, raise the risk of adverse events and preventable medical errors, reduce patient satisfaction, contribute to violent incidents in the ED, and drive up overall healthcare costs.

