PHYSICIANS' GUIDE TO STATE LEGISLATION

CASE STUDY

FUNDING FOR EMERGENCY MEDICINE RESIDENCY PROGRAMS

Issue

Graduate medical education and funding for emergency medicine residency programs.

ACEP Position

In April 1994, the federation of Emergency Medicine Organizations, which includes ACEP, developed and approved a consensus "Statement of Principles" regarding Graduate Medical Education (GME). This statement asserts that "Emergency care will be required to meet the urgent and emergency health care needs of the country regardless of the outcome of health care reform…there is currently a shortage of residency-trained, board-certified emergency physicians…the current configuration of graduate medical education programs in emergency medicine should not be altered at the present time. Changes to emergency medicine GME programs should be made based only on valid manpower projections once the full effects of health care reform are evident.*"

Background Information

With concern over budget deficits, cost containment, and the escalating cost of health care at the state and federal level, it is inevitable that there will be increasing pressure to reduce public funding for GME. Such a reduction could have a significant impact on current emergency medicine programs and the future viability of the specialty. At the federal level, the emphasis on GME reform is to focus on primary care and direct the majority of funding to programs that will provide more primary care physicians in the future. Emergency medicine currently is not included as a primary care specialty for purposes of GME funding, and it is unlikely that there will be a change in that regard. Many states also provide funding for GME, either directly or indirectly. As various medical specialties and GME programs compete for diminishing funds, there are likely to be increasing efforts to reduce funding for emergency medicine residency programs by state governments. These efforts are supported and fueled by the current federal position on primary care.

Such was the case in Florida in 1989, when the Community Hospital Education Council (CHEC) voted, without warning or discussion, to reduce state funding for emergency medicine residency training immediately from $10,000 to $3,000 per resident per year, and then to phase out funding entirely over the next three years.

Legislative History in Florida

The state of Florida enacted the Community Hospital Education Act in 1971 in an effort to increase the availability of medical services and physicians in areas of the state where there was a perceived shortage. Most of the funds were earmarked for support of GME in primary care specialties, which by early 1980s included emergency medicine. This funding became important to the quality and survival of the two emergency medicine residency programs in Florida.

Over several years, family practitioners lobbied heavily for gubernatorial appointments and eventually achieved a majority of seats on the CHEC board which was charged with recommending allocation of these residency-training funds. In 1989, the CHEC board began to eliminate funding for other specialties in favor of increasing funding for family medicine training programs. This situation posed a serious threat to the already limited funding of emergency medicine residency training programs in the state.

In response to a request from the chairs of the emergency medicine residency training programs, the Florida College of Emergency Physicians spearheaded a two-year battle to retain state funding for these programs. The result was enactment of legislation revising the composition of the CHEC board to include one representative from each medical specialty receiving state funding, including emergency medicine. In addition, language was included in the appropriations line item to require continued funding of emergency medicine programs at previous levels.

Although the battle was won, the war is still not over. Every year since enactment of this legislation, there has been a legislative effort to reduce or eliminate funding for emergency medicine residency programs. Thus far, the Florida College of Emergency Physicians has been successful in fending off these attacks.

Arguments in Favor of this Position

Emergency care is an essential service similar to fire and police protection. An adequate supply of highly trained, qualified emergency physicians is essential to meet the health care needs of our society. The logic of this argument can be followed by personalizing the following message: "Who would you rather have treat your injured child (or spouse)…"

Arguments Against this Position

The cost of health care in general, and emergency department use for primary care in particular, is perceived as being too high. There are thought to be too many specialists and too few primary care physicians. Therefore, funding for GME should be allocated preferentially to primary care specialties. Although emergency physicians now provide a significant amount of primary care in EDs, this is not the most appropriate location or the most cost-effective method of providing such care. Reform efforts should be aimed at reducing the demand for primary care services in the ED; if successful, there would no longer be a shortage of emergency physicians or the need to train as many emergency medicine residents.

Potential Opponent Organizations

Physicians and medical specialty societies currently designated as primary care for purposes of GME funding will oppose the ACEP position, as will academic chairs, deans, and teaching hospital administrators associated with these primary care specialties, as they will stand to gain more financial and political clout. Legislators and regulatory officials who are preoccupied with short-term cost containment and budgetary constraints and who do not understand the longer-term implications of such changes in GME funding will share these sentiments.

Potential Proponent Organizations

Academic chairs, deans, and teaching hospital administrators associated with emergency medicine residency programs are potential advocates. The emergency medicine community, including emergency nurses and emergency medical technicians, may lend support.

Possible Strategies

Contact residency program director and academic chairs in emergency medicine regarding funding sources for their programs. Research state statutes, determine which programs provide funds for GME, and actively pursue these potential resources.

Develop and effective grass-roots initiative by emergency physicians and residents to educate legislators and policy makers regarding the essential services provided by emergency physicians and the need for appropriately trained emergency physicians to protect the public health and welfare. Consider an effort to have emergency physicians defined as "Essential Care Providers" and have GME funding expanded to include "Primary Care and Essential Care Providers."

Personal stories from EDs are universally compelling. Gaining the staunch support of a few key legislators can have a dramatic impact on the outcome. Form a strong coalition of proponent groups to increase political clout. A coalition of emergency physicians and associated emergency care provider organizations may force the state medical association to get involved to mediate and prevent a similar specialty war for residency funding dollars.

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