

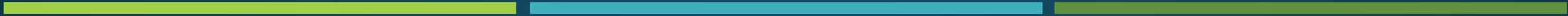
# Emergency Medicine Perspective

*Special Legislative Commission to Make a Comprehensive Study of Rhode Island's Healthcare Workforce Related to Educating and Retaining Primary Care Physicians and Establishing a State Medical School at The University of Rhode Island*

Tony Cirillo, MD, FACEP

President-Elect  
American College of Emergency Physicians (ACEP)







# EMTALA – Emergency Medicine Treatment & Active Labor Act -1986



## Key provisions of EMTALA

### Hospitals must:

**Screen any individual** who shows up in the emergency room to identify any medical condition, including active labor, requiring immediate treatment, regardless of ability to pay

**Provide stabilizing treatment** to the full extent of the hospital's capabilities

**Provide an appropriate transfer** to another hospital if it cannot stabilize the patient after securing acceptance from a receiving hospital

**Accept appropriate transfers** from referring hospitals if the receiving hospital has the capability and capacity to treat the patient

### Penalties for hospitals and physicians:

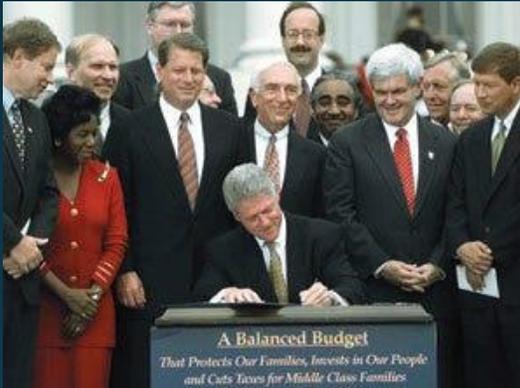
**Up to a \$50,000 civil fine** per incident (\$25,000 for hospitals under 100 beds)

**Exclusion from the Medicare and Medicaid** programs

**Potential liability** in civil lawsuits

Must Provide a "Medical Screening Exam" (MSE) by qualified person in order to determine if the patient has an "Emergent Medical Condition" (EMC)

# The Prudent Layperson Standard – BBA 1997



The **Prudent Layperson Standard** is a federal law that defines an emergency medical condition as a condition where a layperson with average knowledge of health and medicine would reasonably expect immediate medical attention to be necessary:

- To prevent serious jeopardy to the patient's health
- To cause serious impairment to bodily functions
- To cause serious dysfunction of any bodily organ or part

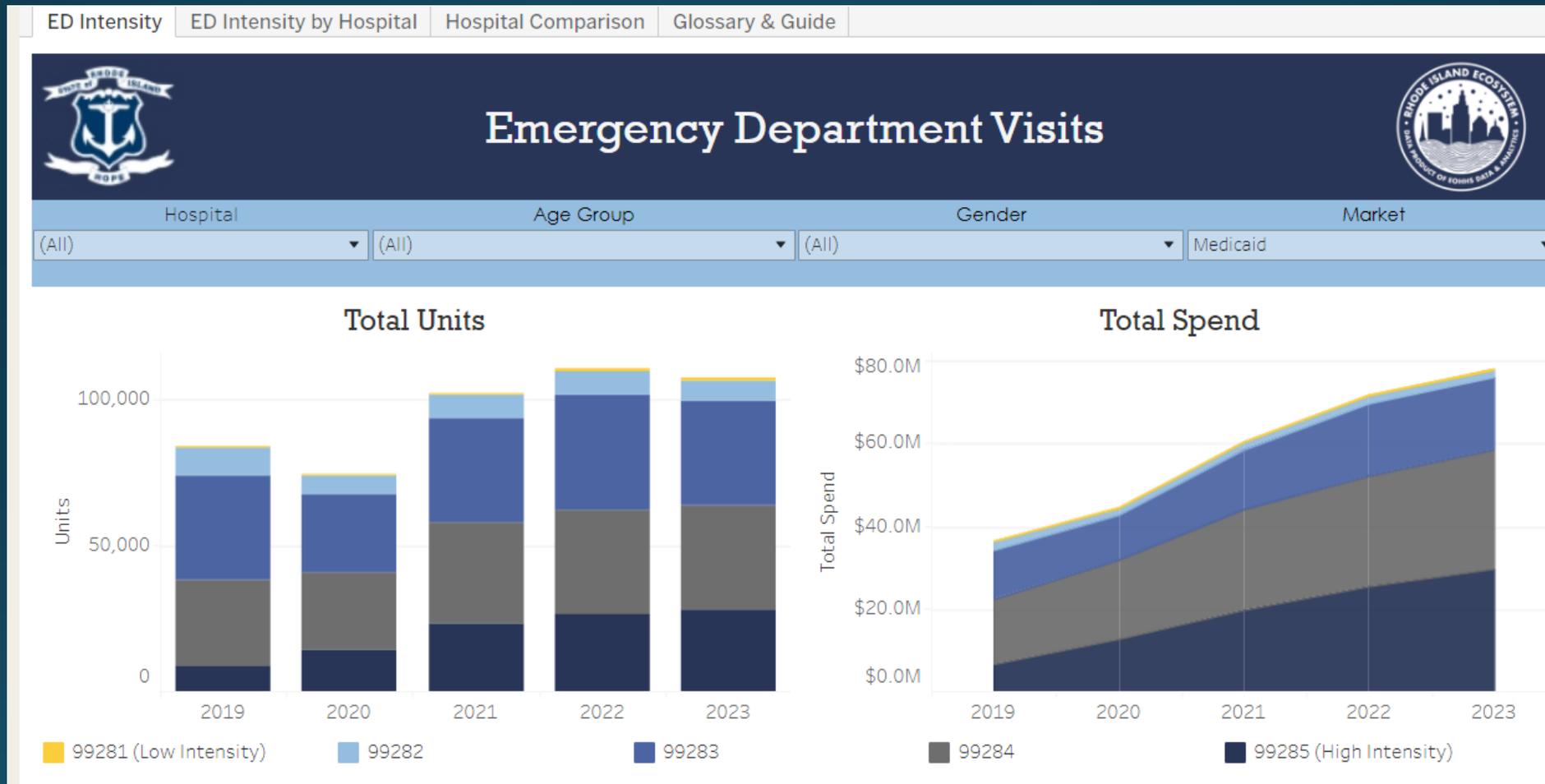
The PLS protects patients by:

- Requiring in-network rates**  
Patients can be charged in-network rates at any emergency room, regardless of which one they visit.
- Prohibiting prior authorization**  
Patients don't need prior authorization or approval from their insurance company.
- Prohibiting out-of-network fees**  
Insurance companies can't charge out-of-network fees if a patient visits an out-of-network emergency room.
- Prohibiting denial or overcharging**  
Insurance companies can't deny or overcharge a patient if their diagnosis is less serious than initially thought.

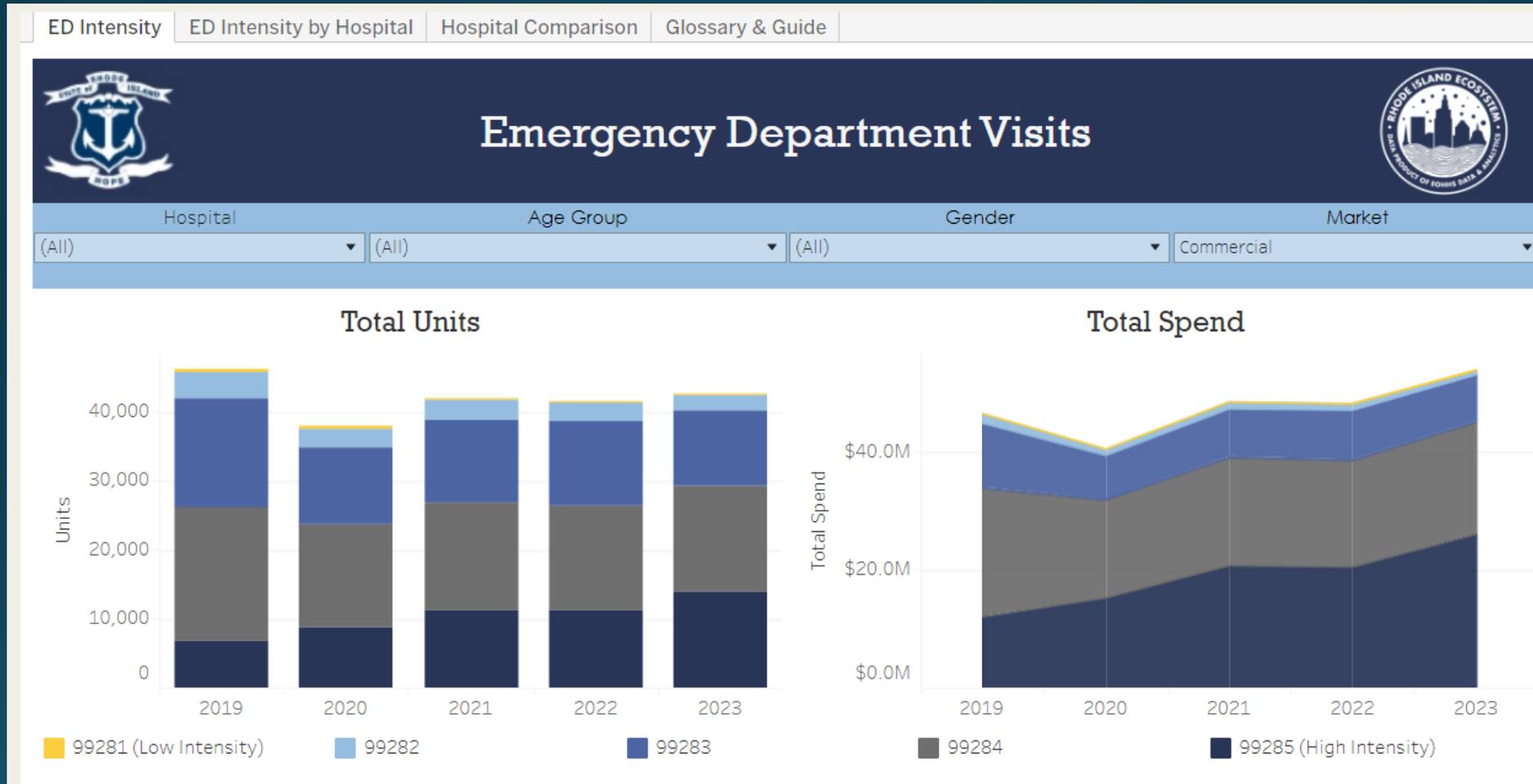
# Emergency Department Visit Intensity – Medicare Patients



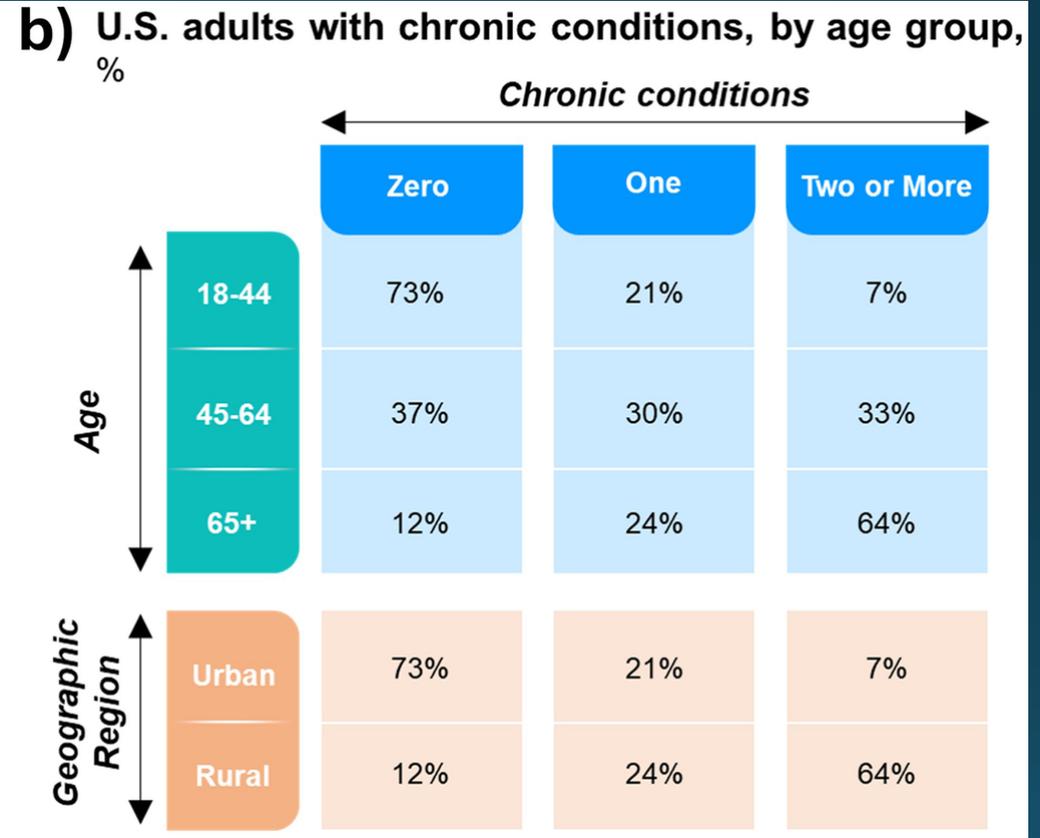
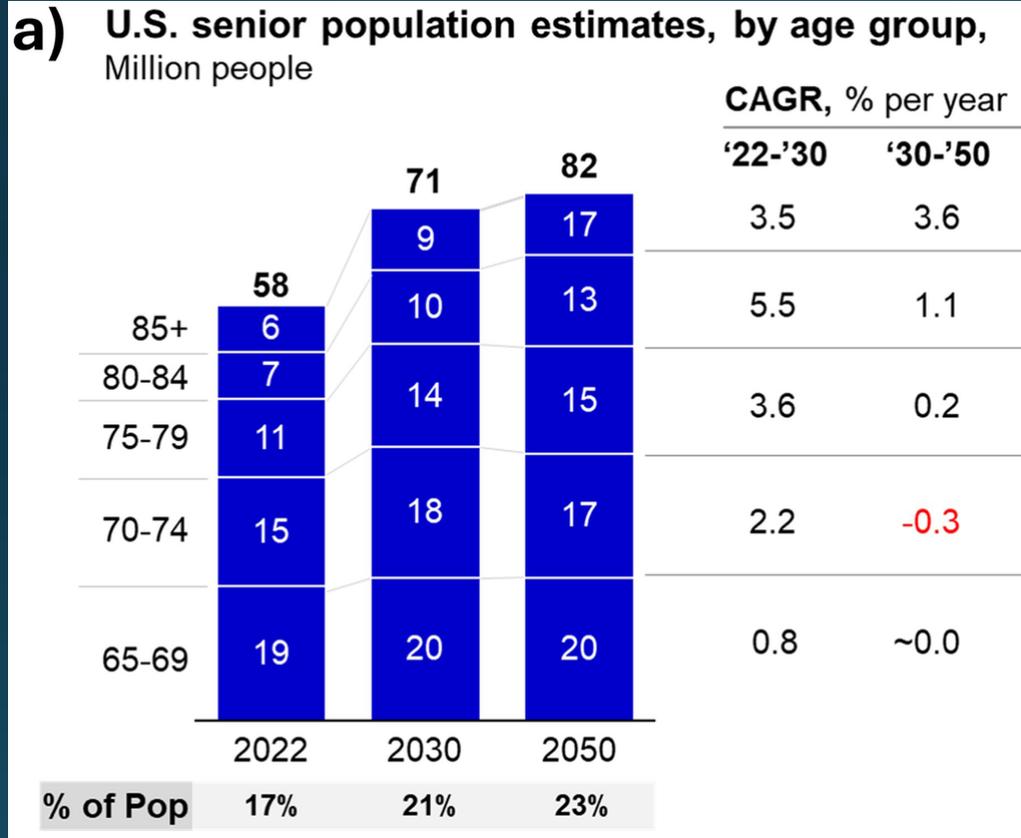
# Emergency Department Visit Intensity – Medicaid Patients



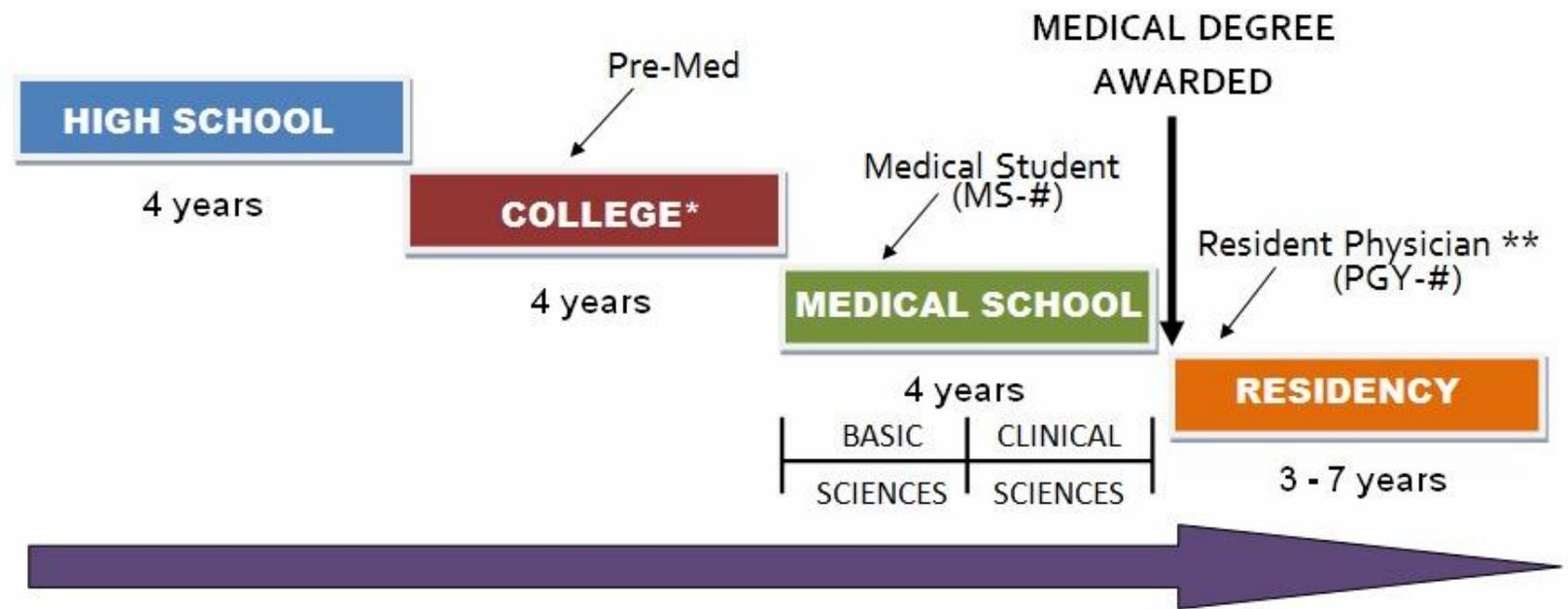
# Emergency Department Visit Intensity – Commercial Patients



# The Population – Older & Sicker



# The Long Journey to Becoming a Physician



\* College is sometimes referred to as "undergrad." These are the same thing.

\*\* During the first year of residency (PGY-1) Resident Physicians are referred to as "interns."







## MEDICARE HEALTH INSURANCE

Name/Nombre  
**JOHN L SMITH**

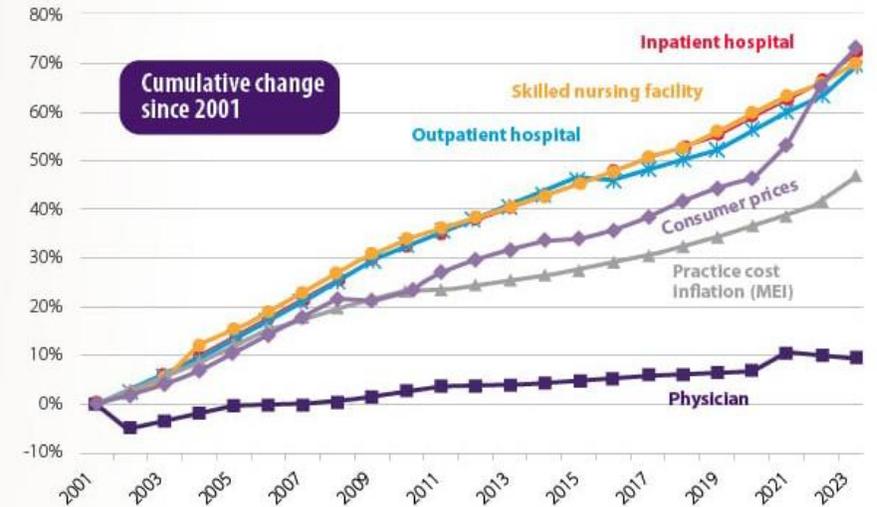
Medicare Number/Número de Medicare  
**1EG4-TE5-MK72**

Entitled to/Con derecho a  
**HOSPITAL (PART A)**  
**MEDICAL (PART B)**

Coverage starts/Cobertura empieza  
**03-01-2016**  
**03-01-2016**

## Medicare updates compared to inflation (2001–2023)

Adjusted for inflation in practice costs, Medicare physician pay declined 26% from 2001 to 2023.



Sources: Federal Register, Medicare Trustees' Reports, Bureau of Labor Statistics, Congressional Budget Office.

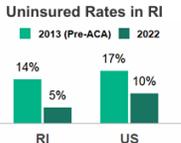
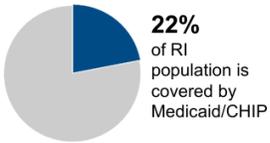
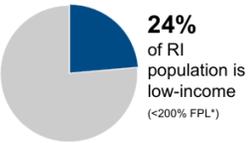
Updated April 2023



## MEDICAID IN RHODE ISLAND

August 2024

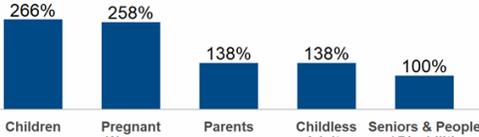
329,405 enrolled in RI Medicaid



RI Expansion Status: **Adopted**

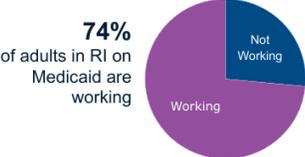
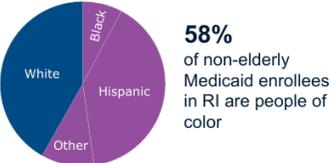
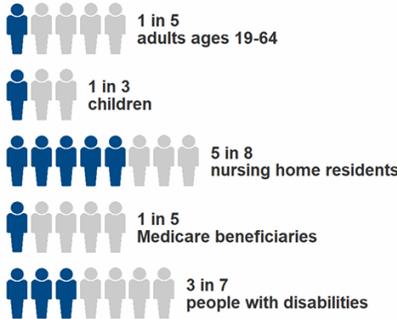
Adults in Expansion Group: **103,000**

Eligibility Levels as a % of FPL\*



\*100% of Federal Poverty Level (FPL): \$25,820 for a family of three; \$15,060 for an individual

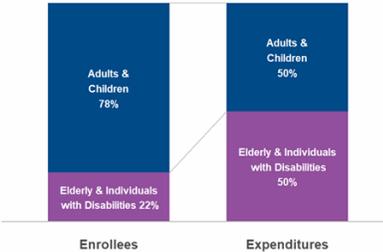
In RI, Medicaid Covers:



The independent source for health policy research, polling, and news.



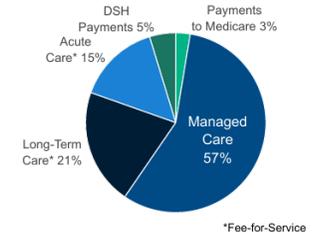
## Medicaid Enrollees & Expenditures in RI



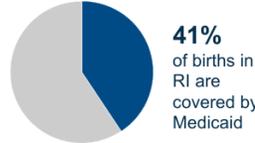
In RI, the federal government pays 56% of the cost of traditional Medicaid.



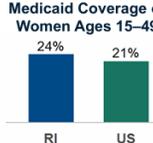
## Total RI Medicaid Spending by Service: \$3.4 billion



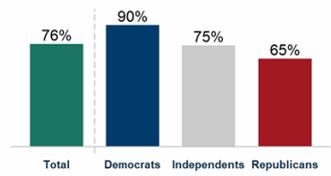
The federal government pays 90% of the cost of the Medicaid expansion.



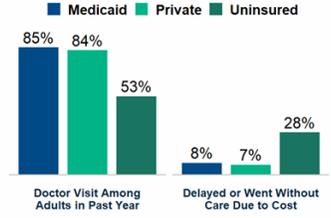
Rhode Island has adopted the Medicaid 12-month postpartum coverage extension



## National Share of Those that Hold Favorable Views of Medicaid



## National Access Measures



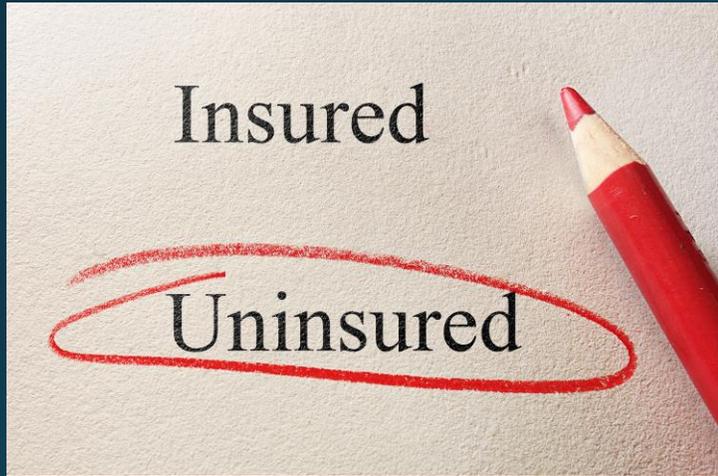
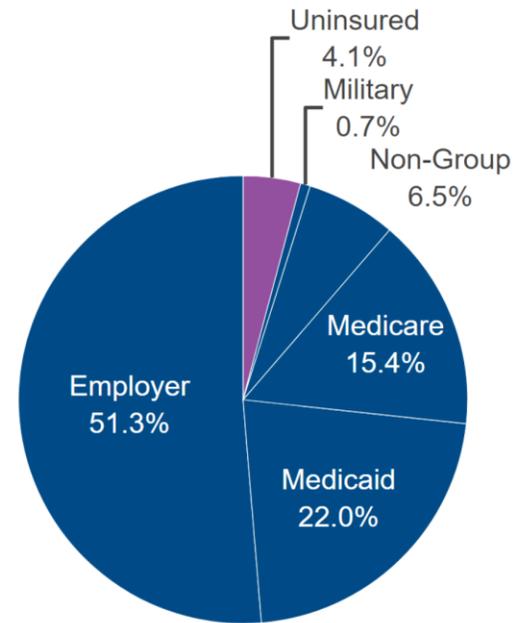
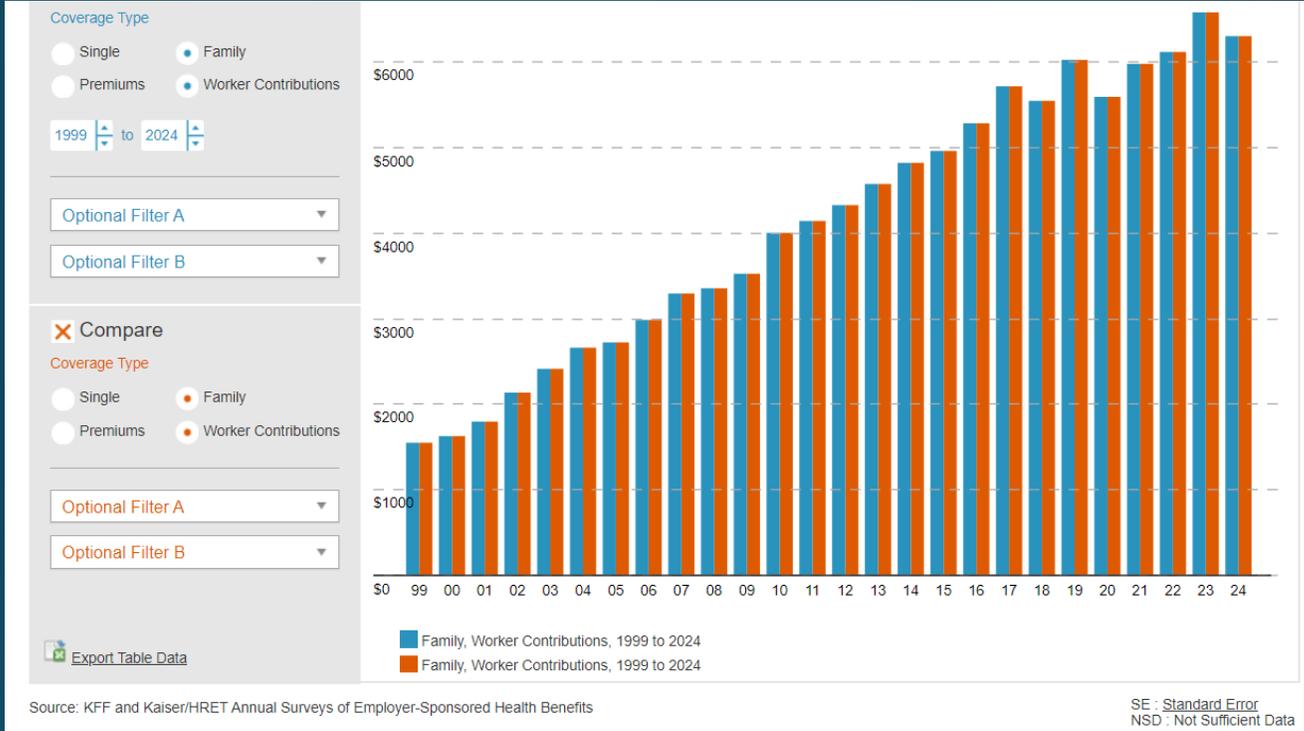


Figure 1  
Health Insurance Coverage of the Total Population



**KFF**





**OCTOBER 2023**  
**Medical Student Education:**  
**Debt, Costs, and Loan Repayment**  
**Fact Card for the Class of 2023**



Education Debt	Public	Private	All
Percentage with education debt	73%	67%	70%
Mean education debt of indebted only (versus 2022, %)	\$197,843 (↑12%)	\$222,381 (0%)	\$206,924 (↑11%)
Median education debt of indebted only (versus 2022, %)	\$200,000 (↑14%)	\$220,000 (↓2%)	\$200,000 (0%)

Education Debt (including premedical)	Percentage of Graduates		
	Public	Private	All
\$100,000 or more	84%	83%	84%
\$200,000 or more	51%	59%	54%
\$300,000 or more	15%	28%	20%
Planning to enter loan forgiveness or repayment program			56%

Education Debt Breakdown	Percentage of Graduates	Median Debt
Premedical education debt	28%	\$27,000
Medical education debt	67%	\$200,000

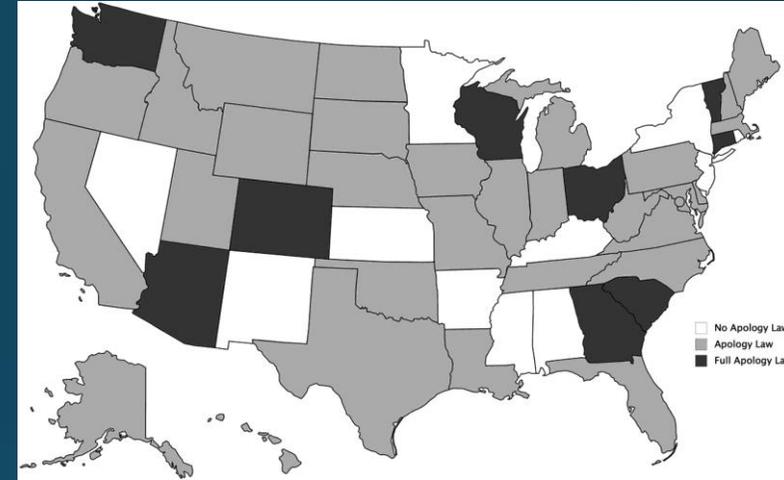
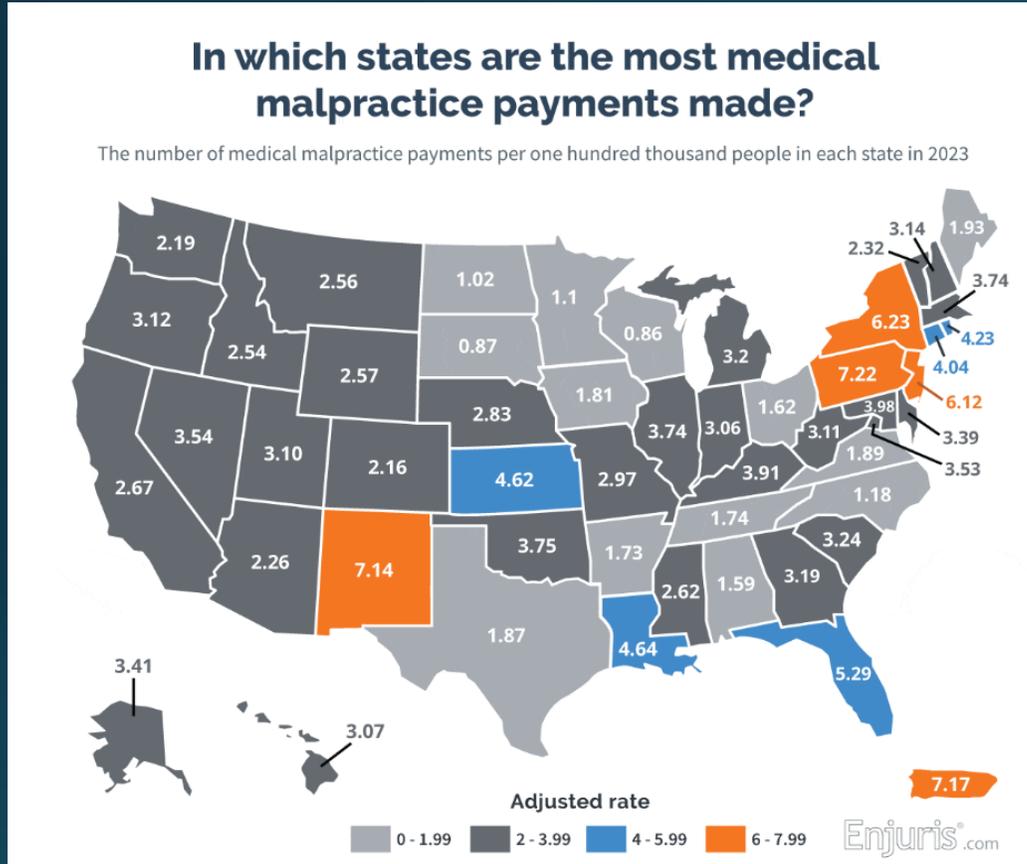
Noneducation Debt	Percentage of Graduates	Median Debt
Credit cards	12%	\$5,000
Residency and relocation loans	2%	\$10,000

Source of data in tables above: FIRST analysis of AAMC 2023 Graduation Questionnaire data. Education debt figures include premedical education debt plus medical education debt.

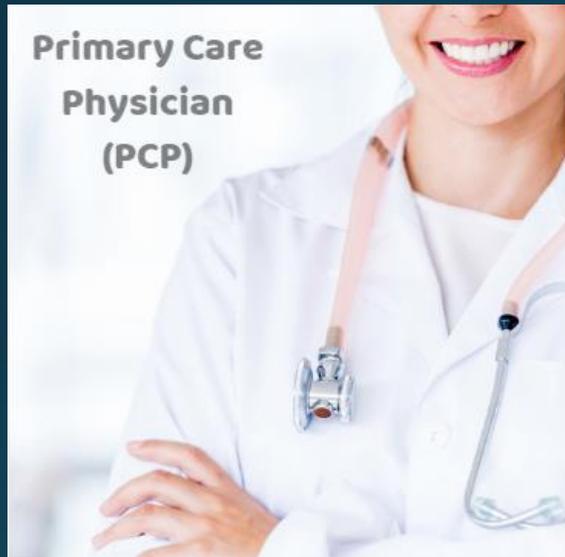
Cost, In-State, 2023-24	Public	Private
Tuition and fees, first-year median	\$41,737 (↑2%)	\$69,788 (↑14%)
Cost of attendance (COA), first-year median	\$71,005 (↑5%)	\$97,942 (↑15%)
4-year COA for class of 2024, median	\$276,006 (↑13%)	\$374,476 (↑13%)

Source: AAMC Tuition and Student Fees Questionnaire data from 94 public schools and 62 private schools.

# The Role of Apology Laws in Medical Malpractice



# What's Needed Most?

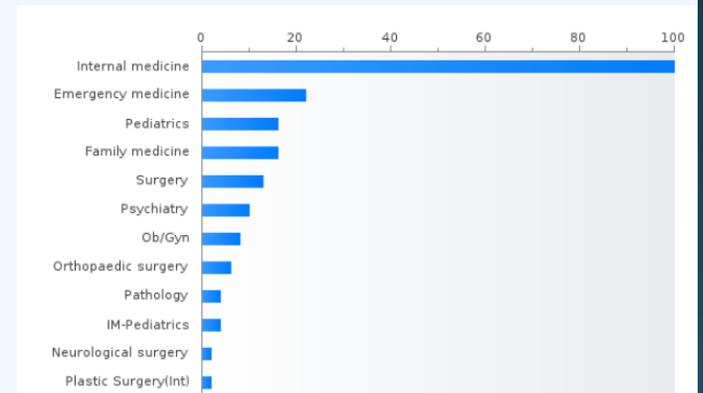


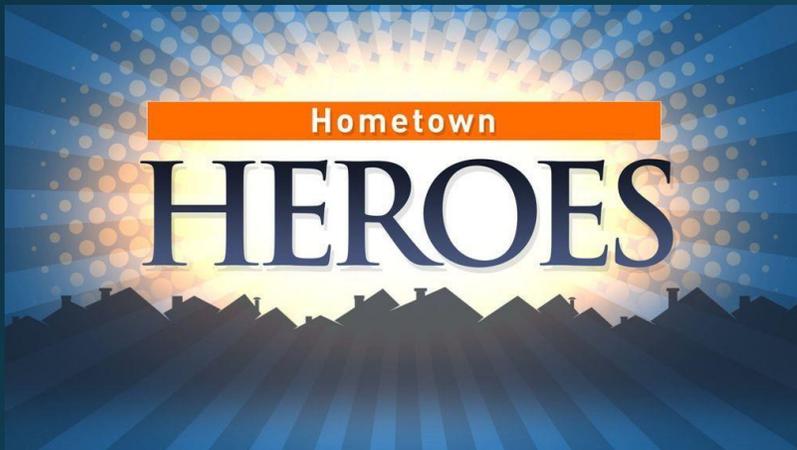
# Need Both School & Residency Training Spots



PGY-1 residency positions in Rhode Island

1. Internal medicine (100)
2. Emergency medicine (22)
3. Pediatrics (16)
4. Family medicine (16)
5. Surgery (13)
6. Psychiatry (10)
7. Obstetrics and gynecology (8)
8. Orthopaedic surgery (6)
9. Pathology-anatomic and clinical (4)
10. Internal Medicine-Pediatrics (4)
11. Neurological surgery (2)
12. Plastic Surgery - Integrated (2)





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“Living, learning, and working in the community that you grew up in is what makes the EIP program so special. It allowed me to pursue my passions and interests early in my medical training while still staying connected to the state that I call home.”

Steven Rougas, MD  
Alpert Medical School '13  
Providence College '09



**The Rhode Island Early Identification Program**

The Rhode Island Early Identification Program (RI EIP) is a selective route of entry to Alpert Medical School that allows Rhode Island residents studying at one of three Rhode Island schools to apply for early assurance during their junior year in their undergraduate program. Admitted candidates are provisionally accepted for entry in the class beginning the August following their graduation, with the option of a one-year deferral to participate in an enriching activity in the medical field. Successful candidates will receive communication from the director of Brown's Program in Liberal Medical Education (PLME) regarding potential enrichment activities between acceptance and matriculation at the medical school.

To be eligible, students must be a RI resident enrolled at Providence College, Rhode Island College, or the University of Rhode Island and be nominated by the school's Health Professions Advisory Committee or pre-professional adviser. Applications are initiated through the three undergraduate schools; for more details, speak to the pre-professional adviser at your school. For this route of entry, the MD Admissions Committee favorably considers candidates whose academics, life experiences, and extracurricular activities demonstrate some combination of the following:

- Strong commitment to the local community
- An exceptional understanding of and motivation for medicine
- Academic performance in college indicating high aptitude for success in studying medicine
- Unique life experiences that enrich a candidate's understanding of medicine or medically underserved populations

**THANK YOU!**

Tony Cirillo, MD, FACEP

[lacirillo@acep.org](mailto:lacirillo@acep.org)

401-465-0806

