Maine Chapter – American College of Emergency Physicians

Quarterly Newsletter | July 2025

Medicaid Cuts For All

As many patients across the state face the possible loss of MaineCare coverage, they also must stare down the prospect of delayed diagnoses, unraveling chronic conditions and, in some cases, premature death. The second victims, especially as the severity of their own illnesses increases, will be everyone else.

Short of another Act of Congress, we need action today to temper the fallout that ALL Mainers will feel on their health and well-being. To do that well, all emergency physicians must see themselves as leaders and problem-solvers, speaking fluently on the scope of the issue and how it might be mitigated.

The modern emergency department (ED) is a magical place where the laws of physics have been rewritten. There are seemingly no constraints on time, space, or human capital. This one section of the healthcare system can easily expand and contract in response to the wide swings in barometric pressure exerted from all surrounding centers of care, right?

Think of this in the best-case scenario: A well-insured population in a geographical area with a high doctor and hospital density. Even there, as a collective health system, we willingly suspend our disbelief when it comes to the ED. No room to get a patient in for an acute visit today? Why don't we refer them to the ED? Unable to secure a bed for transfer from the outside hospital? Let's send them to the ED for now. The patient doesn't quite "meet criteria" for admission, so why don't we just keep them in the ED for the next five days until we can figure out an appropriate next step? This patient has too much medical complexity for this hospital, so why don't the ED doctors manage this patient for a few days while we secure a bed at the appropriate facility?

Sound familiar?

Suppose you ask anyone uttering these words how they know the ED can receive these patients while caring for the rest of the public. In that case, you will get that look your dog gives you while he watches you sing karaoke to yourself in the mirror: a twist of the head, purely perplexed. The conventional wisdom: we have limitless capacity, just don't look behind the curtain.

Essentially, all roads lead to the ED. Here lies the Tragedy of the Commons in our acute care safety net.

The Lewiston shooting was a heartbreaking tragedy for those closest to the victims and the ultimate piercing of the bubble for the rest of Maine. It was also a case study in a key feature of the American healthcare system: the sicker you are, the more agnostic the system is to your insurance status, wealth, or social standing. Taken alone, that's a good thing.

Think of it this way: the same 1500 square feet of trauma bay space at Central Maine Medical Center cared for the most severely injured of the shooting victims. It was also going to be the place where the shooter would be taken, should he be captured alive (and likely severely injured in the process). Five days later, it was the designated receiving area for President Biden, in case he developed a medical emergency while visiting the incident site. Same four beds, same IV poles, same staff. There is no VIP emergency department. How well will that ED do, with all of those critically ill patients, while also managing the healthcare needs of those with nowhere else to turn?

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Upcoming Event

MEACEP

EM Leadership Summit

We Invite You to Join Us

September 22, 2025, at the **MEACEP EM Leadership Summit**

for a critical conversation featuring prominent thought leaders.

- Location: Hilton Garden Inn – Freeport, ME
- Register: Register Today!

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Medicaid Cuts For All

Any cuts to medical coverage for part of the population will ultimately hurt the entire population, even those with “Escalade-level” insurance. That is because another important federal law has gone untouched: EMTALA, the unfunded mandate that forces all hospitals that receive CMS reimbursement to provide emergency and stabilizing care to all patients, regardless of their ability to pay. It is common-sense legislation that separates us from other parts of the world where you might have to make a down-payment before your family member’s heart attack is addressed. It is also ripe for exploitation and an avenue of harm for individual hospitals.

As patients flock to EDs, the laws of physics will continue to be defied. However, as more patients cannot pay for their care, basic microeconomics will take over and be far less lenient. When financial losses become untenable, the hospital cannot close the ED, but it can shutter the whole building.

As leaders in emergency medicine, we must do more than sound the alarm. We must provide actionable solutions to address the situation as we face it today, not in the coming years.

– Sheldon H. Stevenson, DO, FACEP
President, Maine Chapter, American College of Emergency Physicians

Thank You for Joining Us at Cabbage Island Clambakes – June 2025

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