

2017 Annual ACEP Council Meeting
Reference Committee Reports
Saturday, October 28, 2017

ORDER OF DEBATE

Reference Committee C – Dr. Cusick Presiding

Reference Committee A – Dr. McManus Presiding

Reference Committee B – Dr. Cusick Presiding

DEFINITIONS OF AVAILABLE COUNCIL ACTIONS

For the ACEP Board of Directors to act in accordance with the wishes of the Council, the actions of the Council must be definitive. To avoid any misunderstanding, the officers have developed the following definitions for Council action:

ADOPT

Approve resolution exactly as submitted as recommendation implemented through the Board of Directors.

ADOPT AS AMENDED

Approve resolution with additions, deletions and/or substitutions, as recommendation to be implemented through the Board of Directors.

REFER

Send resolution to the Board of Directors for consideration, perhaps by a committee, the Council Steering Committee, or the Bylaws Interpretation Committee.

NOT ADOPT

Defeat (or reject) the resolution in original or amended form.

2017 Council Resolutions

| Resolution # | Subject/Submitted by | Reference Committee |
|--------------|--|---------------------|
| 1 | Commendation for James M. Cusick, MD, FACEP <i>Colorado Chapter</i> | |
| 2 | Commendation for Robert E. O'Connor, MD, MPH, FACEP <i>Delaware Chapter</i> <i>Virginia College of Emergency Physicians</i> | |
| 3 | Commendation for Gordon B. Wheeler <i>Washington Chapter</i> | |
| 4 | In Memory of Charles R. Bauer, MD, FACEP <i>Texas College of Emergency Physicians</i> | |
| 5 | In Memory of Diane Kay Bollman <i>Michigan College of Emergency Physicians</i> | |
| 6 | In Memory of Aaron T. Daggy, MD, FACEP <i>New York Chapter</i> | |
| 7 | In Memory of Geoffrey Edmund Renk, MD, PhD, FACEP <i>South Carolina College of Emergency Physicians</i> | |
| 8 | In Memory of Salvatore Silvestri, MD <i>Florida College of Emergency Physicians</i> | |
| 9 | In Memory of Robert Wears, MD, FACEP <i>Florida College of Emergency Physicians</i> | |
| 10 | Chapter Bylaws Conformance Standards – Housekeeping Change – Bylaws Amendment <i>Bylaws Committee</i> <i>Board of Directors</i> | A |
| 11 | Diversity of ACEP Councillors – Bylaws Amendment <i>Emergency Medicine Residents' Association</i> <i>Young Physicians Section</i> | A |
| 12 | Seating of Past Chairs of the Board in the ACEP Council – Bylaws Amendment <i>Florida College of Emergency Physicians</i> <i>Louisiana Chapter</i> <i>Virginia College of Emergency Physicians</i> <i>Washington Chapter</i> <i>Wisconsin Chapter</i> | A |
| 13 | Seating of Past Chairs of the Board in the ACEP Council – Council Standing Rules Amendment <i>Florida College of Emergency Physicians</i> <i>Louisiana Chapter</i> <i>Virginia College of Emergency Physicians</i> <i>Washington Chapter</i> <i>Wisconsin Chapter</i> | A |

| Resolution # | Subject/Submitted by | Reference Committee |
|---------------------|--|----------------------------|
| 14 | Unanimous Consent – Council Standing Rules Amendment <i>Pennsylvania College of Emergency Physicians</i> | A |
| 15 | ABEM Financial Transparency <i>Texas College of Emergency Physicians</i> | A |
| 16 | ABEM Governance <i>Texas College of Emergency Physicians</i> | A |
| 17 | ACEP Membership and Status is Independent of Other Organizations <i>Texas College of Emergency Physicians</i> | A |
| 18 | ACEP Wellness Center Services <i>Arizona College of Emergency Physicians</i> | A |
| 19 | Advocacy and Support for “Scholarly Activity” Requirements for EM Residents <i>Emergency Medicine Research Section</i> | A |
| 20 | Campaign Financial Reform <i>Douglas Char, MD, FACEP</i> <i>Marco Coppola, DO, FACEP</i> <i>Henderson McGinnis, MD, FACEP</i> <i>Jamie Shoemaker, MD, FACEP</i> <i>Annalise Sorrentino, MD, FACEP</i> <i>Jennifer L’Hommedieu Stankus, MD, JD, FACEP</i> <i>Arlo Weltge, MD, FACEP</i> <i>Anne Zink, MD, FACEP</i> | A |
| 21 | Creation of an Electronic Council Forum <i>Emergency Medicine Informatics Section</i> | A |
| 22 | Emergency Medicine Residency Training Requirements for Dual Training Programs <i>Dual Training Section</i> | A |
| 23 | Information Sharing, Regular ACEP/Chapter Contact, and Regional State/Chapter Relationships <i>Pennsylvania College of Emergency Physicians</i> | A |
| 24 | Maintenance of Certification for Practicing Emergency Physicians <i>Texas College of Emergency Physicians</i> | A |
| 25 | Resolution Co-sponsorship Memo <i>Pennsylvania College of Emergency Physicians</i> | A |
| 26 | Study the Impact & Potential Membership Benefits of a New Chapter Representing Locums Physicians <i>Angela Mattke, MD, FACEP</i> <i>Eric Maur, MD, FACEP</i> <i>Howard Mell, MD, FACEP</i> | A |
| 27 | 9-1-1 Number Access and Prearrival Instructions <i>Alaska Chapter</i> <i>EMS-Prehospital Care Section</i> <i>Illinois College of Emergency Physicians</i> <i>Missouri College of Emergency Physicians</i> <i>Oklahoma College of Emergency Physicians</i> <i>West Virginia Chapter</i> | B |

| Resolution # | Subject/Submitted by | Reference Committee |
|---------------------|--|----------------------------|
| 28 | Coverage for Patient Home Medication While Under Observation Status <i>New York Chapter</i> <i>Observation Medicine Section</i> | B |
| 29 | CPR Training <i>Pennsylvania College of Emergency Physicians</i> | B |
| 30 | Demonstrating the Value of Emergency Medicine to Policy Makers & the Public <i>James Antinori, MD, FACEP</i> <i>John Bibb, MD, FACEP</i> <i>Fred Dennis, MD, FACEP</i> <i>Ramon Johnson, MD, FACEP</i> <i>Lawrence Stock, MD, FACEP</i> <i>California Chapter</i> | B |
| 31 | Endorsement of Supervised Injection Facilities <i>Donald Stader, MD, FACEP</i> <i>Erik Verzemnieks, MD</i> | B |
| 32 | Essential Medicines <i>New York Chapter</i> | B |
| 33 | Immigrant & Non-Citizen Access to Care <i>Pennsylvania College of Emergency Physicians</i> | B |
| 34 | Generic Injectable Drug Shortages <i>Rick Blum, MD, FACEP</i> <i>Mark DeBard, MD, FACEP</i> <i>Nicholas Jouriles, MD, FACEP</i> <i>Brian Keaton, MD, FACEP</i> <i>Robert Solomon, MD, FACEP</i> <i>West Virginia Chapter</i> | B |
| 35 | Legislation Requiring Hyperbaric Medicine Facility Accreditation for Federal Payment <i>Undersea & Hyperbaric Medicine Section</i> | B |
| 36 | Maternity & Paternity Leave <i>AAWEP Section</i> <i>Emergency Medicine Residents' Association</i> <i>Diana Fite, MD, FACEP</i> <i>Sarah Hoper, MD, FACEP</i> <i>Iowa Chapter</i> <i>Fotini Manizate, MD</i> <i>Missouri College of Emergency Physicians</i> <i>Washington Chapter</i> <i>Young Physicians Section</i> | B |
| 37 | Medically Supervised Injection Facilities <i>Larry Bedard, MD, FACEP</i> <i>Susan Haney, MD, FACEP</i> <i>Dan Morhaim, MD, FACEP</i> | B |
| 38 | Prescription Drug Pricing <i>Connecticut College of Emergency Physicians</i> <i>Emergency Medicine Residents' Association</i> <i>Geriatric Emergency Medicine Section</i> | B |

| Resolution # | Subject/Submitted by | Reference Committee |
|---------------------|--|----------------------------|
| 39 | Prohibition on ACEP Interference in State Legislative Activities <i>Texas College of Emergency Physicians</i> | B |
| 40 | Reimbursement for Emergency Services <i>Indiana Chapter</i> | B |
| 41 | Reimbursement for Hepatitis C Virus Testing Performed in the ED <i>Illinois College of Emergency Physicians</i> | B |
| 42 | ACEP Policy Related to Cannabis <i>Arizona College of Emergency Physicians</i> | C |
| 43 | Expanding ACEP Policy on Workforce Diversity in Health Care Settings <i>AAWEP Section</i> <i>Larry Bedard, MD, FACEP</i> <i>Nicole Berwald, MD, FACEP</i> <i>Leila Getto, MD, FACEP</i> <i>Susan Haney, MD, FACEP</i> <i>Bernard Lopez, MD, FACEP</i> <i>Tracy Sanson, MD, FACEP</i> <i>Vicken Totten, MD, FACEP</i> <i>Evangeline Sokol, MD, FACEP</i> <i>Mary Westergaard, MD, FACEP</i> | C |
| 44 | Guidelines for Opioid Prescribing in the Emergency Department <i>Illinois College of Emergency Physicians</i> | C |
| 45 | Group Contract Negotiation to End-of-Term Timeframes <i>New York Chapter</i> | C |
| 46 | Impact of Climate Change on Patient Health and Implications for Emergency Medicine <i>California Chapter</i> <i>Washington Chapter</i> <i>Wilderness Medicine Section</i> | C |
| 47 | Improving Patient Safety Through Transparency in Medical Malpractice Settlements <i>Jack Handley, MD, FACEP</i> <i>Charles Pilcher MD FACEP</i> | C |
| 48 | Non-Fatal Strangulation <i>Forensic Medicine Section</i> <i>William Green, MD, FACEP</i> <i>Michael L. Weaver, MD, FACEP</i> <i>Ralph Riviello, MD, FACEP</i> <i>Heather Rozzi, MD, FACEP</i> <i>William Smock, MD</i> | C |
| 49 | Participation in ED Information Exchange and Prescription Drug <i>Monitoring Systems</i> <i>Alaska Chapter</i> <i>Government Services Chapter</i> <i>New Mexico Chapter</i> <i>Ohio Chapter</i> <i>Oregon Chapter</i> <i>South Carolina College of Emergency Physicians</i> <i>Washington Chapter</i> | C |

| Resolution # | Subject/Submitted by | Reference Committee |
|---------------------|---|----------------------------|
| 50 | Promoting Clinical Effectiveness in Emergency Medicine <i>Hawaii Chapter</i> | C |
| 51 | Retirement or Interruption of Clinical Emergency Medicine Practice <i>Texas College of Emergency Physicians</i> | C |
| 52 | Support for Harm Reduction and Syringe Services Programs <i>Donald Stader, MD, FACEP</i> <i>Erik Verzemnieks, MD</i> | C |
| 53 | Supporting Research in the Use of Cannabidiol in the Treatment of Intractable Pediatric Seizure Disorders <i>Georgia College of Emergency Physicians</i> | C |
| 54 | Use of Cannabis as an Exit Drug for Opioid Dependency <i>Larry Bedard, MD, FACEP</i> <i>Dan Morhaim, MD, FACEP</i> | C |
| 55 | Workplace Violence <i>Howard Mell, MD, FACEP</i> <i>Missouri College of Emergency Physicians</i> | C |

Late Resolutions

| | | |
|----|--|--|
| 5 | In Memory of Diane Kay Bollman <i>Michigan College of Emergency Physicians</i> | |
| 56 | In Memory of Robert E. Blake, MD, FACEP <i>West Virginia College of Emergency Physicians</i> | |
| 57 | In Memory of James H. Creel, Jr., MD, FACEP <i>Tennessee College of Emergency Physicians</i> | |
| 58 | In Memory of Paul Berger, Jr., MD, FACEP <i>Iowa Chapter</i> | |
| 59 | In Memory of William Wilkerson, Jr., MD, FACEP <i>Michigan College of Emergency Physicians</i> | |
| 60 | Commendation for Responders to 2017 Hurricanes <i>Disaster Medicine Section</i> <i>Florida College of Emergency Physicians</i> <i>Louisiana Chapter</i> <i>Texas College of Emergency Physicians</i> <i>Puerto Rico</i> | |
| 61 | In Memory of Michael G. Guttenberg, DO, FACEP <i>New York Chapter</i> | |
| 62 | Freestanding Emergency Centers (FECs) as a Care Model for Maintaining Access to Emergency Care in Underserved, Rural, and Federally Declared Disaster Areas of the United States <i>Freestanding Emergency Centers Section</i> <i>Carrie de Moor, MD, FACEP</i> <i>Justin Hensley, MD, FACEP</i> <i>Luke Le Bas, MD, FACEP</i> | |



2017 Council Meeting Reference Committee Members

Reference Committee A Governance & Membership Resolutions 10-26

Brahim Ardolic, MD, FACEP (TX), Chair
Patricia A. Bayless, MD, FACEP (AZ)
Justin Fuehrer, DO, (EMRA)
Mark Notash, MD, FACEP (CO)
Arvind Venkat, MD, FACEP (PA)
Susanne J. Spano, MD, FACEP (Wilderness Section)

Leslie Moore, JD
Cynthia Singh, MS

Report of REFERENCE COMMITTEE A

Presented by: Brahim Ardolic, MD, FACEP, Chair

1 Mr. Speaker and Councillors:
2

3 Reference Committee A gave careful consideration to the several items referred to it and submits the
4 following report:
5

6 **(1) Unanimous Consent Agenda**

7 For adoption:

8 **RESOLUTION 18(17): ACEP Wellness Center Services**

9 **RESOLUTION 25(17): Resolution Co-sponsorship Memo**

10 **AMENDED RESOLUTION 26(17) Study the Impact & Potential Membership Benefits of a New**
11 **Chapter or Section Representing Locums Physicians**
12

13 Not for adoption:

14 **RESOLUTION 14(17): Unanimous Consent – Council Standing Rules Amendment**

15 **RESOLUTION 15(17): ABEM Financial Transparency**

16 **RESOLUTION 16(17): ABEM Governance**

17 **RESOLUTION 17(17): ACEP Membership and Status is Independent of Other Organizations**

18 **RESOLUTION 19(17): Advocacy and Support for “Scholarly Activity” Requirements for Emergency**
19 **Medicine Residents**
20

21 **RESOLUTION 18(17): ACEP Wellness Center Services**

22 RECOMMENDATION:
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24 Mr. Speaker, your Reference Committee recommends that Resolution 18(17) be adopted.
25

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27
28 RESOLVED, That ACEP explore alternative funding opportunities (e.g., use of personal insurance
29 reimbursement and/or sponsorship by third parties) to restore the traditional (and possibly expanded) services
30 available at the Annual Conference Wellness Center; and be it further
31

32 RESOLVED, That ACEP explore ways to better promote available resources for the wellness center at the
33 Annual Conference and in general throughout the year.
34

35 **Testimony**
36

37 There was significant discussion on this resolution, all in favor of adoption. Several members testified that
38 they rely on services provided at the Wellness Center because they are helpful and time efficient. Additional
39 testimony noted that services, such as the blood draws, are important but emphasized that wellness is a larger concept
40 than just physical tests. Members of the Well-Being Committee stated that they are working on a solution to restore
41 the tests that have been removed.
42

43 **RESOLUTION 25(17): Resolution Co-sponsorship Memo**

44 RECOMMENDATION:
45
46
47

48 Mr. Speaker, your Reference Committee recommends that Resolution 25(17) be adopted.

49
50 RESOLVED, That the Council Steering Committee develop and promote a standardized format for a “co-
51 sponsorship memo” that can be distributed through the Council listserv or other platform so that councillors may
52 collaborate and further refine resolutions prior to submission.

53
54 **Testimony**

55
56 The discussion on this resolution was unanimously in favor.

58
59 **AMENDED RESOLUTION 26(17): Study ~~of the Impact & Potential Membership Benefits of a New~~**
60 **~~Chapter Or Section Representing Locums Physicians~~ Representation**

61
62 RECOMMENDATION:

63
64 Mr. Speaker, your Reference Committee recommends that Amended Resolution 26(17) be adopted.

65
66 RESOLVED, That the ACEP Board study the impact and potential membership benefit of a new chapter or
67 section representing locums physicians and report back to the Council at the 2018 meeting.

68
69 **Testimony**

70
71 This resolution engendered a great deal of testimony. Several members provided testimony in favor of the
72 resolution, specifically referring to potential benefits and increase in membership a locums tenum chapter or section
73 could provide. Additional testimony raised concerns about whether having a chapter would best meet the needs of
74 locums physicians, as well as the needs of the College. Many speakers also suggested creating a locums tenum
75 section prior to consideration of a chapter. It should be noted that a section petition is already underway, but has not
76 yet reached 100 members. Therefore, a study of the issue may not be needed. There was consensus that ACEP needs
77 to ensure that the needs of these members are adequately addressed.

78
79
80 **RESOLUTION 14(17): Unanimous Consent – Council Standing Rules Amendment**

81
82 RECOMMENDATION:

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84 Mr. Speaker, your Reference Committee recommends that Resolution 14(17) not be adopted.

85
86 RESOLVED, That the “Unanimous Consent” section of the Council Standing Rules be amended to read:

87
88 **Unanimous Consent Agenda**

89
90 ~~A “Unanimous Consent Agenda” is a list of resolutions with a waiver of debate and may include items that meet one~~
91 ~~of the following criteria as determined by the Reference Committee:~~

- 92
93 1. ~~Non-controversial in nature~~
94 2. ~~Generated little or no debate during the Reference Committee~~
95 3. ~~Clear consensus of opinion (either pro or con) was expressed at Reference Committee~~
96 ~~Bylaws resolutions and resolutions that require substantive amendments shall not be placed on a Unanimous Consent~~
97 ~~Agenda.~~

98
99 A Unanimous Consent Agenda will be listed at the beginning of the Reference Committee report consisting of the
100 committee’s summarization of testimony provided along with the committee’s and a recommendation for
101 adoption, not adoption, or referral, ~~or defeat~~ for each resolution listed referred to the committee. Bylaws
102 resolutions shall not be placed on a Unanimous Consent Agenda. A request for extraction of any resolution from a

103 Unanimous Consent Agenda by any credentialed councillor is in order at the beginning of the Reference Committee
104 report **and such resolution will be extracted upon a second by another credentialed councillor**. Thereafter, the
105 remaining items on the Unanimous Consent Agenda will be approved unanimously en bloc without discussion.
106 **Extracted resolutions shall then be discussed in the order presented on the Reference Committee report.** The
107 Reference Committee reports will then proceed in the usual manner with any extracted resolution(s) debated at an
108 appropriate time during that report.

109

110 **Testimony**

111

112 The vast majority of testimony was against adoption of this resolution because of the potential for unintended
113 consequences. It was noted that it is possible that adoption could result in the majority of submitted resolutions being
114 placed on the Unanimous Consent Agenda rather than going before the Council for discussion. It was also discussed
115 that this limits the democratic process and attempts to address a problem that the Council does not currently have, and
116 as such, there is no need to change the process. It also takes away the Council's freedom to debate and make
117 judgments on substantive issues.

118

119

120 **RESOLUTION 15(17): ABEM Financial Transparency**

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122 RECOMMENDATION:

123

124 Mr. Speaker, your Reference Committee recommends that Resolution 15(17) not be adopted.

125

126 RESOLVED, That ACEP request a detailed financial audit of the American Board of Emergency Medicine;
127 and be it further

128

129 RESOLVED, That the full results of any and all American Board of Emergency Medicine financial audits are
130 to be shared with the ACEP Board of Directors at least every other year; and be it further

131

132 RESOLVED, That ACEP encourage the American Board of Emergency Medicine to allow full, legal
133 financial statements to be available to their diplomates; and be it further

134

135 RESOLVED, That ACEP leadership initiate a meeting to discuss methods by which the American Board of
136 Emergency Medicine will be transparent and responsive to its diplomates; and be it further

137

138 RESOLVED, That the ACEP Board of Directors develop procedures to ensure that anyone nominated by
139 ACEP to serve on the American Board of Emergency Medicine Board of Directors shall advocate for financial
140 transparency and financial disclosure to its diplomates.

141

142 **Testimony**

143

144 Lengthy debate ensued regarding this resolution, with a preponderance of testimony in opposition because
145 ACEP has no operational authority over ABEM. It was noted that ABEM's tax return can be accessed online at
146 various websites, and that ABEM is a separate organization having no duty to comply with such a request. Further,
147 this could open the doors for others to make such requests of ACEP. It was also stated that passage of this resolution
148 creates an adversarial relationship between our organizations. The authors of the resolution testified that because
149 ABEM certification is nearly mandatory for practice in many locations, they believed ABEM should operate with
150 financial transparency and that diplomates should have access to that information.

151

152

153 **RESOLUTION 16(17): ABEM Governance**

154

155 RECOMMENDATION:

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157 Mr. Speaker, your Reference Committee recommends that Resolution 16(17) not be adopted.

158

159 RESOLVED, That ACEP encourage the American Board of Emergency Medicine to allow its diplomates to
160 elect directly at least one-third of its Board of Directors; and be it further

161
162 RESOLVED, That ACEP encourage the American Board of Emergency Medicine (ABEM) to change its
163 rules to allow the ABEM president to be elected by a vote of the diplomates from among the ABEM Board of
164 Directors; and be it further

165
166 RESOLVED, That ACEP initiate a nomination process, including developing criteria to be acknowledged and
167 agreed upon by a member before being nominated, that ensures that those nominated by ACEP to serve on the
168 American Board of Emergency Medicine (ABEM) Board of Directors are in agreement with the need for a more
169 democratic and responsive ABEM; and be it further.

170
171 RESOLVED, That ACEP charge the American Board of Emergency Medicine (ABEM) directors nominated
172 by the College to create a sponsoring organization-driven director recall procedure within the ABEM Bylaws.

173
174 **Testimony**

175
176 While the authors of this resolution testified to their belief that the ACEP Council should have the ability to
177 select the ACEP nominee for possible election to the ABEM Board of Directors, the vast majority of testimony was
178 opposed. It was noted that ACEP sends Board nominees to several organizations and involving the Council in each of
179 those nominations would be an arduous and inefficient process. Also, testimony acknowledged that, while ACEP can
180 nominate candidates to ABEM's Board of Directors, ABEM is a separate organization and ACEP has no authority to
181 mandate its nominated candidates receive a seat on the Board. Further, it was noted that ABEM has heard the will of
182 the Council and this resolution would not further the dialogue. EMRA representatives also spoke out strongly against
183 the resolution, citing their great respect for ABEM. Many of those testifying stated that this resolution is adversarial
184 in nature and will erode ACEP's relationship with ABEM.



186
187 **RESOLUTION 17(17): ACEP Membership and Status is Independent of Other Organizations**

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189 RECOMMENDATION:

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191 Mr. Speaker, your Reference Committee recommends that Resolution 17(17) not be adopted.

192
193 RESOLVED, That no other organization should be referenced by name in the College Bylaws or rules
194 delineating ACEP membership or fellowship status; and be it further

195
196 RESOLVED, That ACEP review and revise all categories of membership and fellowship criteria to prohibit
197 the actions of any other organization from unilaterally impacting membership eligibility for the College.

198
199 **Testimony**

200
201 There was significant debate, with the clear majority testifying against adoption. Those in favor testified that
202 board certification is necessary, but they would like to have options along with ABEM; however, those against
203 adoption stated that this opens a "Pandora's box" and may have the unintended consequence of allowing non-
204 ACGME certifying bodies to change the requirements for certification. EMRA stated that the resolution disrespects
205 residents and candidates for certification who take pride in achieving this status. Additional testimony noted that this
206 could cause ACEP to lose members and put the College in jeopardy of losing its identity as an organization whose
207 members are residency trained and board certified.



209
210 **RESOLUTION 19(17): Advocacy and Support for "Scholarly Activity" Requirements for Emergency
211 Medicine Residents**

212
213 RECOMMENDATION:

215 Mr. Speaker, your Reference Committee recommends that Resolution 19(17) not be adopted.

216

217 RESOLVED, That ACEP work with the Council of Emergency Medicine Residency Directors, the Society
218 for Academic Emergency Medicine, the American College of Osteopathic Emergency Physicians, the American
219 Osteopathic Association, the Emergency Medicine Residents' Association, and the Residency Review Committee for
220 Emergency Medicine to develop a consensus derived, uniform, consistent approach towards scholarly activity for
221 residents to foster the future of Emergency Medicine research.

222

223 **Testimony**

224

225 The majority of testimony was in strong opposition to the resolution. Several residency and program
226 directors testified that this approach limits flexibility and stifles creativity in programs. Others stated that this
227 resolution could limit the definition of "scholarly activity" to only allow for research activities and that regulations on
228 program requirements are already too restrictive. Those in favor of the resolution testified that this would further
229 scientific requirements in emergency medicine and that it would allow programs to become more robust.

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End of Consent Agenda

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(2) RESOLUTION 10(17): Chapter Bylaws Conformance Standards – Housekeeping Change – Bylaws Amendment

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RECOMMENDATION:

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Mr. Speaker, your Reference Committee recommends that Resolution 10(17) be adopted.

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RESOLVED, That the ACEP Bylaws Article VI – Chapters, Section 2 – Chapter Bylaws, paragraph 1, be amended to read:

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A petition for the chartering of a chapter shall be accompanied by the proposed bylaws of the chapter. No charter shall be issued until such bylaws are approved by the Board of Directors of the College. Chartered chapters must ensure that their bylaws conform to the College Bylaws and ~~to the "Guidelines for Bylaws and Model Chapter Bylaws for Chapters of the American College of Emergency Physicians."~~current approved chapter bylaws guidance documents. Proposed amendments to the bylaws of a chapter shall be submitted in a format and manner designated by the College not later than 30 days following the adoption of such proposed amendments by the chapter, pursuant to its bylaws and procedures. No proposed amendment shall have any force or effect until it has been approved by the Board of Directors of the College. A proposed amendment shall be considered approved if the Board of Directors or its designee fails to give written notice of any objection within 90 days of receipt as documented by the College.

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257

Testimony

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The very limited testimony on this resolution was unanimously in favor.

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(3) RESOLUTION 11(17): Diversity of ACEP Councillors – Bylaws Amendment

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Mr. Speaker, your Reference Committee recommends that Resolution 11(17) not be adopted.

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RESOLVED, That the ACEP Bylaws, Article VIII – Council, Section 1 – Composition of the Council, paragraph one, be amended to read:

270 “Each chartered chapter shall have a minimum of one councillor as representative of all of the members of
271 such chartered chapter. There shall be allowed one additional councillor for each 100 members of the College in that
272 chapter as shown by the membership rolls of the College on December 31 of the preceding year. However, a member
273 holding memberships simultaneously in multiple chapters may be counted for purposes of councillor allotment in only
274 one chapter. Councillors shall be elected or appointed from regular and candidate physician members in accordance
275 with the governance documents or policies of their respective sponsoring bodies. Chapters are strongly encouraged
276 to appoint and mentor councillors and alternate councillors that represent the diversity of their membership,
277 including candidate physician and young physician members.”
278

279 **Testimony**

280
281 A great deal of testimony ensued regarding this resolution, with the testimony almost evenly split in favor and
282 opposed. There was unanimous support for the intent of the resolution, which is to increase diversity within the
283 Council; however, a slight majority of those testifying argued that this language was not appropriate for the ACEP
284 Bylaws. Opposition testimony on behalf of state chapters emphasized the importance of chapter independence and
285 that this would create roadblocks for small chapters because of the limited number of councillors allotted to them and
286 it would force them to substitute a more knowledgeable councillor for those with less experience.
287

288 Those in favor of the resolution testified that, as the future of emergency medicine, residents should have a
289 voice within the Council. They further emphasized that ACEP has no power to mandate this action, but rather the
290 resolution is designed to encourage chapters to appoint these councillors. Appointment is at the discretion of the
291 chapter leadership.
292

293
294 **(4) RESOLUTION 12(17): Seating of Past Chairs of the Board in the ACEP Council – Bylaws Amendment**

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296 RECOMMENDATION:

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298 Mr. Speaker, your Reference Committee recommends that Resolution 12(17) be adopted.
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300 RESOLVED, That the ACEP Bylaws Article VIII – Council, Section 5 – Voting Rights, paragraph two, be
301 amended to read:
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303 “ACEP Past Presidents, ~~and ACEP~~ Past Speakers, **and Past Chairs of the Board**, if not certified as
304 councillors or alternate councillors by a sponsoring body, may participate in the Council in a non-voting capacity.
305 Members of the Board of Directors may address the Council on any matter under discussion but shall not have voting
306 privileges in Council sessions.”
307

308 **Testimony**

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310 The brief testimony regarding this resolution was unanimously in favor.
311

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313 **(5) RESOLUTION 13(17): Seating of Past Chairs of the Board in the ACEP Council – Council Standing**
314 **Rules Amendment**

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316 RECOMMENDATION:

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318 Mr. Speaker, your Reference Committee recommends that Resolution 13(17) be adopted.
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320 RESOLVED, That the “Debate” section, paragraph one, of the Council Standing Rules be amended to read:
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322 “Councillors, members of the Board of Directors, past presidents, ~~and~~ past speakers, **and past chairs of the**
323 **Board** wishing to debate should proceed to a designated microphone. As a courtesy, once recognized to speak, each
324 person should identify themselves, their affiliation (i.e., chapter, section, Board, past president, past speaker, **past**
325 **chair**, etc.), and whether they are speaking “for” or “against” the motion;” and be it further

326 RESOLVED, That the “Nominations” section, paragraph one, of the Council Standing Rules be amended to
327 read:

328
329 “A report from the Nominating Committee will be presented at the opening session of the Annual Council
330 Meeting. The floor will then be open for additional nominations by any credentialed councillor, member of the Board
331 of Directors, past president, ~~or~~ past speaker, or past chair of the Board, after which nominations will be closed and
332 shall not be reopened;” and be it further

333
334 RESOLVED, That the “Past Presidents and Past Speakers Seating” section of the Council Standing Rules be
335 amended to read:

336
337 “Past Presidents, ~~and~~ Past Speakers, and Past Chairs of the Board

338
339 “Past presidents, ~~and~~ past speakers, and past chairs of the Board of the College are invited to sit with their
340 respective component body, must wear appropriate identification, and are granted full floor privileges except the right
341 to vote unless otherwise eligible as a credentialed councillor.”

342
343 PROVISIO: If adopted, Resolution 13(17) will not take effect unless and until the Bylaws are amended pursuant to
344 Resolution 12(17).

345
346 **Testimony**

347
348 The very limited testimony on this resolution was in favor of adoption and noted that it cannot take effect
349 unless Resolution 12(17) is adopted by the ACEP Board of Directors. Bylaws resolutions require a 2/3 vote for
350 adoption by the Council and the Board. Council Standing Rules resolutions require only a majority vote of the
351 Council for adoption.

352
353
354 **(6) AMENDED RESOLUTION 20(17): Campaign Financial Reform**

355
356 RECOMMENDATION:

357
358 Mr. Speaker, your Reference Committee recommends that Amended Resolution 20(17) be adopted.

359
360 RESOLVED, That the Council Steering Committee create expenditure limitations to ~~allow younger~~
361 encourage additional members to consider candidacy for leadership positions without the concern for financial
362 means, ~~and be it further~~

363
364 ~~RESOLVED, That the Candidate Campaign Rules be amended by adding: “Candidates will not attend annual~~
365 ~~chapter meetings unless officially invited, on the meeting’s agenda for a planned educational endeavor, and accept~~
366 ~~reimbursement of travel expenses in accordance with the chapter’s policies;” and be it further~~

- 367
368 ~~RESOLVED, That the Council Steering Committee consider changes in the election process such as:~~
- 369 ~~• requiring candidates to disclose financial expenditures on their candidacy;~~
 - 370 ~~• capping the monetary amount that can be used on all candidate related expenditures, including travel,~~
371 ~~“coaches,” videos, etc.;~~
 - 372 ~~• prohibit ACEP residency and ACEP chapter visits for each candidate during the period of declared~~
373 ~~candidacy;~~
 - 374 ~~• restricting publication of non-scholarly work in non-peer reviewed journals such as ACEP Now and other~~
375 ~~Emergency Medicine open subscription media; and~~
 - 376 ~~• restricting social media “public service announcements.”~~

377
378 **Testimony**

379
380 Testimony on this resolution was split; however, the majority of testimony was in favor of the first resolved
381 regarding the creation of expenditure limitations to encourage members to consider candidacy that might not

382 otherwise do so, based on financial constraints. Those opposed to the second and third resolutions stressed the
383 importance of allowing candidates to attend their own chapter meetings, engage in face-to-face discussions with other
384 chapters, and engage in free speech. Testimony also cautioned that such restraints would be difficult to enforce
385 because accountability for spending cannot always be implemented.

386

387 Those in favor of the resolution argued that it will help level the playing field among candidates and broaden
388 opportunity. The current system stifles diversity because it discourages the candidacy of young physicians and
389 academicians who may not have the financial resources to conduct a board campaign. They further noted that there
390 has been a drastic increase in campaign costs over the last two decades, and the resolution would prevent the unfair
391 advantages created by having a corporate entity sponsor a candidate.

392

393

394 **(7) RESOLUTION 21(17): Creation of an Electronic Council Forum**

395

396 RECOMMENDATION:

397

398 Mr. Speaker, your Reference Committee recommends that Resolution 21(17) be referred to the Council Steering
399 Committee.

400

401 RESOLVED, That the Board of Directors task the appropriate committees to create a year round forum for
402 councillors to introduce, debate, and vote on resolutions; and be it further

403

404 RESOLVED, That the results of the votes in the electronic Council forum be nonbinding resolutions to offer
405 ACEP leadership expeditious guidance on emergent issues; and be it further

406

407 RESOLVED, That the electronic Council forum product feature include a user experience that can be used
408 during the annual Council meeting to receive and display proposed amendments in real time during discussion and
409 voting.

410

411 **Testimony**

412

413 Testimony on this resolution was split. Those in favor noted that it would decrease the number of emails sent to
414 the Council, as well as organize debate and discussion. They also stated that it would provide for additional
415 engagement prior to the annual meeting, as well as provide helpful feedback from the chapters. They stressed it
416 would provide more information and facilitate meaningful discussions. Those in favor recommended referral to the
417 Council Steering Committee, citing the need to study costs and prior efforts to reform the process. Those against
418 adoption stated concerns about the unknown financial ramifications of creating an electronic Council forum and
419 further emphasized that this is a matter for Council discussion and is not appropriate for Board intervention.

420

421

422 **(8) AMENDED RESOLUTION 22(17): ~~Emergency Medicine Residency Training Requirements for Dual~~
423 ~~Training Programs Funding of Emergency Medicine Training~~**

424

425 RECOMMENDATION:

426

427 Mr. Speaker, your Reference Committee recommends that Amended Resolution 22(17) be adopted.

428

429 RESOLVED, That ACEP work with the **appropriate organizations to optimize GME funding for all**
430 **formats of emergency medicine training.** ~~American Board of Emergency Medicine, and possibly the American~~
431 ~~Board of Medical Specialties, to create a new definition of Initial Residency Period that would permit Graduate~~
432 ~~Medical Education funding for the duration of residency, including dual training periods.~~

433

434 **Testimony**

435

436 There was limited testimony on this resolution; however, there was consensus that the resolution should be
437 amended to broaden its scope to include increased funding for all emergency medicine programs.

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(9) AMENDED RESOLUTION 23(17): Information Sharing, Regular ACEP/Chapter Contact, and Regional State/Chapter Relationships

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Amended Resolution 23(17) be adopted.

RESOLVED, That ACEP ~~make it a primary goal of the upcoming year to~~ work with state chapters to identify, develop, and implement processes that enhance the relationship, optimizing appropriate and timely information sharing; and be it further

RESOLVED, That individual Board members and an appropriate staff member participate in regular contact with state chapters and report back to the Council in 2018; ~~and be it further~~

~~RESOLVED, That ACEP explore the concept of developing Regional State Chapter relationships and report back to the Council on the feasibility and usefulness of doing so.~~

Testimony

Testimony was limited. There was consensus that communication with chapters is important and needs improvement; however, it was noted that ACEP has previously made similar, unsuccessful attempts to increase communication with the chapters. Additional testimony suggested that regional relationships between the chapters may be a more optimal solution and that the decision should rest with the chapters themselves.

(10) AMENDED RESOLUTION 24(17): Maintenance of ~~Certification~~ Competence for Practicing Emergency Physicians

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Amended Resolution 24(17) be referred to the Board.

RESOLVED, That ACEP study the needs, and cost-effective evidence-based requirements that would support practicing board-certified emergency physicians to legitimately demonstrate their ongoing competence and skills necessary for their own practice settings and develop appropriate minimum guidelines for appropriate “maintenance of competence” with minimum and legitimate barriers to continued practice, and present a report for consideration at the 2018 Council meeting.

Testimony

Testimony on this resolution was minimal. The author noted that the resolution was not intended to address certification; rather it was addressing the competence of practicing emergency physicians. A majority of those who testified stated that referral to the Board of Directors is appropriate in this circumstance.

Mr. Speaker, this concludes the report of Reference Committee A. I would like to thank Patricia A. Bayless, MD, FACEP; Justin Fuehrer, DO; Mark Notash, MD, FACEP; Susanne Spano, MD, FACEP; Arvind Venkat, MD, FACEP; Leslie Moore, JD; and Cynthia Singh, MS, for their excellent work in developing these recommendations.



2017 Council Meeting Reference Committee Members

Reference Committee C Emergency Medicine Practice Resolutions 42-55

John H. Proctor, MD, MBA, FACEP (TN), Chair
Enrique R. Enguidanos, MD, FACEP (WA)
Heather A. Heaton, MD, FACEP (MN Alt)
Marianna Karounos, DO, FACEP (NJ Alt)
Michael D. Smith, MD, MBA, CPE, FACEP (LA Alt)
James M. Williams, DO, MS, FACEP (TX)

Margaret Montgomery, RN, MSN
Loren Rives, MNA

2017 Council Meeting

Report of REFERENCE COMMITTEE C

Presented by: John H. Proctor, MD, MBA, FACEP, Chair

1 Mr. Speaker and Councillors:
2

3 Reference Committee C gave careful consideration to the several items referred to it and submits the following
4 report:
5

6 **(1) Unanimous Consent Agenda**

7 For adoption:

- 8 • **AMENDED RESOLUTION 43(17): Expanding ACEP Policy on Workforce Diversity in Health Care Settings**
- 9
- 10 • **RESOLUTION 44(17): Guidelines for Opioid Prescribing in the Emergency Department**
- 11 • **RESOLUTION 49(17): Participation in ED Information Exchange and Prescription Drug Monitoring Systems**
- 12
- 13 • **RESOLUTION 51(17): Retirement or Interruption of Clinical Emergency Medicine Practice**
- 14 • **AMENDED RESOLUTION 55(17): Workplace Violence**
- 15

16 Not for adoption:

- 17 • **RESOLUTION 42(17): ACEP Policy Related to Cannabis**
- 18 • **RESOLUTION 54(17): Use of Cannabis as an Exit Drug for Opioid Dependency**
- 19

20 For referral:

- 21 • **AMENDED RESOLUTION 45(17): Group Contract Negotiation to End-of-Term Timeframes**
 - 22 • **RESOLUTION 46(17): Impact of Climate Change on Patient Health and Implications for Emergency Medicine**
 - 23
 - 24 • **RESOLUTION 47(17): Improving Patient Safety Through Transparency in Medical Malpractice Settlements**
 - 25
 - 26 • **RESOLUTION 48(17): Non-Fatal Strangulation**
 - 27 • **RESOLUTION 50(17): Promoting Clinical Effectiveness in Emergency Medicine**
 - 28
-

29
30 **AMENDED RESOLUTION 43(17): Expanding ACEP Policy on Workforce Diversity in Health Care Settings**
31

32
33 RECOMMENDATION:
34

35 Mr. Speaker, your Reference Committee recommends that Amended Resolution 43(17) be adopted.
36

37 RESOLVED, That ACEP expand its policy statement “Workforce Diversity in Health Care Settings” to help
38 identify and promote inclusion of qualified individuals with additional diverse characteristics (including racial and
39 ethnic diversity, as per existing policy) and amend it to read:
40

41 The American College of Emergency Physicians believes that:
42

- 43 • Hospitals and emergency physicians should work together to promote staffing of hospitals and their emergency
44 departments with qualified individuals **who reflect the ethnic and racial diversity in our nation of diverse race,
45 ethnicity, sex (including gender, gender identity, sexual orientation, pregnancy, marital status),**

- 46 nationality, religion, age, ability or disability, ~~or~~ and other characteristics that do not otherwise preclude
47 an individual emergency physician from providing equitable, competent patient care; and
48 • Attaining diversity with well-qualified physicians in emergency medicine ~~residencies and faculties~~ that reflects
49 our multicultural society is a desirable goal.
50

51 **Testimony**

52
53 Limited testimony was heard in support of revising the current ACEP policy. The author proposed an
54 amendment to the language to be more inclusive. No opposing testimony was heard.
55

56 **RESOLUTION 44(17): Guidelines for Opioid Prescribing in the Emergency Department**

57 RECOMMENDATION:

58
59 Mr. Speaker, your Reference Committee recommends that Resolution 44(17) be adopted.
60

61
62 RESOLVED, That ACEP encourage electronic medical record providers to incorporate easy-to-use
63 Prescription Monitoring Programs functionality into their products; and be it further
64

65
66 RESOLVED, That ACEP strongly discourage mandates for screening all emergency department patients for
67 opioid use; and be it further
68

69
70 RESOLVED, That ACEP promote development of national guidelines to assist emergency physicians in their
71 practice of prescribing opioids for acute pain.
72

73 **Testimony**

74
75 The majority of testimony was in favor of the resolution. There was agreement that ACEP should lead in the
76 development and promulgation of guidelines for emergency physicians.
77

78 **RESOLUTION 49(17): Participation in ED Information Exchange and Prescription Drug Monitoring** 79 **Systems**

80 RECOMMENDATION:

81
82 Mr. Speaker, your Reference Committee recommends that Resolution 49(17) be adopted.
83

84
85 RESOLVED, That the American College of Emergency Physicians collaborate with the Department of
86 Veterans Affairs, Department of Defense, the Indian Health Services, and potentially legislatures to encourage and
87 facilitate their participation in state prescription drug monitoring programs; and be it further
88

89
90 RESOLVED, That the American College of Emergency Physicians collaborate with the Department of
91 Veterans Affairs, Department of Defense, the Indian Health Services, and potentially legislatures, to encourage and
92 facilitate their participation, to the extent consistent with federal law, a system for real-time electronic exchange of
93 patient information, including recent emergency department visits and hospital care plans for frequent users of
94 emergency departments.
95

96 **Testimony**

97
98 All testimony was in support of this resolution. Testimony was noted that improved data sharing between
stakeholders would lead to better patient care and outcomes as well as provider safety.

99 **RESOLUTION 51(17): Retirement or Interruption of Clinical Emergency Medicine Practice**

100
101 RECOMMENDATION:

102
103 Mr. Speaker, your Reference Committee recommends that Resolution 51(17) be adopted.

104
105 RESOLVED, ACEP study and evaluate mechanisms to support practicing emergency physicians to help
106 recognize potential physical and emotional limitations to clinical practice, to educate members about alternatives and
107 opportunities for temporary interruption of active clinical practice to include mechanisms for reintegration back into
108 clinical practice, and to support members considering career transitions including retirement; and be it further

109
110 RESOLVED, That ACEP actively engage in developing resources and communication of career transition
111 opportunities to members, including support for members who believe they are being restricted from practice for
112 discriminatory reasons as outlined and regulated by established federal equal employment opportunity discrimination
113 laws.

114
115 **Testimony**

116
117 Limited testimony, all in support, was provided for this resolution. Testimony was in support of ACEP
118 proactively providing resources for emergency physicians experiencing interruptions or transitions to and from
119 clinical practice.

122 **AMENDED RESOLUTION 55(17): Workplace Violence**

123
124 RECOMMENDATION:

125
126 Mr. Speaker, your Reference Committee recommends that Amended Resolution 55(17) be adopted.

127
128 RESOLVED, That ACEP move past policy creation and simple awareness campaigns with state and national
129 regulatory agencies to develop actionable guidelines and measures (e.g., percent of events with legal outcome, paid
130 post-trauma leave, use of de-escalation techniques, counseling provided), to ensure safety in the Emergency
131 Department for patients and staff; and be it further

132
133 RESOLVED, That ACEP work with local, state, and federal bodies to provide for appropriate protections and
134 enforcement of violations of Emergency Department patient and staff protections from violence in the workplace to
135 provide safe and efficacious emergency care; and be it further

136
137 RESOLVED, That ACEP create model legislative and regulatory language that can be shared with state
138 chapters and hospitals addressing workplace violence.

139
140 **Testimony**

141
142 All testimony was in support of adopting this resolution. It was recommended that “hospitals” be added to the
143 last resolved to support enforcement efforts at the institutional level.

146 **RESOLUTION 42(17): ACEP Policy Related to Cannabis**

147
148 RECOMMENDATION:

149
150 Mr. Speaker, your Reference Committee recommends that Resolution 42(17) not be adopted.

151
152 RESOLVED, That ACEP has no position on the medical use of marijuana, cannabis, synthetic cannabinoids
153 and similar substances, in light of the fact there is no legitimate medically recognized use of such substances in
154 emergency care; and be it further

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RESOLVED, That ACEP does not support the non-medical use of marijuana, cannabis, synthetic cannabinoids and similar substances.

Testimony

The author of the resolution provided the only testimony in support of the resolution. All other testimony was in opposition. Testimony was given that ACEP should not take a position on the use of illicit drugs.

RESOLUTION 54(17): Use of Cannabis as an Exit Drug for Opioid Dependency

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Resolution 54(17) not be adopted.

RESOLVED That ACEP adopt a policy that a chronic pain patient in a pain management program should not be eliminated from the program solely because they use cannabis recommended by their physician.

Testimony

The author provided the only testimony in support of this resolution. All additional testimony was opposed, deeming this issue as outside the scope of emergency medicine and that chronic pain management is in the purview of pain management specialists.

AMENDED RESOLUTION 45(17): Group Contract Negotiation to End-of-Term Timeframes

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Amended Resolution 45(17) be referred to the Board of Directors.

RESOLVED, That ACEP establish a recommendation for appropriate timeframes for initiation of contract renewal discussions and contract negotiation deadlines to end of coverage; and be it further

RESOLVED, That ACEP ~~oppose~~ not support sudden, abrupt changes in contract groups without time for adequate transition and training.

Testimony

All testimony was in support of the resolution. As a point of information, the Board representative informed the Reference Committee that a task force has drafted a report on this issue that will be available soon. They recommended referral to the Board due to the fact that these issues are currently being addressed. The authors were supportive of referral to the Board. Testimony suggested that the paper should be balanced, focusing on both patient safety and resident interests. It was recommended that the second resolved be amended to “not support” rather than “oppose.”

202 **RESOLUTION 46(17): Impact of Climate Change on Patient Health and Implications for Emergency**
203 **Medicine**

204
205 RECOMMENDATION:

206
207 Mr. Speaker, your Reference Committee recommends that Resolution 46(17) be referred to the Board of
208 Directors.

209
210 RESOLVED, That ACEP research and develop a policy that addresses the impact of climate change on the
211 health and well-being of our patients and utilize the policy statement to guide future research, training, advocacy
212 preparedness, mitigation practices, and patient care.

213
214 **Testimony**

215
216 Testimony was mixed. Some believe the language is aspirational and beyond the scope of what ACEP is able
217 to impact effectively. One member provided testimony that the resolution does not address the cause of climate
218 change, but outlines the reality of what is seen in the ED, such as hurricane victims, wildfires, heat-related injuries,
219 and exacerbations of chronic conditions due to air quality. Testimony was given in support of referral to the Board.
220

221 **RESOLUTION 47(17): Improving Patient Safety Through Transparency in Medical Malpractice**
222 **Settlements**

223
224
225 RECOMMENDATION:

226
227 Mr. Speaker, your Reference Committee recommends that Resolution 47(17) be referred to the Board of
228 Directors.

229
230 RESOLVED, That ACEP develop a policy to reduce medical error and improve patient safety by assuring
231 that pre-trial settlements of medical malpractice lawsuits against an emergency physician are anonymized and the
232 learnings distributed to all members of the College and others as appropriate; actively support the elimination of non-
233 disclosure clauses in pre-trial settlements of medical malpractice lawsuits; and report progress on this objective at the
234 ACEP annual meeting in 2018.

235
236 **Testimony**

237
238 Because of non-disclosure provisions in pre-trial settlements, members questioned whether the confidential
239 information called for in the resolution is accessible. Only one member spoke in support of the resolution. The Board
240 representative recommended referral to the Board because of the complexity of the legal and contractual issues
241 involved.
242

243 **RESOLUTION 48(17): Non-Fatal Strangulation**

244
245
246 RECOMMENDATION:

247
248 Mr. Speaker, your Reference Committee recommends that Resolution 48(17) be referred to the Board of
249 Directors.

250
251 RESOLVED, That ACEP work with the Emergency Nurses Association, International Association of
252 Forensic Nurses, Training Institute on Strangulation Prevention, and other related organizations and stakeholders, to
253 provide educational and clinical resources as well as in person and enduring educational programs for emergency
254 providers on the evaluation, radiographic investigation, and management of non-fatal strangulation; and be it further

255 RESOLVED, That ACEP create a policy statement on the seriousness of non-fatal strangulation and develop
256 a clinical practice guideline for the emergency department evaluation, treatment, and management of non-fatal
257 strangulation.

258

259 **Testimony**

260

261 The only member to speak on this resolution was the author. The author noted that related stakeholder
262 organizations have developed resources on this topic and ACEP should seek collaborative relationships with these
263 organizations. The Reference Committee supports referral to the Board to provide the best approach to address this
264 resolution.

265

266

267 **RESOLUTION 50(17): Promoting Clinical Effectiveness in Emergency Medicine**

268

269 RECOMMENDATION:

270

271 Mr. Speaker, your Reference Committee recommends that Resolution 50(17) be referred to the Board of
272 Directors.

273

274 RESOLVED, That ACEP create a Clinical Effectiveness Committee that is responsible for identifying,
275 assessing, and promoting evidence-based, cost-effective emergency medicine practices.

276

277 **Testimony**

278

279 Testimony supported the spirit of the resolution. Concern was expressed about appointing a new committee to
280 address the concerns of the resolution when other mechanisms are already in place. Testimony was given from a
281 member of the Quality and Patient Safety Committee that this work is underway. Several members, including a Board
282 representative, supported referral to the Board.

283

284

285 **End of Consent Agenda**

286

287

288 **(2) RESOLUTION 52(17): Support for Harm Reduction and Syringe Services Programs**

289

290 RECOMMENDATION:

291

292 Mr. Speaker, your Reference Committee recommends that Resolution 52(17) not be adopted.

293

294 RESOLVED, That ACEP endorse Syringe Services Programs for those who use injection drugs; and be it
295 further

296

297 RESOLVED, That ACEP promote the access of Syringe Services Programs to people who inject drugs; and
298 be it further

299

300 RESOLVED, That ACEP invest in educating its members on harm reduction techniques and the importance
301 of Emergency Departments to partner with local Syringe Services Programs to advance the care of people who inject
302 drugs.

303

304 **Testimony**

305

306 The author was the only member to testify on this resolution. Due to the limited amount of testimony the
307 Reference Committee did not believe there was enough support to recommend adoption. The Reference Committee
308 believes the issue is complex and requires more deliberation prior to ACEP action.

309

310 **RESOLUTION 53(17): Supporting Research in the Use of Cannabidiol in the Treatment of Intractable**
311 **Pediatric Seizure Disorders**

312
313 RECOMMENDATION:

314
315 Mr. Speaker, your Reference Committee recommends that Resolution 53(17) not be adopted.

316
317 RESOLVED, That ACEP go on record supporting scientific research to evaluate the risks and benefits of
318 Cannabidiol in children with intractable seizure disorders who are unresponsive to medications currently available.

319
320 **Testimony**

321
322 Testimony was mixed. It was noted that there are challenges to achieve Internal Review Board approval to
323 conduct research with a Schedule 1 drug. Another member testified that Cannabidiol research is ongoing. A member
324 opined that ACEP should not go on record supporting a specific drug for a specific condition. It was noted that this
325 issue involves research rather than policy.

326
327
328 Mr. Speaker, this concludes the report of Reference Committee C. I would like to thank Enrique R.
329 Enguidanos, MD, FACEP; Heather A. Heaton, MD, FACEP; Marianna Karounos, DO, FACEP; Michael D. Smith,
330 MD, MBA, CPE, FACEP; James M. Williams, DO, MS, FACEP; Margaret Montgomery, RN, MSN; Loren Rives,
331 MNA; and Travis Schulz, MLS, AHIP for their excellent work in developing these recommendations.



**2017 Council Meeting
Reference Committee Members**

**Reference Committee B
Advocacy & Public Policy
Resolutions 27-41**

Michael Lozano, MD, FACEP (FL), Chair
Daniel Freess, MD, FACEP (CT)
Nathaniel T. Hibbs, DO, FACEP (CO)
Jeffrey F. Linzer, MD, FACEP (GA)
Heather A. Marshall, MD, FACEP (NM)
John Matheson, MD, FACEP (WA)

Ryan McBride, MPP
Harry Monroe

2017 Council Meeting

Report of REFERENCE COMMITTEE B

Presented by: Michael Lozano, MD, FACEP, Chair

1 Mr. Speaker and Councillors:
2

3 Reference Committee B gave careful consideration to the several items referred to it and submits the
4 following report:
5

6 **(1) Unanimous Consent Agenda**

7 For adoption:

- 8 • **RESOLUTION 27(17): 9-1-1 Number Access and Prearrival Instructions**
- 9 • **AMENDED RESOLUTION 28(17): Coverage for Patient Home Medication While Under**
10 **Observation Status**
- 11 • **AMENDED RESOLUTION 29(17): CPR Training**
- 12 • **AMENDED RESOLUTION 30(17): Demonstrating the Value of Emergency Medicine to Policy**
13 **Makers & the Public**
- 14 • **AMENDED RESOLUTION 31(17): Endorsement of Supervised Injection Facilities**
- 15 • **AMENDED RESOLUTION 36(17): Maternity and Paternity Leave**
- 16 • **AMENDED RESOLUTION 39(17): Prohibition on ACEP Interference in State Legislative**
17 **Activities**
- 18 • **AMENDED RESOLUTION 40(17): Reimbursement for Emergency Services**

19
20 Not for adoption:

- 21 • **RESOLUTION 35(17): Legislation Requiring Hyperbaric Medicine Facility Accreditation for**
22 **Federal Payment**
- 23 • **RESOLUTION 37(17): Medically Supervised Injection Facilities**

24
25 For referral:

- 26 • **RESOLUTION 33(17): Immigrant and Non-Citizen Access to Care**
- 27 • **RESOLUTION 41(17): Reimbursement for Hepatitis C Virus Testing Performed in the ED**

29
30 **RESOLUTION 27(17): 9-1-1 Number Access and Prearrival Instructions**

31
32 RECOMMENDATION:

33
34 Mr. Speaker, your Reference Committee recommends that Resolution 27(17) be adopted

35
36 RESOLVED, That ACEP create a policy statement supporting 9-1-1 number access to a Public Safety
37 Answering Points for 100% of the U.S. population at next generation 9-1-1 level; and be it further

38
39 RESOLVED, That ACEP create and advocate for broad recognition of a policy statement supporting every
40 Public Safety Answering Point or EMS dispatch point be able to give appropriate medical prearrival instruction for
41 bystander aid, including CPR and hemorrhage control, and include EMS physician involvement in their creation,
42 implementation, and quality improvement activities; and be it further

43
44 RESOLVED, That ACEP work with appropriate stakeholders to inventory and summarize models for 9-1-1
45 and Public Safety Answering Point funding as a resource for areas in need of increased service levels; and be it further

46 RESOLVED, That ACEP work with appropriate stakeholders to engage in development of model legislation
47 incorporating enduring funding streams for 9-1-1 call centers/Public Safety Answering Points incorporating key
48 elements including: bringing systems to at least the next generation 9-1-1 level, providing medically appropriate
49 prearrival instructions, and incorporating EMS physician involvement in quality oversight, response profiles, and
50 prearrival instructions.

51
52 **Testimony**

53
54 Testimony was unanimously in support of this resolution. It was noted that this is a white hat issue in which
55 ACEP would have the opportunity to advocate on behalf of access to care in underserved areas.
56
57

58
59 **AMENDED RESOLUTION 28(17): Coverage for Patient Home Medication While Under Observation**
60 **Status**

61
62 RECOMMENDATION:

63
64 Mr. Speaker, your Reference Committee recommends that Amended Resolution 28(17) be adopted.

65
66 RESOLVED, That ACEP support the coverage of all administered medications for patients under
67 observation status without having to apply for reimbursement; ~~and be it further~~

68
69 RESOLVED, That ACEP support a goal that patient out-of-pocket expenses for observation be no greater than
70 the cost to the patient for inpatient services.

71
72 **Testimony**

73
74 Limited testimony was entirely in support of this resolution and focused on the cost of medications to patients
75 under observation. The author clarified that the intent of the resolution was that it apply to all medications
76 administered during observation.
77

78
79 **AMENDED RESOLUTION 29(17): CPR Training**

80
81 RECOMMENDATION:

82
83 Mr. Speaker, your Reference Committee recommends that Amended Resolution 29(17) be adopted.

84
85 RESOLVED, That ACEP draft model state legislation and assist chapters in advocating for ~~mandatory~~ CPR
86 training in schools; and be it further

87
88 RESOLVED, That ACEP work with other stakeholder organizations, ~~including the American Heart Association~~
89 ~~and the American Red Cross~~, to ~~draft and~~ advocate for ~~federal~~ legislation ~~and to~~ support ~~to mandate~~ CPR training in
90 schools; and be it further

91
92 RESOLVED, That ACEP work with other stakeholder organizations, ~~including the American Heart Association~~
93 ~~and the American Red Cross~~, to advocate for increased CPR training ~~by~~ for laypersons.
94

95 **Testimony**

96
97 Testimony supported the goal of the resolution and focused on the fact that increased CPR training would
98 help to save lives. The value of that was not disputed, but concerns were expressed regarding unfunded mandates.

99 Testimony also expressed concerns about limiting references to specific organizations with which to work in
100 advocating for this training.
101

102
103 **AMENDED RESOLUTION 30(17): Demonstrating the Value of Emergency Medicine to Policy Makers**
104 **& the Public**

105
106 RECOMMENDATION:
107

108 Mr. Speaker, your Reference Committee recommends that Amended Resolution 30(17) be adopted.
109

110 ~~RESOLVED, That ACEP request the Emergency Medicine Foundation and the Emergency Medicine~~
111 ~~Residents' Association to prioritize funding for emergency medicine faculty and resident research, emergency~~
112 ~~medicine resident competitions, and emergency medicine resident prizes for focused emergency medicine economic~~
113 ~~and operational material including studies and reports that can be used to educate policy makers and the general~~
114 ~~public to demonstrate the value of emergency medicine; and be it further~~
115

116 ~~—RESOLVED, That ACEP accelerate the development of a multi-year public relations campaign to educate the~~
117 ~~public and policy makers regarding the value of emergency medicine; items to emphasize should include (but are not~~
118 ~~limited to) the cost effectiveness of timely emergency care; the value of high level medical care and medical opinions~~
119 ~~available 24 x 7 to patients and referring physicians; and the threats posed by overzealous cost cutting by insurers and~~
120 ~~others who try to discourage or limit patient access to Emergency Departments; and be it further~~
121

122 ~~—RESOLVED, That a public relations campaign educating the public and policy makers regarding the value of~~
123 ~~emergency medicine utilize viral marketing techniques such as mementos, short video clips, and humor to expand~~
124 ~~outreach to all appropriate demographic groups including Gen X, Y, and Z as well as Millennials; and be it further~~
125

126 RESOLVED, That a repository of public relations materials demonstrating the value of emergency medicine,
127 including printed, video, and other information including emergency medicine economic research be assembled on the
128 ACEP web site and such materials would be accessible to all members of ACEP who wish to reach specific target
129 markets; and be it further
130

131 RESOLVED, That specific public relations materials regarding the value of emergency medicine be developed
132 for legislators, which would include printed material and materials in various electronic formats; and be it further
133

134 RESOLVED, That the ACEP Board of Directors provide a report to the 2018 Council on the development and
135 distribution of public relations materials demonstrating the value of emergency medicine to policy makers and the
136 public.
137

138 **Testimony**
139

140 The author testified that the intent of the resolution was to provide more resources toward public relations
141 efforts. In particular, testimony emphasized the need to increase social media resources. A representative of the Board
142 pointed out specific information about ongoing efforts toward these goals. Testimony also pointed out that EMF and
143 EMRA are independent organizations that should not be addressed under this resolution.
144

145
146 **AMENDED RESOLUTION 31(17): Endorsement of Supervised Injection Facilities**
147

148 RECOMMENDATION:
149

150 Mr. Speaker, your Reference Committee recommends that Amended Resolution 31(17) be adopted.
151

152 RESOLVED, That ACEP join their partner organization, the American Medical Association, in supporting the
153 ~~development study of the role of pilot~~ Supervised Injection fFacilities in decreasing morbidity and mortality due
154 to intravenous drug use ~~where people who use intravenous drugs can inject self-provided drugs under medical~~
155 ~~supervision~~ and to determine if endorse Supervised Injection Facilities ~~are as an effective~~ a potential public health
156 intervention ~~in areas and communities heavily impacted by IV drug use~~; and be it further
157

158 RESOLVED, that the ACEP Board of Directors report its findings at the 2018 Council Meeting.
159

160 **Testimony**

161
162 At the request of the authors, Resolutions 31 and 37 were discussed in tandem. Resolution 37 was perceived as
163 being sufficiently similar to 31 so that the Council only need deliberate on 31. Vigorous testimony on this resolution
164 focused on the need to address the safety of patients that inject drugs. Those giving testimony disagreed over the
165 quantity and validity of studies purporting to show the effectiveness of these facilities in preventing disease or saving
166 lives. Testimony also provided conflicting views of the resolution on these facilities adopted by the AMA earlier this
167 year. Testimony emphasized that the AMA resolution advocated study, but did not declare support for the facilities at
168 this time.
169

170
171 **AMENDED RESOLUTION 36(17): Maternity and Paternity Leave**

172
173 RECOMMENDATION:

174
175 Mr. Speaker, your Reference Committee recommends that Amended Resolution 36(17) be adopted.
176

177 ~~—RESOLVED, That ACEP advocate for paid parental leave, including but not limited to supporting the American~~
178 ~~Medical Association’s effort to study the effects of the Family Medical Leave Act expansion including paid parental~~
179 ~~leave (AMA Policy H-405.954); and be it further~~
180

181 RESOLVED, That ACEP conduct an environmental survey and develop a paper on best practices regarding
182 ~~maternity and paternity~~ paid parental leave for emergency physicians; and be it further
183

184 RESOLVED, That ACEP’s ~~develop a policy statement in support of paid parental leave~~ Board of Directors
185 report their findings at the 2018 ACEP Council.
186

187 **Testimony**

188
189 Testimony in favor of the resolution emphasized that this was a wellness issue, with some seeing this as a
190 crucial way of showing support for physicians and their families. Opponents of the resolution expressed concern about
191 the unknown impact of an expensive mandate on democratic practices, including issues related to increased shifts for
192 remaining members of the group.
193

194
195 **AMENDED RESOLUTION 39(17): ~~Prohibition on ACEP Interference~~ Involvement in State Legislative**
196 **Activities**

197
198 RECOMMENDATION:

199
200 Mr. Speaker, your Reference Committee recommends that Amended Resolution 39(17) be adopted.
201

202 RESOLVED, That ACEP develop policy that addresses ACEP involvement in state level regulatory and
203 legislative agendas, including direct lobbying efforts, ~~without expressed formal request to ACEP~~ by in coordination
204 with the state chapter and ~~without formal established explicit~~ consistent with ACEP policy ~~conflict~~; and be it further

205 RESOLVED, That ACEP present a policy that addresses ACEP involvement in state level regulatory and
206 legislative activities for consideration and comment at the 2018 Council meeting.

207
208 **Testimony**

209
210 The author of the resolution requested alteration of the title and expressed appreciation for ongoing constructive
211 dialogue on issues raised in the resolution. Advocates of the resolution emphasized the importance of local relationships
212 in advocacy and spoke of ways it has been or could be unhelpful if conflicting views come from national. On behalf of
213 the Board, support was expressed for the resolution, and it was mentioned that the State Legislative/Regulatory
214 Committee is currently working on a policy for consideration by the Board.

215
216
217 **AMENDED RESOLUTION 40(17): Reimbursement for Emergency Services**

218
219 RECOMMENDATION:

220
221 Mr. Speaker, your Reference Committee recommends that Amended Resolution 40(17) be adopted.

222
223 RESOLVED, That the policy of many third party payers ~~including Anthem~~ of denying payment for Emergency
224 Medical Services is in opposition to the prudent layperson definition of an emergency and federal EMTALA laws; and
225 be it further

226
227 RESOLVED, That ACEP work with ~~Anthem and other~~ third party payers to ensure access to and subsequent
228 reimbursement for emergency medical care as defined by the prudent layperson definition of an emergency regardless
229 of the initial presenting complaint, final diagnosis, or access to lower levels of care; and be it further

230
231 RESOLVED, That ACEP, in order to promote public health and patient safety, continue to uphold federal
232 EMTALA laws by providing a medical screening examination and appropriate medical care to all patients who request
233 emergency services and ACEP will advocate for subsequent reimbursement for such services; and be it further

234
235 RESOLVED, That ACEP continue to advocate for our patients to prevent any negative clinical or financial
236 impact caused by the lack of reimbursement for emergency medical services; and be it further

237
238 RESOLVED, That ACEP partner with affected states and the American Medical Association to oppose this
239 harmful policy and the denial of payment for emergency services.

240
241 **Testimony**

242
243 Testimony was unanimously in support of the resolution and noted the need to not specifically name individual
244 payers.

245
246
247 **RESOLUTION 35(17): Legislation Requiring Hyperbaric Medicine Facility Accreditation for Federal
248 Payment**

249
250 RECOMMENDATION:

251
252 Mr. Speaker, your Reference Committee recommends that Resolution 35(17) not be adopted.

253
254 RESOLVED, That ACEP work with the Undersea & Hyperbaric Medical Society and the ACEP Undersea &
255 Hyperbaric Medicine Section to petition and advocate for CMS to require that hyperbaric facilities be accredited to
256 receive federal payment.

257 **Testimony**

258

259 Testimony in favor of the resolution spoke of the need for 24/7 access to hyperbaric care. Opponents of the
260 resolution expressed concerns about unfunded mandates and the impact on facilities providing hyperbaric care for
261 reasons other than underwater accidents.

262

263

264 **RESOLUTION 37(17): Medically Supervised Injection Facilities**

265

266 RECOMMENDATION:

267

268 Mr. Speaker, your Reference Committee recommends that Amended Resolution 37(17) not be adopted.

269

270 RESOLVED, That ACEP support the legalization, authorization, and implementation of medically supervised
271 injection facilities in coordination with state and local health departments; and be it further

272

273 RESOLVED, That ACEP support the decriminalization of the possession of illegal substances in medically
274 supervised facilities, as well as legal and liability protections for persons working or volunteering in such facilities.

275

276 **Testimony**

277

278 As Resolutions 31 and 37 proposed essentially identical policies regarding Medically Supervised Injection
279 Facilities, the authors requested discussion of both resolutions simultaneously, favoring Resolution 31 over Resolution
280 37. Therefore, your Reference Committee recommends that Resolution 31 be adopted in lieu of Resolution 37.

281

282

283 **RESOLUTION 33(17): Immigrant and Non-Citizen Access to Care**

284

285 RECOMMENDATION:

286

287 Mr. Speaker, your Reference Committee recommends that Resolution 33(17) be referred to the Board of
288 Directors.

289

290 RESOLVED, That ACEP develop model hospital policy language similar to the “Delivery of Care to
291 Undocumented Persons” policy that physicians can access and present to their hospital systems for implementation; and
292 be it further

293

294 RESOLVED, That ACEP make available online for public use, in multiple languages, a “Safe Zone” statement
295 that notifies patients of an implemented hospital policy regarding immigrant and non-citizen access to care so that
296 physicians can ensure the policy is communicated in the languages most relevant to their patient populations.

297

298 **Testimony**

299

300 Proponents of the resolution testified that this is needed to address patient access to care issues, emphasizing
301 that those with a medical emergency need emergency medical services without regard to immigration status. They
302 want ACEP to adopt specific language that can be translated and used in hospitals. They also argued that immigrants’
303 fears may prevent them from seeking care or answering medical questions. Opponents of the resolution saw this as an
304 inappropriate entry into debates over immigration outside the purview of ACEP.

305

306

307 **RESOLUTION 41(17): Reimbursement for Hepatitis C Virus Testing Performed in the ED**

308

309 RECOMMENDATION:

310

311 Mr. Speaker, your Reference Committee recommends that Resolution 41(17) be referred to the Board of
312 Directors.

313
314 RESOLVED, That ACEP encourage the adoption of state laws that allow for reimbursement for HCV testing
315 in settings beyond the primary care setting including the Emergency Department.

316
317 **Testimony**

318
319 Testimony in favor of the resolution contended that these are important medical services that merit
320 reimbursement in the emergency department when the patient has not received them through a primary care provider.
321 Some testimony pointed to the need for further study, and it was questioned whether advocacy before CMS would be
322 a better route to take than through the individual states.

324 **End of Consent Agenda**

327
328 **AMENDED RESOLUTION 32(17): Essential Medicines**

329
330 RECOMMENDATION:

331
332 Mr. Speaker, your Reference Committee recommends that Amended Resolution 32(17) be adopted.

333
334 ~~RESOLVED, ACEP considers any medication that is used to treat or correct a life-threatening condition for~~
335 ~~which there is no adequate substitute to be an essential emergency medication, examples of such medications include~~
336 ~~but are not limited to epinephrine, sodium bicarbonate, and naloxone; and be it further~~

337
338 ~~———RESOLVED, That ACEP request a meeting with the FDA requesting adequate amounts of essential~~
339 ~~emergency medications be in supply at all times; and be it further~~

340
341 RESOLVED, That ACEP collaborate with other medical organizations to speak with a unified voice to
342 government agencies and elected officials as to the urgent need for resolution of the on-going crisis of lack of access
343 to emergency drugs; and be it further

344
345 RESOLVED, That the ACEP Board of Directors make developing and promoting federal legislation to ensure
346 adequate drug supply of critical medications a priority for ACEP's legislative agenda;

347
348 ~~RESOLVED, That ACEP submit a resolution to the AMA House of Delegates regarding essential medicines~~
349 ~~for consideration.~~

350
351 **Testimony**

352
353 Testimony in support of the resolution pointed to shortages of basic medications, such as IV fluids, as an
354 ongoing problem faced by emergency departments. Concern was expressed that advocacy be properly directed, and
355 the idea of a resolution to the AMA created concerns about competing needs of other specialties in determining which
356 medicines are essential.

358
359 **AMENDED RESOLUTION 34(17): Generic Injectable Drug Shortages**

360
361 RECOMMENDATION:

362
363 Mr. Speaker, your Reference Committee recommends that Amended Resolution 34(17) be adopted.

364

365 RESOLVED, That ACEP work with other medical specialties and patient advocacy groups to achieve
366 consensus on the root cause of the shortage of generic injectable drugs and educate our members, the general medical
367 community, and the public on this critical issue and how to solve it; and be it further
368

369 RESOLVED, That ACEP work with other medical specialties and patient advocacy groups to seek
370 Congressional legislative repeal of the ~~pernicious and unsafe~~ Group Purchasing Organizations' safe-harbor protection.
371

372 **Testimony**

373
374 Those in favor of the resolution testified that action is needed due to a constrained market that is not working.
375 Concern was expressed that some strong language in the resolution should be removed, and the author consented to
376 the change in language.
377

378
379 **RESOLUTION 38(17): Prescription Drug Pricing**

380
381 RECOMMENDATION:

382
383 Mr. Speaker, your Reference Committee recommends that Resolution 38(17) be referred to the Board of
384 Directors.
385

386 RESOLVED, That ACEP create a policy statement that:

- 387 • recognizes the threat that unaffordable prices of medications used to treat acute and chronic diseases poses
388 to our patients and the challenges this imposes upon the emergency medical system;
389 • supports the negotiation of drug prices under Medicare Part D;
390 • supports the importation of prescription drugs; and
391 • supports value-based pharmaceutical pricing; and be it further
392

393 RESOLVED, That ACEP work with the American Medical Association and other stakeholders to support
394 regulatory and legislative efforts to address these issues.
395

396 **Testimony**

397
398 Testimony focused on the unaffordability of drugs to patients. Concern was expressed that the resolution
399 lacked sufficient specificity and required further work.
400

401
402 **AMENDED RESOLUTION 62(17): Freestanding Emergency Centers (FECs) as a Care Model for**
403 **Maintaining Access to Emergency Care in Underserved, Rural, and Federally Declared Disaster Areas of the**
404 **United States**

405
406 RECOMMENDATION:

407
408 Mr. Speaker, your Reference Committee recommends that Amended Resolution 62(17) be adopted.
409

410
411 RESOLVED, That ACEP ~~lobby Congress to give~~ **advocate giving** CMS the authority to recognize
412 independent Freestanding Emergency Centers as Medicare Certifiable locations of acute unscheduled healthcare in the
413 United States in Federally Declared Disaster areas.
414

415 ~~RESOLVED That ACEP lobby Congress to give CMS the authority to create Critical Access Emergency~~
416 ~~Center Designation where Critical Access Hospitals no longer exist due to catastrophic destruction from natural~~
417 ~~disasters or where Critical Access Hospitals cannot be feasibly maintained leaving areas of the Country without~~
418 ~~access to Emergency Medical care.~~
419

420 **Testimony**

421

422

423

424

425

426

427

Testimony in support of this resolution noted recent disaster events emphasizing the need for this designation for freestanding emergency departments, as well as the fact that federal emergency programs cover other facilities serving similar roles but not freestanding facilities. Concerns were expressed regarding the inability to thoroughly discuss this issue since it was a late resolution and noted ongoing efforts by the Board to resolve this issue through appropriate federal avenues.

428

429

430

431

432

Mr. Speaker, this concludes the report of Reference Committee B. I would like to thank Daniel Freess, MD, FACEP; Nathaniel T. Hibbs, DO, FACEP; Jeffrey F. Linzer, MD, FACEP; Heather A. Marshall, MD, FACEP; John Matheson, MD, FACEP; Harry Monroe; and Ryan McBride, MPP, for their excellent work in developing these recommendations.