



NEW JERSEY CHAPTER

AMERICAN COLLEGE OF  
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**Testimony before the  
Women's Legislative Caucus  
On  
"Women's Access to Health Care"**

**Presented by  
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Good afternoon, distinguished members of the Caucus...

The other night, I was called out to triage to see a 14-year-old girl who was obviously in labor. She wasn't sure of the date of her last period and hadn't felt like waiting on her last 2 trips to the ED so had never been evaluated nor had a pregnancy test. There she was alone, no support system, scared, no prenatal care and no idea where or who to turn to. The emergency department was her only safety net. She was frightened and wondering how she will care for herself or her baby. She is quickly whisked upstairs to deliver a small but healthy premature baby... A baby girl who is brought into a world too early, stealing her mother's youth and innocence, living life on the margin of society only to most likely repeat the same scenario for herself.

I know this sounds melodramatic, but, sadly, it is a fact of life in Camden. A story that we unfortunately see repeated time and time again, day after day. Babies are born to mothers without resources, access to quality care, even a high school education or basic necessities. These children have no other choice but to repeat the cycle.

I am Dr. Shelley Greenman. I have been an attending emergency physician at Cooper University Hospital for 18 years. I have lived in New Jersey most of my life and am raising my family here. I attended medical school in Newark at New Jersey Medical School. At Cooper, I am actively involved in the training of 26 Emergency Medicine residents and medical students.

I love my job and am passionate about emergency medicine and the healthcare of the people in New Jersey. Emergency departments provide quality health care to women – and everyone - 24/7, 365 days a year. In addition, we provide care to legal and illegal aliens. That's our mandate. Without any questions regarding insurance or ability to pay. It's the law – the EMTALA federal mandate to perform a medical screening evaluation on every patient who requests one; however emergency physicians go much further. We take care of the patient's acute needs and often much more. And we do it without complaint or whining. It's why we selected this specialty and we knew it going into the practice of emergency medicine.

We provide quality care....But can we provide ongoing, routine care for all woman? – Of course not. Our records don't stay with the patient. There's relatively little ability to provide routine preventive care such as pap smears, and mammograms. Emergency departments are equipped and set up to handle emergency care – and we do that well. But that's certainly not the best way to treat women and girls.

I could sit before you and articulate the various problems that hamper access to care....or I could recommend solutions to begin to address the problems. To get to the solutions, I actually polled other female physicians at Cooper for their thoughts...

On the national and State levels, we certainly need more funding for graduate medical education, more funding for resident training, which will result in more well trained physicians entering the New Jersey work force. GME training slots reimbursed by the federal government have been frozen at teaching institutions like Cooper University Hospital since 1996, despite the exponential growth of emergency visits and admissions to the hospital.

It would facilitate care if women could be seen at the same office and the same time as their children in collaborative group primary care practices. Mothers are more likely to get care for their children than themselves but if "one stop shopping" was available more women would take advantage of this.

We all agree that women should have better access to gynecology health, reproductive planning, preventative care, HPV screening and early pregnancy care. Once the women realize that they are pregnant it takes weeks or months for them to get an appointment and by the time they have their first visit they are out of the first trimester, and often avoided critical prenatal counseling and never even took prenatal vitamins. A walk-in clinic type setting for women to get a pregnancy test be seen by an advanced practice nurse and started on prenatals, (such as many Planned Parenthoods try to do).

That would take a huge burden off of ED's. We see many girls who simply want a pregnancy test for a missed or irregular period, and have nowhere to turn.

Better and more aggressive counseling for young girls about pregnancy prevention – including education on HIV, STD, and HPV screening -- and access to birth control is also important.

Any one can walk into the ED (any ED) and request to be seen by a doctor, evaluated and received appropriate tests or radiographs, and some form of treatment. That's one of the reasons EDs are so overwhelmed these days.

I know that most of the time my patients won't be able to get an Xray or other testing that they need (as an outpatient) because they don't have insurance and certainly can't pay out of pocket. A majority of testing does not need to be done urgently in the ED, but there is no other way for the patient to get the test they need if they are uninsured. We all know this and so we do routine outpatient work ups in the ED, such as thyroid studies, Lyme Titers, and STD screening.

Ideally, the ED would like to care for true emergencies and new, acute problems. If the non-emergent cases had a subsidized place to go where they could get evaluated and testing, that would ease the burden on the system and allow us to focus on women with true emergencies. This however will never happen. No one wants to pay the necessary co pays or deductibles. After the national healthcare plan comes to be, EDs are projected to be even more stressed and overwhelmed. It will be more difficult to access a primary care office and all of a sudden all of these people who haven't had any insurance will be insured. They will flock to EDs for their long delayed work ups of acute and chronic problems.

I fear we haven't seen anything yet.

I also know that these patients will have trouble getting to see a primary care doctor, and certainly can not get appointments (for weeks to months) for an acute problem such as an itchy rash or sore throat. Seeing a specialist is pretty near impossible for the uninsured ... I can splint the fracture in the ED but I know that there will be no follow up with an orthopedic surgeon. This is a huge problem. And it's why they return to the ED again and again.

Unless I call the specialist to the ED, (and I can because I am in a teaching, tertiary care, university setting), most of these patients will have absolutely no access to specialists, any sub-specialists. Many of my colleagues in surrounding EDs are not as fortunate. In other areas it is nearly impossible to get an uninsured patient seen by a specialist, such as a plastic surgeon, ENT, urologist, orthopedic surgeon, gastroenterologist just to name a few. Many specialists are refusing to take ED call of any kind and many do not accept Medicaid or charity care cases. This is a problem that is bad now and is just going to get worse.

Medical school graduates do not stay in NJ because of the high cost of living and medical liability insurance rates. A program that provides loan or tax forgiveness in return for staying in NJ and working in a primary care field would be a great start.

The answers to these problems are no secret. We need many more primary care physicians, a way for uninsured and underinsured to be able to get timely access to care and outpatient testing and have access to appropriate specialty care. Throw in access to prescription medications and close follow up and the world would be much improved.

We need to provide real incentives for patients and physicians to get preventive care and go into primary care medicine, with an increased focus on nutrition and fitness as mainstream medicine. We need to make patients more responsible for consistently making bad lifestyle choices and reward those who do not smoke cigarettes, exercise, and drive safely.

And, of course, you know we will call for curtailing the uniform practice of defensive medicine by limiting lawsuits. A system that utilizes peer review and arbitration of medical cases in a fair way would be an incentive for physicians to stay in New Jersey.

Not enough can ever be said about how important meaningful tort reform is. If we were on the cutting edge of a "physician friendly" legal system, we would attract way new grads to stay. Consider caps or committees to review cases for merit, truly evaluated by a panel of educated peers (arbitration) representing the medical and legal fields as well as a layperson. A team could review the literature and make fairer judgments. Of course, physicians will continue to cooperate with hospitals, making patient safety our highest priority. This is a huge stressor to physicians.

Again, we appreciate the opportunity to begin this important dialogue and look forward to working with you on these access, and other, health care concerns.

Thank you for the opportunity to present our thoughts.