Senate leaders unveil Rhode Island HEALTH Initiative

PROVIDENCE (STATE HOUSE) – Senate leaders recently unveiled a 25-bill legislative package aimed at improving health care access and affordability in Rhode Island.

To address the challenges facing the state's health care system, the Rhode Island HEALTH Initiative (Holistic Enhancement and Access Legislation for Total Health) focuses on four key pillars: consumer protection, provider availability and care quality, cost containment, and health system financial stability.

The initiative was announced by Senate President **DOMINICK J. RUGGERIO**; Senate Majority Leader **RYAN W. PEARSON**; Senate Health & Human Services Committee Chairman **JOSHUA MILLER**; Senate Environment & Agriculture Committee Chairwoman **ALANA M. DIMARIO**, who works as a licensed mental health counselor in private practice; and Senate Health & Human Services Committee Secretary **PAMELA J. LAURIA**, who works as a primary care nurse practitioner.

The initiative contained the following components:

Consumer Protection

1. Hospital determination of Medicare & Medicaid eligibility for uninsured patients *(Sponsored by Sen. Lauria, 2024-S 2714)*: This legislation would require all hospitals to screen uninsured patients for Medicaid, Medicare, and other financial assistance programs. It would require hospitals to hold all invoices/claims until 30 days after discharge for the purposes of application review and determination. It additionally establishes a complaint process at EOHHS for complaints and violations. The Attorney General is empowered to bring legal action against the hospital and can permit a corrective action plan in lieu of legal action.

2. State purchase of medical debt through ARPA funding *(Sponsored by Sen. Mark McKenney, 2024-S 2712)*: This new bill would use federal American Rescue Plan Act funds to purchase medical debt for pennies on the dollar, and then eliminate that debt for eligible Rhode Islanders. To be eligible, residents would need to have outstanding medical debt that equals 5% or more of their annual income and more than $600 of debt or have a household that is no more than 400% of the federal poverty line. The elimination of debt in this manner has been done in Connecticut, New York City, and Cook County, Illinois.

3. Prohibition on medical debt reporting to credit bureaus *(Sponsored by Sen. Melissa Murray, 2024-S 2709)*: This bill would prohibit debt collectors from reporting all medical debt to credit bureaus. It also sets rules for communication with consumers, false and misleading representation by debt collectors, and a prohibition against collections during insurance appeals.

4. Medical debt interest rate cap *(Sponsored by Sen. John Burke, 2024-S 2710)*: This bill would cap the interest rate on new medical debt at the interest rate equal to the weekly average 1-week constant maturity Treasury yield, but not less than 1.5 percent annum nor more than 4 percent annum, as published by the Board of Governors for the Federal Reserve System. The interest rate would also be extended to judgments on medical debt. New debt is defined as debt incurred after the date of enactment.

5. Prohibition on medical debt attachments *(Sponsored by Sen. Jacob Bissaillon, 2024-S 2711)*: This bill would prohibit the attachment of a lien to an individual's home because of medical debt.

6. Surprise billing protections *(Sponsored by Sen. DiMario, 2024-S 2715)*: This legislation would include ambulance service as part of the emergency provisions of the insurance statutes. Providers would have to accept the patient's co-payment or deductible as payment for service, and the bill also continues to allow them to seek payment from worker compensation and other third-party payers. This expands many of the balance billing protections Rhode Island currently has in place, and it would put the state in line with many of its neighbors in New England.

Provider Availability & Care Quality

7. **Enhanced Curriculum & Clinical Training** *(Sponsored by Sen. Lauria, 2024-S 2716)*: This bill that would provide $2.7 million to primary care practices to serve as enhanced interdisciplinary clinical training sites. It would recruit 30 advanced primary care training sites with one or more preceptors, increasing training slots by 50% for nurse practitioners, physician assistant students, and physician residents. The funds would also be used to develop a site curriculum, quarterly learning collaborative sessions, data collection, and project management. These sites are needed to train the next generation of providers, and since students often decide to work where they train, increasing training can improve access to care.

8. Primary Care Scholarship Program *(Sponsored by Sen. Lauria, 2024-S 2717)*: This legislation would fund a 4-year scholarship program for primary care physicians, nurse practitioners, and physician's assistants. The students would either remain in Rhode Island after medical school or return to Rhode Island after residency training in Family Medicine, Pediatrics, or General Internal Medicine to practice primary care for 8 years. The goals would be to encourage medical students to practice in these fields due to the reduction or elimination of their student debt.

9. Medicaid reimbursement for mental health intern work *(Sponsored by Sen. DiMario, 2024-S 2713)*: This bill would allow for Medicaid reimbursement for services provided by an intern to help offset the supervising facility's costs in having interns. Currently, intern spots in the state are reduced because facilities cannot afford to take many on; this would open that pipeline so prospective mental health providers could intern in Rhode Island and remain in-state.

10. Uniform Telehealth Act *(Sponsored by Sen. Lauria, 2024-S 2179)*: This bill would allow for registered out-of-state health

care practitioners to provide telehealth services to patients, as long as the work is consistent with the provider's scope and standards.

11. Social Work Interstate Licensure Compact *(Sponsored by Sen. DiMario, 2024-S 2184)*: This legislation would make Rhode Island one of the founding states in the compact, able to participate in rulemaking to establish the interstate licensure credential for social workers. It will provide increased access to mental health support for Rhode Island residents and increased work options for Rhode Island social workers.

12. Counseling Compact *(Sponsored by Sen. Matthew LaMountain, 2024-S 2183)*: This legislation would adopt an existing compact, providing increased access to mental health support for state residents and increased work options for Rhode Island social workers.

13. Audiology Compact *(Sponsored by Senate President Pro Tempore Hanna Gallo, 2024-S 2173)*: This legislation would adopt the Audiology and Speech-Language Pathology Interstate Compact and establish a commission to administer the provisions in the compact between the states. This act would take effect on the date that the 10th member state enacts the compact into law.

14. Physician Assistant Compact *(Sponsored by Sen. Bridget Valverde, 2024-S 2178)*: This legislation would adopt the Physician Assistant Licensure Compact. The compact will be activated once the 7th state passes compact language into law.

15. Occupational Therapy Compact *(Sponsored by Sen. Miller, 2024-S 2623)*: This legislation would adopt the Occupational Therapy Licensure Compact, which has been adopted by 27 states. This compact will become operational in the second half of 2024.

16. NCLEX pending exemption *(Sponsored by Senate Majority Whip Valarie Lawson, 2024-S 2083)*: This legislation would allow for a nurse to be exempt from certain licensing requirements to practice before taking and receiving results from the NCLEX, the licensing examine developed by the National Council of State Boards of Nursing.

17. Physical therapy licensing *(Sponsored by Sen. Matthew LaMountain, 2024-S 2718)*: This act would streamline physical therapy licensing.

Cost Containment

18. Creation of a drug affordability commission *(Sponsored by Sen. DiMario, 2024-S 2719)*: This legislation would create a drug affordability commission to receive and review manufacturers' submissions. The commission would determine whether the cost of a drug under review is affordable. If the commission finds that the cost in Rhode Island is not affordable to state health care systems and state residents, it is authorized to establish a cost or payment rate for the drug to which all state programs, local governments, state-licensed commercial health plans (including state marketplace plans), state-licensed pharmacies, wholesalers and distributors must abide. These "covered entities" would be prohibited from paying more for the drugs than the commission established rate, with enforcement by the Attorney General.

19. Pharma Coupons *(Sponsored by Sen. Robert Britto, 2024-S 2720)*: This bill would ensure that cost savings from pharmaceutical coupons are provided to the consumer, not the insurer, pharmacy benefit (PBM) manager, or some other party.

20. Separate NPI for off-site procedures *(Sponsored by Sen. Miller, 2024-S 2721)*: This legislation would require a separate NPI (National Provider Identifier) for off-site procedures instead of using a hospital's NPI. This would prevent hospital systems from charging the more expensive hospitals rate for services rendered at offsite locations, such as primary care offices. Unique, separate, and distinct codes would have to be obtained for the main campus, each off-campus location, and each provider type when the hospital delivers medical care, services, or goods at either the hospital's main campus or an off-campus location.

21. Price transparency *(Sponsored by Senate Minority Leader Jessica de la Cruz, 2024-S 2078)*: This legislation would codify Centers for Medicare & Medicaid Services rules that require hospitals to publish pricing information in two formats: a consumer-friendly list of 300 "shoppable services," and a comprehensive machine-readable file for all items and services. Placing this sunshine requirement into statute will help people understand and reduce costs.

Health System Financial Stability

22. OHIC dual mandate *(Sponsored by Sen. Sosnowski, 2024-S 2722)*: This legislation would shift the Health Insurance Commissioner's mandate to a dual mandate focused on both premiums and provider rates.

23. Dental medical loss ratio *(Sponsored by Sen. Gallo, 2024-S 2724)*: This legislation would require carriers offering dental coverage to annually submit information that includes current and projected medical loss ratio (MLR) for claims. The MLR would be 85% for determining whether insureds are due a refund or premium credit. The percentage is the same for health MLR and within the same range of neighboring states.

24. Adding primary care to rate review *(Sponsored by Leader Pearson, 2024-S 2723)*: This legislation would require OHIC to conduct a rate review of primary care rates in the state.

25. Low-income drug program *(Sponsored by Sen. Valverde, 2024-S 2725)*: This legislation protects Rhode Island's most vulnerable residents' access to health care by protecting Rhode Island 340B providers from discriminatory practices used by pharmacy benefit managers, insurance companies, and drug manufacturers. ❖

Governor McKee signs executive order establishing State Health Care System Planning Cabinet

PROVIDENCE – Governor **DAN MCKEE** signed an Executive Order establishing a State Health Care System Planning (HCSP) Cabinet that will take a unified, interdepartmental approach to evaluating and proposing recommendations for Rhode Island's health care system.

The HCSP Cabinet's will make recommendations focused on improving quality, affordability, and equity across the continuum of care to ensure Rhode Islanders have access to a health care system aligned with current and future needs. The Cabinet will integrate oversight and accountability of the health care system using data and make recommendations for establishing a framework for regulating and overseeing the entire system of care.

Per the Executive Order, members of the HCSP Cabinet are appointed by the Governor and include the:

- Secretary of the Executive Office of Health and Human Services (EOHHS)
- Assistant Secretary of EOHHS
- Medicaid Program Director
- Director of the Rhode Island Department of Health
- Director of the Department of Human Services
- Director of the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals
- Director of the Department of Children, Youth and Families
- Director of the Department of Labor and Training
- Health Insurance Commissioner
- Postsecondary Education Commissioner

"There are already numerous committees, advisory groups, and work teams focused on health system activities across state government and in the community, and the HCSP Cabinet will provide us with a tremendous opportunity to bring the planning together to create a strong, unified health care plan," said EOHHS Secretary **RICHARD CHAREST**. "Part of the new health care planning process will include aligning these existing plans in an overarching interagency, public/private framework."

The Administration has identified $500,000 to support the Cabinet's work for the remainder of state fiscal year 2024. Governor McKee's FY25 budget proposal includes approximately $1 million in additional funding to support health care system planning.

The HCSP Cabinet will begin its work immediately and will produce its first report on or about December 1, 2024. ❖

BCBSRI partners with Doulas of RI to support, diversify workforce through scholarships

PROVIDENCE – Blue Cross & Blue Shield of Rhode Island (BCBSRI) is partnering with Doulas of Rhode Island (DoRI) to expand a scholarship program aimed at supporting the doula workforce while enhancing diversity within the state's doula community.

Financial support from BCBSRI will allow DoRI to increase the number of doula scholarships offered to members of Rhode Island's BIPOC communities, providing financial assistance for training for both aspiring and current birth workers and bolstering efforts to reduce alarming disparities in maternal health disparities here and across the country.

In 2021, Rhode Island enacted legislation requiring that all health plans, including Medicaid and private insurers, provide coverage for doula services Given the growing need for doulas in the state, BCBSRI and DoRI have been collaborating on efforts to support the expansion of Rhode Island's doula workforce.

With the additional funding from BCBSRI, DoRI is offering a total of seven scholarships for 2024, the largest number in the organization's 13-year history. Three $1,000 scholarships are for BIPOC aspiring doulas to help pay for their doula training, one $500 scholarship will be to support current DORI members interested in training as a certified lactation counselor and three $500 scholarships are for current DoRI members to apply toward the cost of additional birthworker training and continuing education of their choice.

"BCBSRI is committed to supporting local solutions to the unacceptable rise in maternal health inequities, with Black women now three times more likely to die from pregnancy-related causes," said Carolyn Belisle, managing director of corporate social responsibility at BCBSRI. "Doulas provide invaluable support to birthing people before, during and after childbirth and expanding access to their specialized care in communities of color can contribute to efforts to improve maternal health outcomes. DoRI is an important partner and we're pleased to help them grow their scholarship program."

Applications for 2024 scholarships are available now and must be submitted by April 15. Visit Doulasri.org/scholarships for more information or apply directly at DORI Scholarship Link

"These scholarships provide important financial assistance to equitably support and retain local doulas, who provide support to the families and communities of laboring and postpartum people," said **EMERALD ORTIZ**, DoRI's current Co-President. "Our scholarship program has been expanding and benefitting practicing and aspiring doulas for the past 6 years and we greatly appreciate BCBSRI stepping up to expand the program this year."

DoRI is a professional organization for doulas whose mission is to educate communities about the role of doulas and enhance access to doula services for families in Rhode Island, Connecticut and Massachusetts. It also provides professional support, skill sharing, and marketing opportunities for its members. It was founded in 2011 by two local doulas and its membership has since grown to approximately 70 local doulas. ❖

CDC study shows effectiveness of RSV immunization for infants

ATLANTA — New data released March 8th in CDC's MMWR show that nirsevimab, a long-acting monoclonal antibody product, was highly effective in protecting infants from hospitalizations associated with respiratory syncytial virus (RSV). RSV is the leading cause of hospitalization among infants in the United States, and this finding supports CDC's recommendation to protect infants in their first RSV season by giving the infant nirsevimab if the mother did not receive the maternal RSV vaccine during pregnancy.

The current RSV season is the first time nirsevimab was available to protect infants from severe RSV, so the data released today are the first United States estimates of nirsevimab effectiveness in protecting infants against RSV-related hospitalization in their first season of potential exposure to the virus.

The study looked at 699 infants from October 2023 through February 2024 using early data from CDC's New Vaccine Surveillance Network (NVSN), a population-based surveillance platform that monitors pediatric respiratory viruses to assess immunization effectiveness. Results show that nirsevimab was 90% effective at preventing RSV-associated hospitalization in infants during their first RSV season. These results reflect a shorter surveillance period due to the introduction of this new product in August 2023. Nirsevimab effectiveness may be lower over a full RSV season (October through March in most of the United States). With increasing availability of nirsevimab in future RSV seasons, CDC will assess its effectiveness over an entire season.

Early data from the New Vaccine Surveillance Network show nirsevimab is 90% effective in preventing infants from being hospitalized with RSV.

RSV prevention products remain our single most important tool to protect infants from RSV. Healthcare providers should recommend either:

- Infant immunization with nirsevimab for all infants who are younger than 8 months, born during or entering their first RSV season, if their mother did not receive the maternal RSV vaccine; or
- Maternal RSV vaccination – giving the RSV vaccine (Abrysvo) to pregnant people during weeks 32 through 36 of pregnancy if that period falls between September and January in most of the United States.

CDC continues to monitor the safety and effectiveness of nirsevimab and maternal RSV vaccines. ❖

CMS announces model to improve access to high-quality primary care for underserved Medicare populations

BALTIMORE, MD – The U.S. Department of Health and Human Services (HHS), through the Centers for Medicare & Medicaid Services (CMS), recently announced a new voluntary model that empowers primary care providers in eligible Accountable Care Organizations (ACOs) to treat people with Medicare using innovative, team-based, person-centered proactive care. A key part of the Biden-Harris Administration's efforts to further promote competition in health care, the ACO Primary Care Flex Model (ACO PC Flex Model) will provide a one-time advanced shared savings payment and monthly prospective primary care payments to ACOs. The model aims to drive better outcomes for underserved populations by increasing access to higher-quality primary care, which can include unique services such as proactive care management, patient navigation, and behavioral health integration.

The CMS Innovation Center will test this new model within the Medicare Shared Savings Program. The model will focus on and invest in low revenue ACOs, which tend to be smaller and mainly made up of physicians. Low-revenue ACOs have historically performed better in the Shared Savings Program, demonstrating more savings and stronger potential to improve the quality and efficiency of care delivery. The ACO PC Flex Model's payment structure also promotes competition by providing a pathway for low revenue ACOs, which often have fewer resources, to continue serving people with Medicare while providing an alternative for physicians to stay independent.

CMS anticipates releasing a model Request for Applications in the second quarter of 2024.

More information about the model can be found on the model webpage and in the ACO PC Flex Model press release. For updates on the model, please register for the model listserv.

A public overview webinar will be hosted to offer more information about the model:

2–3 p.m. EST on Thursday, April 4

Visit the webinar registration page to sign up

Questions about the model can be submitted to ACOPCFlex@cms.hhs.gov. ❖

NAACOS statement on ACO Primary Care Flex Model

The following statement is attributed to ***Clif Gaus, ScD****,*
President and CEO of the National Association of ACOs

The National Association of ACOs (NAACOS) applauds CMS for launching the ACO Primary Care Flex model, which will allow Medicare Shared Savings Program (MSSP) ACOs to offer prospective population-based payments for primary care. NAACOS has been advocating for this approach, which will bolster primary care practices in ACOs. Shifting to prospective payments provides primary care practices with stable and predictable cash flow needed to transform care delivery and provide comprehensive, team-based care. For more than a decade, the ACO model has improved beneficiary outcomes, generated savings to Medicare and allowed practices to invest shared savings into innovation and patient care. This model builds on the success of MSSP while recognizing we must continue to evolve the program in order to grow the program.

While we are extremely pleased with the model, we ask that CMS reconsider excluding high-revenue ACOs, which prevents independent primary care practices who have partnered with their local health systems from taking advantage of these much needed innovations. The premise of ACOs is to bring together providers from across the continuum of care to provide improved care for beneficiaries. ❖

AMA: Patients, Physicians Continue to Endure Medicare Cuts

The following statement is from ***Jesse M. Ehrenfeld, MD, MPH****,*
President, American Medical Association

"While we appreciate the challenges Congress confronted when drafting the current 2024 appropriations package, we are extremely disappointed that about half of the 2024 Medicare physician payment cuts will be allowed to continue. There were many opportunities and widespread support to block the 3.37 percent Medicare cuts for physician services that took place January 1, but in the end Congress opted to reverse only 1.68 of the 3.37 percentage payment reduction required by the Medicare Fee Schedule. The need to stop the annual cycle of pay cuts and patches and enact permanent Medicare payment reforms could not be more clear.

"Because of Congress' failure to reverse these cuts, millions of seniors, like my parents, will find it more difficult to access high quality care and physicians will find it more difficult to accept new Medicare patients. This will become noticeable first in rural and underserved areas and with small, independent physician practices. Physicians are the only providers who do not receive automatic inflation updates to their Medicare payments, and they are the only group experiencing a payment cut this year despite high inflation. Adjusted for inflation in practice costs, Medicare physician pay declined 30 percent from 2001.

"As physicians, we are trained to run toward emergencies. We urge Congress to do the same. We encourage Congress to act if this policy decision is an emergency because – in fact – it is. It is well past time to put an end to stopgap measures that fail to address the underlying causes of the continuing decline in Medicare physician payments. In the coming months, Congress must turn its attention to Medicare reform. The AMA has been studying this issue and is eager to share solid policy proposals and a deep conviction that the current path is unsustainable." ❖

Reed delivers $263,000 to Genesis Center to expand health care workforce training programs

PROVIDENCE – As more Rhode Islanders seek out opportunities to gain in-demand skills to enter the workforce, the Genesis Center (GC) in Providence is stepping up to expand and enhance their health care workforce training programs.

In an effort to prepare more health care professionals to enter the workforce in Rhode Island, U.S. Senator **JACK REED** recently joined GC President & CEO, **SHANNON CARROLL** and students actively enrolled in GC's health care training programs to deliver a $263,000 federal earmark to boost training for certified nursing assistants (CNA), medical assistants, dental assistants, pharmacy technicians, and other entry-level health care professionals.

Senator Reed secured this federal earmark in the fiscal year 2023 appropriations law. The funding will support GC in expanding the capacity of their workforce development programs by acquiring new clinical equipment, upgrading technology infrastructure, and adapting programs to provide new opportunities for even more Rhode Islanders.

"We are so grateful to be receiving this funding that signals a recognition that community members who traditionally lacked access to career opportunities have the cultural and linguistic competencies, skills, and motivation to add tremendous value to a critical segment of our workforce, specifically the care economy," said Shannon Carroll, President & CEO of Genesis Center.

With the success and popularity of GC's various adult education programs, the organization has seen growing demand from people across Rhode Island who are looking to gain new skills and enter the workforce ready to meet the needs of employers.

This funding will allow GC to modify and improve classroom space to mimic clinical settings and provide hands-on learning spaces that better prepare students for the realities of their future work spaces. Furthermore, tech upgrades will include the purchase of a new server, WiFi hotspots, and laptops for both student and staff use to allow for more hybrid class formats and expand GC's reach across the state. ❖

Women's Fund of Rhode Island publishes two essential reports on gender equity

PROVIDENCE – Women's Fund of Rhode Island (WFRI), a leader in the movement to improve policies that impact women and girls in Rhode Island, announced its publication of two essential reports, the *2024 Women's Well-Being Index* and the *2024 Census of Directors and Chief Executives of Rhode Island's Largest Nonprofit Organizations*. These reports share timely data to educate and promote discussion about inequities in our state.

The *Women's Well-Being Index (WWBI)* exists as Rhode Island's best evidence-based resource to demonstrate how women are faring in every city and town in regards to salary, economic security, representation in job sectors, educational attainment, and health and safety. Primarily based on U.S. Census data and published annually, the *WWBI* highlights the progress being made toward closing the gender, wage, wealth, health, education, and power gaps that exist in RI. When possible, *WWBI* investigates the intersection of gender inequity overlaid with race/ethnicity and age. A few highlights from this year's findings include the following:

RI's highest-paid sector for women is Healthcare Practitioners, where women earn an average of $79,197. Men, in comparison, make an average of $113,210 in this sector.

- White women in RI earn .81 to each $1 a man earns, which is a drop of 4% since last year; Black women earn .60 and Latina women earn .52.
- Salaries have risen for women in most occupations over the last year, ranging from an 8–16% increase, depending on the employment sector.
- RI's highest-paid sector for women is Healthcare Practitioners, where women earn an average of $79,197. Men, in comparison, make an average of $113,210 in this sector.
- In RI, 27% of all women (all races) have at least some college education and 90% have at least a high-school diploma.
- Black women are 2.6 times more likely to die due to a pregnancy-related cause than White women.
- The overall birth rate has decreased from 5% of RI's female population to 2.5%.
- Hispanic/Latinx women experience poverty at a rate above 10% in 26 RI cities and towns; Black women experience the same in 16 cities and towns.
- The poverty rate for American Indian/Alaskan Natives in RI surged from 16.5% in last year's WWBI to 38% now.

Easily accessed online at https://wfri.org/rhode-island-womens-well-being-index/, the interactive tool provides data specific to geographic location and is aggregated for gender and race where possible. Handy policy briefs appear alongside the data to provide thoughtful analysis of each section.

KELLY NEVINS, CEO of Women's Fund of Rhode Island, summarizes, "The *Women's Well-Being Index* is a fact-based platform to highlight where gaps exist for women, and particularly for women of color, which our community can use to focus efforts for positive change."

WFRI's second report, the *2024 Census of Directors and Chief Executives of Rhode Island's Largest Nonprofit Organizations (Census),* is an update to the 2019 report of the same name. Assisted by a class from Bryant University, WFRI collated data on 135 of our state's largest nonprofits, based on revenue. The *Census* demonstrates how RI is doing in regards to gender and racial diversity among these nonprofits' leadership circles. Key findings include:

- Current data shows a significant decline in the number of CEOs who are women: only 37 women (or 27%) lead at these 135 nonprofits. In 2019, women led at 44%. Only 3% of these CEOs are women of color.
- Similarly, the *Census* shows a drop in the percentage of women serving on the boards for these nonprofits: currently, women hold 872 or 21% of the board seats, compared with 38% in 2019.
- Representation by the BIPOC community has decreased on boards: currently, 8.45% of board members are BIPOC compared to 10% in 2019.

The policy briefs and the *Census* can be downloaded from the organization's website at www.wfri.org/research. "Both reports provide sobering data on gender and racial equity in Rhode Island, along with some tangible steps we as community members can take to change the narrative. I'd like to point out that less than 1.9% of philanthropic funding is specifically earmarked for women and girls, and this data illustrates what happens when we don't use a gender lens to address community issues," said Nevins. ❖

NRMP® releases Match Day results for over 44,000 applicants and almost 6,400 residency programs

WASHINGTON, D.C. – The National Resident Matching Program® (NRMP) released key results for the 2024 Match Day on March 15th. This year's Match included 44,853 applicants who certified a rank order list ("active applicants") and 41,503 certified positions in 6,395 residency training programs.

Record High Applicant Participation

A total of 50,413 applicants registered in the 2024 Main Residency Match, an all-time high and increase of 2,257 or 4.7 percent over last year. The rise in applicants was driven largely by an increase of 1,986 non-U.S. citizen international medical graduates (IMGs) and 623 osteopathic (DO) seniors over last year.

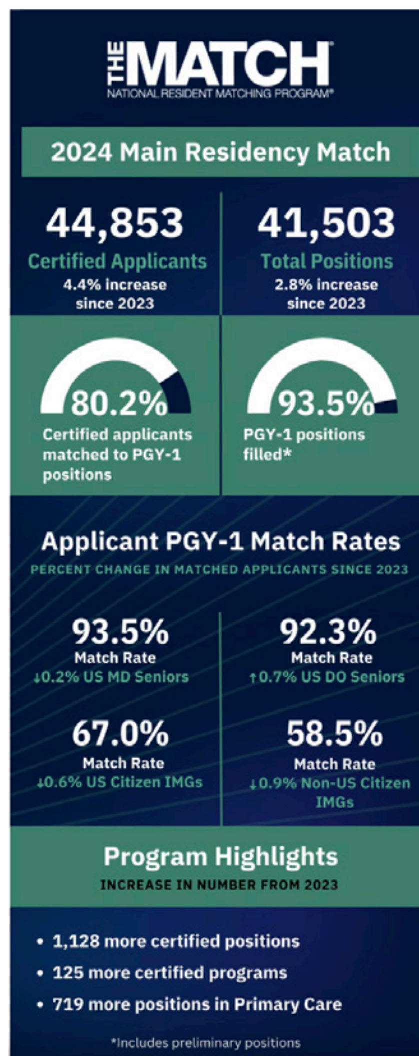
Among all registrants, 44,853 certified a rank order list of training preferences, the highest number on record and an increase of 1,901 or 4.4 percent over last year. Of the applicants who certified a rank order list, 35,984 matched to a post-graduate year 1 (PGY-1) position, an increase of 1,162 applicants from last year. The PGY-1 match rate was 80.2 percent.

U.S. MD seniors remain the largest applicant group participating in the Match, and in 2024 numbered 20,296. This represents a decrease of 21 applicants compared to the 2023 Match; however, the number of U.S. MD seniors certifying a rank order list increased slightly to 19,755, seven more than last year.

Applicant Match Rates Remain Steady

Match rates remained steady among each of the four main applicant types with less than a one percentage point difference compared to the 2023 Main Residency Match.

- U.S. DO seniors achieved a 92.3 percent match rate, an all-time high and an increase of 0.7 percentage points over last year. Since 2019, the DO senior match rate has increased 4.2 percentage points.
- U.S. MD seniors realized a 93.5 percent match rate, a decrease of 0.2 percentage points from last year. The U.S. MD senior match rate remains within the historic 92–95 percent range that has been steady since 1982.
- U.S. citizen IMGs realized a 67.0 percent match rate, a decrease of 0.6 percentage points from last year.
- Non-U.S. citizen IMGs realized a 58.5 percent match rate, a decrease of 0.9 percentage points since last year.



Increased Program and Position Participation

The 2024 Main Residency Match included 6,395 certified programs offering 41,503 PGY-1 and PGY-2 training positions, the largest number in the NRMP's 72-year history. Increases afforded applicants access to 125 more programs and 1,128 positions which is 2.8 percent more than the 2023 Main Residency Match.

"Upward trends in participating program rates and positions offered and filled demonstrate the success with which the NRMP ably and consistently grows to meet the needs of the undergraduate and graduate medical education communities," said Dr. Lamb. "To support that growth, the NRMP is committed not only to expanding its data analyses and offerings for those in our community but also to leveraging Match data as a critical bellwether of the future physician workforce, informing national conversations about specialty and physician geographic distribution to improve population health outcomes."

- Of all positions offered, 38,941 filled for a rate of 93.8 percent, a 0.5 percentage point increase over last year.
- Of the 6,395 total certified programs, 5,608 filled at a rate of 87.7 percent, an increase of 1.1 percentage points over last year.

Fluctuation in Primary Care

Concerns remain about a shortage of primary care physicians across the U.S., and NRMP data offer insights into trends.

The 2024 Match offered 19,423 primary care positions, the largest number on record and 46.8 percent of all the positions offered in the Match. Primary care specialties are defined as categorical PGY-1 positions that provide the full training required for board certification in Family Medicine, Internal Medicine, Internal Medicine-Pediatrics, and Pediatrics. There were 719 more primary care positions offered in 2024, and the fill rate for the specialties combined was 92.9 percent.

While strong, the primary care fill rated fell slightly in 2024 by 1.4 percentage points, largely due to changes in Pediatrics.

In the 2024 Match, Pediatrics offered 3,139 categorical and primary positions, an increase of 93 over 2023, and filled 2,887 resulting in a fill rate of 92 percent compared to 97.1 percent in 2023. After the algorithm was processed, 252 Pediatrics positions were unfilled, an increase of 164 over last year. Notably, the percentage of U.S. MD seniors that matched to Pediatrics categorical positions in 2024 was 47.6 percent, a decrease of 7.2 percentage points from last year.

Rebound in Emergency Medicine

After a two-year decline, Match data reflect a resurgence in Emergency Medicine fill rates. Emergency Medicine achieved its historically high fill rate of 98–99 percent in the 2017–2021 Matches. By 2023, the fill rate had dropped by 17.9 percentage points, driven in part by the strain the specialty experienced during the height of the COVID-19 pandemic. In 2024, Emergency Medicine offered 3,026 positions, an increase of 16 positions from 2023 and filled 2,891 to earn a 95.5 percent fill rate, an increase of 13.9 percentage points. There were 135 positions unfilled after the matching algorithm was processed compared to 554 unfilled positions in 2023.

Continued Strength in Obstetrics and Gynecology

The specialty had another very strong Match, even with the two-year anniversary of the Dobbs v. Jackson Women's Health Organization Supreme Court decision approaching this summer. Only six categorical positions remained unfilled after the matching algorithm was processed. OB/GYN achieved a 99.6 percent fill rate in the 2024 Match, continuing a strong trend of filling over 99 percent of positions offered every year for the past five years and filling at least 90 percent of positions with U.S. MD and DO seniors.

Specialty Highlights and Competitiveness

The results of the Match can indicate the competitiveness of specialties as measured by the percentage of positions filled overall and the percentage of positions filled by U.S. MD and DO seniors.

The specialties with 30 positions or more that filled with the highest percentage of U.S. MD and DO seniors were Internal Medicine/Emergency Medicine (96.8 percent), Thoracic Surgery (95.8 percent), Otolaryngology (95.8 percent), Internal Medicine/Pediatrics (94.6 percent), Orthopedic Surgery (92.1 percent), Interventional Radiology-Integrated (91.4 percent), and Obstetrics and Gynecology (90.7 percent).

The specialties with 30 positions or more that filled with the highest percentage of U.S. citizen IMGs and non-U.S. citizen IMGs were Internal Medicine (38.6 percent), Pathology-Anatomic and Clinical (37.4 percent), Family Medicine (31.8 percent), and Neurology (28.3 percent).

Supplemental Offer and Acceptance Program® (SOAP®)

Eligible applicants who did not match to a residency position participated in the NRMP's Match Week Supplemental Offer and Acceptance Program (SOAP) to try to obtain the 2,562 positions in 787 programs that went unfilled after the matching algorithm was processed, 123 fewer positions than last year's Match. A total of 2,575 positions were placed in SOAP, including positions in programs that did not participate in the algorithm phase of the process. There were 83 fewer positions in SOAP in 2024, a decrease of 3.1 percent compared to last year's Match. Detailed SOAP results will be available in the 2024 Main Residency Match Results and Data Book, which is published in the Spring. ❖

View the Advance Data Tables, Match by the Numbers, and Match infographic for additional data and information.

Brown Match Day list: https://medical.brown.edu/md-2024-match-list

URI Health Services certified as an LGBTQ Safe Zone by BCBSRI; CNE adds three more sites

PROVIDENCE – Blue Cross & Blue Shield of Rhode Island (BCBSRI) has designated an additional five healthcare sites, including University of Rhode Island Health Services, as new LGBTQ Safe Zones, bringing the total number of sites to more than 110. Safe Zone designation by BCBSRI certifies that these sites have demonstrated care designed to meet the specific needs of LGBTQ patients.

URI's Dr. Pauline B. Wood Health Services, which serves more than 17,000 undergraduate and graduate students, is the first university-based facility to become a BCBSRI Safe Zone. It offers a wide range of services, including ambulatory medical, psychiatric, pharmacy, laboratory, and sexual health, and collaborates with the university's Gender and Sexuality Center for faculty and staff trainings and on-campus events.

Care New England, which already has achieved Safe Zone designation for some sites, added three more: the Wound Recovery & Hyperbaric Medicine Center and Spaulding Outpatient Center, both at Kent Hospital, and the Fertility Center at Women & Infants Hospital.

Rounding out the group of new Safe Zones is From the Heart Nutrition, which is based in Providence and offers services related to eating disorder recovery, body image healing, and nutrition for infants, children, families, and athletes.

"We're thrilled to now have a university site among the ranks of our Safe Zones and even more pleased that it's the largest institute of higher learning in the state. We also welcome three additional Care New England programs, expanding the breadth of Safe Zones located within Rhode Island's largest health systems," said **CAROLYN BELISLE**, managing director of corporate social responsibility at BCBSR. "We applaud all our new and continuing Safe Zones for being responsive to the unique needs of LGBTQ individuals. It's not just respectful, it's essential to quality and equitable healthcare for this historically underserved community."

JENNIFER HODSHON, director of URI Health Services, said, "The Blue Cross & Blue Shield of Rhode Island Safe Zone facility designation is important to University of Rhode Island Health Services because it recognizes our longstanding commitment to a safe, supportive, and inclusive environment of care for our diverse student population. URI Health Services has highly educated and skilled staff members who provide a nurturing environment for those with different identities, perspectives, and experiences, particularly those who may be stigmatized or marginalized. Health Services provides safe zone training for all employees."

BCBSRI launched the Safe Zone program in 2016. Today there are 111 sites. Each must recertify annually to ensure they continue to meet program criteria. In 2023, nearly 70 Safe Zones recertified, reaffirming their commitment to LGBTQ inclusion and annual staff training.

Certification requirements for BCBSRI LGBTQ Safe Zones include staff training specific to the care of LGBTQ patients, protection for patients and staff from discrimination based on gender identity or expression, gender neutral bathrooms, inclusive forms and procedures, and a public commitment to connecting with and serving the LGBTQ community.

BCBSRI solicits applications and designates new LGBTQ Safe Zones twice a year. To learn more about the program, or if you are a provider or care facility looking to become certified, visit the BCBSRI LGBTQ Safe Zone website. ❖