American College of Emergency Physicians®
ADVANCING EMERGENCY CARE

2019 Annual ACEP Council Meeting

Reference Committee Reports

Saturday, October 26, 2019

ORDER OF DEBATE

Reference Committee B – Dr. McManus Presiding

Reference Committee A – Dr. Katz Presiding

Reference Committee C – Dr. McManus 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.

2019 Council Meeting
Reference Committee Members

Reference Committee B
Advocacy & Public Policy
Resolutions 23-39, 59, 60

Catherine A. Marco, MD, FACEP (OH), Chair
Bradley Burmeister, MD (WI)
Zachary J. Jarou, MD (EMRA)
Thom R. Mitchell, MD, FACEP (TN)
Randy L. Pilgrim, MD, FACEP (LA)
Lindsay M. Weaver, MD, FACEP (IN)

Ryan McBride, MPP
Harry Monroe

American College of Emergency Physicians®
ADVANCING EMERGENCY CARE

2019 Council Meeting

Report of REFERENCE COMMITTEE B

Presented by: Catherine A. Marco, MD, FACEP, Chair

Mr. Speaker and Councillors:

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

(1) Unanimous Consent Agenda

For adoption:

- **SUBSTITUTE RESOLUTION 23(19) Expanding Emergency Physician Utilization and Ability to Prescribe Buprenorphine**
- **AMENDED RESOLUTION 26(19) EMTALA Professional Liability Coverage**
- **RESOLUTION 29(19) Extending Medicaid Coverage to 12-Months Postpartum**
- **RESOLUTION 30(19) High Threat Emergency Casualty Care**
- **AMENDED RESOLUTION 32(19) Legal Penalties for the Routine Practice of Medicine**
- **AMENDED RESOLUTION 35(19) Prudent Layperson Visit Downcoding**
- **AMENDED RESOLUTION 36(19) Research Funding and Legislation to Address Both Firearm Violence and Intimate Partner Violence**
- **AMENDED RESOLUTION 38(19) Standards for Insurance Denials**
- **AMENDED RESOLUTION 39(19) Work Requirements for Medicaid Beneficiaries**
- **AMENDED RESOLUTION 59(19) Opposition to the Sale and Commoditization of Graduate Medical Education Slots**
- **SUBSTITUTE RESOLUTION 60(19) Vaccinations**

Not for adoption:

- **RESOLUTION 25(19) Rational Crystalloid Hydration in Sepsis**
- **RESOLUTION 27(19) Ensuring Public Transparency and Safety by Protecting the Terms "Emergency Department" and "Emergency Room" as Markers of Physician-Led Care**
- **RESOLUTION 28(19) Expanding the Benefits of EMTALA to Ensure the Safety of the Public**
- **RESOLUTION 31(19) Improving Emergency Physicians Utilization of Medication for Addiction Treatment**
- **RESOLUTION 33(19) National Medical Tort Reform as a "CMS Best Practice"**
- **RESOLUTION 37(19) Single-Payer Health Insurance**

For referral:

- **SUBSTITUTE RESOLUTION 24(19) CMS Sepsis Core Measure and Legal Standard of Care**

SUBSTITUTE RESOLUTION 23(19) ~~Allow Emergency Physicians to Prescribe Buprenorphine~~ Expanding Emergency Physician Utilization and Ability to Prescribe Buprenorphine

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Substitute Resolution 23(19) be adopted, as amended by adding language from Resolution 31(19).

RESOLVED, That ACEP work directly with the DEA and SAMHSA to minimize barriers for Emergency Department Physicians to enact meaningful therapy for patients in a time of opioid crisis in the unique environment in which we work; and be it further

RESOLVED, That ACEP advocate to the DEA and SAMHSA for Emergency Department specific requirements and curriculum so as to reach the greatest number of patients safely and without onerous barriers; and be it further

RESOLVED, That ACEP continue to advocate for the removal of the DEA X-waiver requirement for emergency physicians who prescribe a bridging course of buprenorphine for opioid use disorder from an Emergency Department setting.

Testimony

Testimony was largely supportive, with several noting that ACEP is already engaged in and supportive of such efforts. Sponsors of Resolution 23(19) and 31(19) acknowledged the similarity of the resolutions and jointly offered a consolidated resolution. One individual noted a concern regarding the potential for suboxone abuse as a consideration, but did not oppose the resolution.

AMENDED RESOLUTION 26(19) EMTALA Professional Liability Coverage

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Amended Resolution 26(19) be adopted.

RESOLVED, That ACEP support and advocate that all EMTALA**-mandated** ~~related~~ services have liability coverage commensurate with that which exists under the Federal Tort Claims Act for National Health Service members.

Testimony

Testimony was largely supportive in concept, but some testified that ACEP has worked on this issue for many years and continues to do so. One individual opposed to the resolution stated that long-term efforts have not produced a meaningful result. However, it was noted that this issue would not necessarily have to take priority for ACEP advocacy, but that persistence in the legislative process is important and the resolution should be supported. An amendment was provided to change “EMTALA related” to “EMTALA-mandated” services.

AMENDED RESOLUTION 29(19) Extending Medicaid Coverage to 12-Months Postpartum

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Amended Resolution 29(19) be adopted.

RESOLVED, That ACEP support the extension of Medicaid coverage to 12 months postpartum**.**~~; and be it further~~

~~RESOLVED, That ACEP work with relevant stakeholders to support the extension of Medicaid coverage to 12 months postpartum.~~

Testimony

Testimony was unanimously in support of the first resolved. One commenter pointed out that this extension would cover both the mother and the child and also that the AMA has supported a similar policy. Another commenter

noted that the second resolved was redundant and suggested striking.

RESOLUTION 30(19) High Threat Emergency Casualty Care

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Resolution 30(19) be adopted.

RESOLVED, That ACEP set as a legislative priority the drafting of and lobbying for legislative language that will enable the development and funding of both National Transportation Safety Board-style “Go Teams” and a database into which gathered information would be entered for research purposes; and be it further

RESOLVED, That ACEP support the development processes of both a National Transportation Safety Board-style “Go Teams” and a database of gathered information for research purposes.

Testimony

Testimony was unanimously in favor. The author spoke of the need for a mechanism to collect, analyze, and disseminate information during mass casualty events, and other organizations have provided models for processes that can be used. Other testimony noted that most information is received retrospectively, making data less useful, and that proactive information collection would help prepare for dealing with high threat casualty emergencies. The National Transportation Safety Board (NTSB) defines “Go Teams” as multi-disciplinary teams intended to begin investigations into major accidents and assemble experts as soon as possible. This resolution applies that concept to high threat emergency casualty care.

AMENDED RESOLUTION 32(19) Legal Penalties for the Routine Practice of Medicine

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Amended Resolution 32(19) be adopted.

RESOLVED, That ACEP oppose ~~any and all~~ state or federal legislation and/or regulation that creates criminal ~~or civil~~ penalties for the practice of medicine ~~deemed to be~~ within ~~the~~ **a physician’s** scope of practice ~~for a physician’s representative specialty~~.

Testimony

Testimony was primarily in favor of the resolution. Some mentioned concerns about including civil penalties and cited potential EMTALA conflicts. Another noted concerns that as originally worded, alternative medicine practitioners could be inappropriately protected.

AMENDED RESOLUTION 35(19) Prudent Layperson Visit Downcoding

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Amended Resolution 35(19) be adopted.

RESOLVED, That ACEP develop and enact strategies (including **state and federal** legislative solutions) to prevent ~~insurance companies~~ **payors** from arbitrarily downcoding charts; and be it further

151 RESOLVED, That ACEP work to develop and enact policy at the **state and** federal level that prevents
152 ~~insurance companies~~ **payors** from downcoding based on a final diagnosis and provides meaningful disincentives for
153 doing so.
154
155 **Testimony**
156
157 Testimony was unanimously supportive. Several technical amendments were provided to expand ACEP's
158 potential advocacy to cover both state and federal jurisdictions, as well as to regulate not just insurance companies but
159 all payors, including Medicaid.
160

161
162 **AMENDED RESOLUTION 36(19) Research Funding and Legislation to ~~Curb Gun~~ Address Both**
163 **Firearm Violence and Intimate Partner Violence**
164
165 RECOMMENDATION:
166
167 Mr. Speaker, your Reference Committee recommends that Amended Resolution 36(19) be adopted.
168
169 RESOLVED, That ACEP work with stakeholders to raise awareness and advocate for research funding and
170 legislation to ~~curb gun~~ **address both firearm** violence and intimate partner violence.
171
172 **Testimony**
173
174 Testimony was unanimous in support. One commenter offered a suggestion to use the term "firearm" instead
175 of "gun" to maintain consistency with terminology used in existing ACEP policy. Additionally, several commenters
176 suggested clarifying that this resolution address both firearm violence and intimate partner as distinct issues, noting
177 that each is worthy of individual research and advocacy.
178

179
180 **AMENDED RESOLUTION 38(19) Standards for Insurance Denials**
181
182 RECOMMENDATION:
183
184 Mr. Speaker, your Reference Committee recommends that Amended Resolution 38(19) be adopted.
185
186 RESOLVED, That ACEP work with legislators to enact legislation that makes it illegal for ~~an insurance~~
187 ~~company~~ **a payor** to engage in automatic denials; and be it further
188
189 RESOLVED, That ~~in order~~ to deny a claim, a physician (i.e., MD or DO) who is board certified and remains
190 clinically active in a field related to the claim, carefully review the denial, and attest to the cause of the denial with
191 their signature attached to the documentation that shall be provided to the patient; and be it further
192
193 RESOLVED, That patients have the legal right under EMTALA to seek emergency care and that their claims
194 shall not be denied by ~~insurance companies~~ **payors** and that ACEP work towards getting an affirmation in writing
195 from ~~insurance companies~~ **payors** that they will adopt this as policy.
196
197 **Testimony**
198
199 Testimony was limited but unanimously in favor of the resolution. One commenter noted that denials should
200 not be done by automated systems or by untrained personnel. Another comment suggested expanding the language to
201 cover all payors, not just insurance companies.
202

203
204 **AMENDED RESOLUTION 39(19) Work Requirements for Medicaid Beneficiaries**
205

206 RECOMMENDATION:
207
208 Mr. Speaker, your Reference Committee recommends that Amended Resolution 39(19) be adopted.
209
210 RESOLVED, That ACEP oppose mandatory work requirements ~~that force~~ **for** Medicaid beneficiaries to
211 prove they are employed, or seeking employment, to get or keep health insurance.
212
213 **Testimony**
214
215 Testimony was largely in support of the resolution. One person questioned whether this was within ACEP's
216 scope, but several individuals argued it was. Supporters said that work requirements harm those with chronic disease
217 and that coverage will help them stay well and find employment. One supporter testified about the negative
218 experience in that state where work requirements were implemented (prior to being struck down), and that Medicaid
219 recipients had difficulty accessing the online system necessary to report employment.
220

221
222 **AMENDED RESOLUTION 59(19) Opposition to the ~~Auction~~ Sale and Commoditization of**
223 **~~Hahnemann~~ Graduate Medical Education Slots**
224
225 RECOMMENDATION:
226
227 Mr. Speaker, your Reference Committee recommends that Amended Resolution 59(19) be adopted.
228
229 RESOLVED, That ACEP support CMS in opposing the ~~proposed~~ sale of ~~Hahnemann's~~ GME slots**; and be it**
230 **further**
231
232 **RESOLVED, That ACEP oppose any sale or other commoditization of GME slots.**
233
234 **Testimony**
235
236 Testimony was unanimously in support of the resolution. The author offered the resolution due to a specific
237 circumstance that arose in Pennsylvania, but testimony noted the possibility for similar scenarios to occur elsewhere,
238 and many wanted to expand the resolution to cover those possibilities. Testimony also noted that CMS has publicly
239 opposed the sale of residency slots. Both EMRA and the Council of Residency Directors expressed support for the
240 resolution as well.
241

242
243 **SUBSTITUTE RESOLUTION 60(19) Vaccinations**
244
245 RECOMMENDATION:
246
247 Mr. Speaker, your Reference Committee recommends that Substitute Resolution 60(19) be adopted.
248
249 **RESOLVED, That ACEP issue a statement immediately, strongly supporting vaccination of any**
250 **persons detained by U.S. Immigration and Customs Enforcement (ICE) or ICE contracted detention facilities.**
251
252 **Testimony**
253
254 Testimony was largely in favor of the resolution. There was some discussion over whether the resolution
255 should be expanded to other detention facilities and jails. Additionally, some raised questions about whether the
256 resolution should be specific to influenza, but there was consensus to keep the resolution targeted to this specific
257 circumstance. The amendments included are purely technical to address typographical errors.

RESOLUTION 25(19) Rational Crystalloid Hydration in Sepsis

<u>RECOMMENDATION</u>:

Mr. Speaker, your Reference Committee recommends that 25(19) not be adopted.

RESOLVED, That ACEP work with CMS to create a formal caveat allowing clinicians to withhold 30cc/kg crystalloid bolus(es) in select patients with presumed sepsis and a higher risk of fluid overload or harm; and be it further

RESOLVED, That ACEP affirm with CMS that the bedside emergency physician's judgement of potential harm be allowed to avoid this step without penalty.

Testimony

This resolution is being combined with Substitute Resolution 24(19). One comment noted opposition to merging the resolutions, but was also opposed to each resolution individually. One comment in support did not like having quality performance assessed because of "failing the bundle."

RESOLUTION 27(19) Ensuring Public Transparency and Safety by Protecting the Terms "Emergency Department" and "Emergency Room" as Markers of Physician-Led Care

<u>RECOMMENDATION</u>:

Mr. Speaker, your Reference Committee recommends that Resolution 27(19) not be adopted.

RESOLVED, That if a physician is not onsite in a facility that meets the definition of an Emergency Department or Freestanding Emergency Department as defined by ACEP, and that facility advertises itself as providing unscheduled care, such facility should not use the word "emergency" or "ER" in its name in any way; and be it further

RESOLVED, That ACEP will consider it a top priority and will draft legislation for state and federal legislators and such legislation will mandate that the terms "emergency" and "ER" are indicative of physician-led care and should be regulated to ensure public safety and public transparency.

Testimony

Testimony was mostly opposed to the resolution. The sponsor spoke in favor, arguing that labeling is an appropriate expectation of the public and that hospitals that are not staffed with emergency physicians should not use the term "emergency room" or "emergency department." Testimony from those opposed focused on the lack of emergency physicians willing to practice in rural areas and the potential negative impact on rural facilities and critical access hospitals. Some testimony suggested striking the first resolved entirely and amending the second resolved so as to not consider this issue as a top priority for ACEP.

RESOLUTION 28(19) Expanding the Benefits of EMTALA to Ensure the Safety of the Public

<u>RECOMMENDATION</u>:

Mr. Speaker, your Reference Committee recommends that Resolution 28(19) not be adopted.

311 RESOLVED, That in the interest of public health and safety, ACEP promote to policymakers that the benefits
312 of EMTALA should be expanded to urgent care and primary care clinics so that they may contribute to ensuring that
313 the unscheduled care needs of the public are met, better coordinate care with emergency departments, and lower
314 overall costs to the health systems by evaluating and treating those patients that can safely be cared for in their clinics;
315 and be it further
316
317 RESOLVED, That ACEP promote the expansion of EMTALA to include that if a patient is required to be
318 sent to the emergency department, then the urgent care and primary care clinic must call ahead to facilitate a transfer
319 and document that the patient is safe for transfer, as well as facilitate safe transportation or direct admission.
320
321 **Testimony**
322
323 Most opposition was focused on the impracticality of this resolution. One commenter in opposition noted the
324 overall complexity of EMTALA, and a question whether there was federal jurisdiction to do this, but acknowledged it
325 could be addressed more appropriately on a state-by-state basis. Another pointed out that it may undermine our
326 argument that emergency medicine is unique compared to other specialties because of our EMTALA obligations. One
327 commenter noted that CMS is testing the Emergency Triage, Treat, and Transport (ET3) model that would establish
328 payment for ambulance providers for transport to alternative facilities beyond the emergency department, and also
329 stated that ACEP is exploring how EMTALA would apply under this model.
330

331
332 **RESOLUTION 31(19) Improving Emergency Physicians Utilization of Medication for Addiction**
333 **Treatment**
334
335 RECOMMENDATION:
336
337 Mr. Speaker, your Reference Committee recommends that Resolution 31(19) not be adopted.
338
339 RESOLVED, That ACEP work directly with the Drug Enforcement Administration and the Substance Abuse
340 and Mental Health Services Administration to minimize barriers for emergency physicians to enact meaningful
341 therapy for patients in a time of opioid crisis in the unique environment in which we work; and be it further
342
343 RESOLVED, That ACEP advocate to the Drug Enforcement Administration and the Substance Abuse and
344 Mental Health Services Administration for emergency department specific requirements and curriculum so as to reach
345 the greatest number of patients safely and without onerous barriers; and be it further
346
347 RESOLVED, That ACEP advocate for our physicians in emergency department settings who are uniquely
348 trained by our environment to recognize and respond to the complications of opioid addiction and furthermore that
349 ACEP continue to advocate for patients seeking treatment for opioid addiction and/or dependence through the
350 elimination of X-waiver requirements for emergency physicians for treatment that is initiated from an emergency
351 department setting.
352
353 **Testimony**
354
355 The Reference Committee recommends adoption of Substitute Resolution 23(19). As a result, there was no
356 discussion on this specific resolution.
357

358
359 **RESOLUTION 33(19) National Medical Tort Reform as a "CMS Best Practice"**
360
361 RECOMMENDATION:
362
363 Mr. Speaker, your Reference Committee recommends that Resolution 33(19) not be adopted.

RESOLVED, That ACEP work directly with CMS and other willing stakeholders to assist in the adoption and promulgation of tort "best practices" for submission to Congress with a request for action; and be it further

RESOLVED, That ACEP adopt principles of national medical tort reform that simultaneously preserves CMS budget viability and essential legal rights of patients.

Testimony

Testimony was mostly opposed to the resolution. One supporter noted the costs of defensive medicine and that more needed to be done. Those opposed said that CMS would not likely want to take this on, nor would they have the statutory authority to do so.

RESOLUTION 37(19) Single-Payer Health Insurance

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Resolution 37(19) not be adopted.

RESOLVED, That ACEP support the adoption of a single-payer health insurance program that finances care for all Americans while fostering competition, preserving patient choice, and recognizing the essential value of emergency medicine; and be it further

RESOLVED, That ACEP explore opportunities to partner with other like-minded organizations that favor the single-payer approach to providing universal health care to all Americans.

Testimony

Testimony was wide-ranging and vigorous on both sides, though most was in opposition. Testimony indicated that other countries have implemented single-payer models with variable success. Those in favor noted failures of insurance companies to serve patients. The authors noted that the intent is not to endorse a specific single-payer model, but rather to support the idea in concept. Several opposed to the resolution mentioned concerns about supporting a single-payer approach at this time and how it would conflict with our ongoing advocacy on out-of-network billing issues, specifically with regard to our opposition to federal rate-setting. Many further noted ACEP's longstanding support of universal coverage and access to care and were concerned about conflating single-payer systems with universal coverage. Two members who had lived and/or practiced outside of the United States expressed concerns about the effectiveness and quality impact of single-payer systems.

SUBSTITUTE RESOLUTION 24(19) CMS Sepsis Core Measure and the Legal Standard of Care

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Substitute Resolution 24(19) be referred to the Board of Directors.

RESOLVED, **That ACEP continue to work with CMS to support evidence-based quality measures for the treatment of sepsis and septic shock** ~~does not view the current CMS sepsis quality metrics as the standard of care for the treatment of patients with sepsis; and be it further~~

~~RESOLVED, That ACEP reach out to the Centers for Medicare and Medicaid Services to revise the current sepsis quality metrics.~~

Testimony

Testimony was divided, though commenters largely agreed that the issue is important. Some opposed to the resolution noted that ACEP is already actively working on addressing this matter with CMS to establish appropriate sepsis quality measures. ACEP has also recently convened a Sepsis Task Force that will establish evidence-based guidelines for sepsis care in emergency situations. Additionally, some opposed the phrase “standard of care,” as the term “evidence based” is more accurate in this context. The ACEP Board of Directors was in favor of the original Resolution 24(19) as submitted. Additionally, the sponsor of Resolution 25(19) Rational Crystalloid Hydration in Sepsis was agreeable to merging that resolution with 24(19), so your Reference Committee merged the two to capture the intent of both resolutions. Ultimately your Reference Committee believes referral to the Board of Directors facilitates ongoing coordination between the relevant stakeholders.

End of Consent Agenda

---

(2) AMENDED RESOLUTION 34(19) Opposing Naloxone Addition to the Prescription Drug Monitoring Program

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Amended Resolution 34(19) be adopted.

RESOLVED, That ACEP oppose legislation to add naloxone ~~administration~~ to the Prescription Drug Monitoring Program and work with chapters in developing strategies and supporting materials to stop such legislation.

Testimony

The majority of testimony was in support of the resolution, but there was also significant opposition. There was unanimous agreement of naloxone’s value as a life saving treatment and that stigma exists, but there was disagreement as to whether this resolution would promote stigma or remove it. One supporter noted that PDMPs only indicate whether naloxone is prescribed and not the context for it having been given, leading to potential misunderstanding of the data. Those opposed to the resolution argued that all information about the patient is helpful in delivering care. Your Reference Committee suggests an amendment to remove the word “administration” as PDMPs do not include administration information, but only prescriptions.

Mr. Speaker, this concludes the report of Reference Committee B. I would like to thank Bradley Burmeister, MD; Zachary J. Jarou, MD; Thom R. Mitchell, MD, FACEP; Randy L. Pilgrim, MD, FACEP; Lindsay M. Weaver, MD, FACEP; Ryan McBride, MPP; and Harry Monroe, for their excellent work in developing these recommendations.

2019 Council Meeting
Reference Committee Members

Reference Committee A
Governance & Membership Resolutions
9-22, 58

Larisa M. Traill, MD, FACEP (MI), Chair
Mariana Karounos, DO MS, FACEP (NJ)
Kurtis Mayz, JD, MD, MBA, FACEP (IL)
Robert C. Solomon, MD, FACEP (PA)
James D. Thompson, MD, FACEP (CO)
L. Carlos Zapata, MD, FACEP (NY)

Leslie Moore, JD
Maude Surprenant Hancock

American College of Emergency Physicians®
ADVANCING EMERGENCY CARE

2019 Council Meeting

Report of REFERENCE COMMITTEE A

Presented by: Larisa M. Traill, 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 9(19) Membership Verification for EM Organizations Seeking Representation in**
9 **the Council – College Manual Amendment**
10 - **AMENDED RESOLUTION 12(19) ACEP Composition Annual Report**
11 - **AMENDED RESOLUTION 13(19) Eliminating Use of the Word "Provider" in All ACEP**
12 **Communications**
13 - **RESOLUTION 19(19) Support of the American Foundation for Firearm Injury Reduction**
14 **in Medicine (AFFIRM)**
15 - **AMENDED RESOLUTION 21(19) Video Conferencing for Chapter and Section Meetings**
16

17
18 **RESOLUTION 9(19) Membership Verification for EM Organizations Seeking Representation in the**
19 **Council – College Manual Amendment**
20
21 RECOMMENDATION:
22
23 Mr. Speaker, your Reference Committee recommends that Resolution 9(19) be adopted.
24
25 RESOLVED, That the College Manual be amended to read:
26
27 **VI. Criteria for Eligibility & Approval of Organizations Seeking Representation in the Council:**
28 Organizations that seek representation as a component body in the Council of the American College of
29 Emergency Physicians (ACEP) must meet **at the time the Council representation is sought**, and continue to
30 meet, the following criteria:
31 A. Non-profit.
32 B. Impacts the practice of emergency medicine, the goals of ACEP, and represents a unique contribution to
33 emergency medicine that is not already represented in the Council.
34 C. Not in conflict with the Bylaws and policies of ACEP.
35 D. Physicians comprise the majority of the voting membership of the organization.
36 E. A majority of the organization's physician members are ACEP members.
37 F. Established, stable, and in existence for at least 5 years prior to requesting representation in the ACEP
38 Council.
39 G. National in scope, membership not restricted geographically, and members from a majority of the states. If
40 international, the organization must have a U.S. branch or chapter in compliance with these guidelines.
41 H. Seek representation as a component body through the submission of a Bylaws amendment.
42
43 The College will audit these component bodies every two years to ensure continued compliance with these
44 guidelines.

Testimony

A majority of testimony was in favor of adoption with one minor amendment. However, an individual testified that the amendment could have the unintended consequence of disincentivizing organizations from recruiting additional members.

AMENDED RESOLUTION 12(19) ACEP Composition Annual Report

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Amended Resolution 12(19) be adopted.

RESOLVED, That ACEP provide the Council with an annual report on the demographics of its councillors and alternate councillors on a chapter-by-chapter basis, as well as the demographics of ACEP's committee and section leaders, Board of Directors, and general membership stratified by age, gender, race/ethnicity, education, board certification, ~~life~~ **career** stage, and employment environment.

Testimony

Testimony was unanimously in favor of adoption, with several members noting that because this information is currently collected by ACEP from those who self-report, it should not create an undue burden on the College to create a report for the Council. The resolution was amended to reflect that the report should focus on a member's stage in his or her career, rather than age.

AMENDED RESOLUTION 13(19) Eliminating Use of the Word "Provider" in All ACEP Communications

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Amended Resolution 13(19) be adopted.

RESOLVED, That ACEP will ~~work to~~ eliminate the use of the word "provider" in its **future** official publications, discussions, announcements, communications, and documents, etc., ~~will work to eliminate the use of the word "provider,"~~ **except as required for legal and/or policymaking purposes,** when referring to physician and non-physician healthcare practitioners, instead referring to them more accurately by the educational degree(s) and titles that they obtained.

Testimony

The majority of testimony was in favor of the resolution with the understanding that it would affect future publications only. Several members noted that physicians should be distinguished from other healthcare professionals and not grouped with them. Others testified that the word "provider" may be required by law or governmental agencies and the resolution should be revised to reflect this. Further testimony recognized the need to confer with ACEP staff, specifically the Public Affairs staff, for guidance regarding these issues.

RESOLUTION 19(19) Support of the American Foundation for Firearm Injury Reduction in Medicine (AFFIRM)

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Resolution 19(19) be adopted.

RESOLVED, That ACEP support a public health approach to firearms-related violence and the prevention of firearm injuries and deaths as enumerated in the 2018 American College of Physicians Position Paper; and be it further

RESOLVED, That ACEP support the mission and vision of the American Foundation for Firearm Injury Reduction in Medicine (AFFIRM) and will partner with AFFIRM to advocate for the allocation of federal and private research dollars to further this agenda.

Testimony

There was strong support for the resolution and testimony was unanimously in favor of adoption.

AMENDED RESOLUTION 21(19) Video Conferencing for Chapter and Section Meetings

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Amended Resolution 21(19) be adopted.

RESOLVED, That ACEP provide and pay for one videoconference meeting host for each chapter ~~and section~~ that requests this service.

Testimony

The limited testimony on this resolution was unanimously in favor, particularly because of its potential to increase engagement by allowing members who cannot attend chapter functions in person to participate virtually. Sections already have access to this benefit through their ACEP staff liaison and were removed from the resolved.

End of Consent Agenda

---

(2) RESOLUTION 11(19) International Member Eligibility for FACEP – Bylaws Amendment

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Resolution 11(19) be referred to the Board of Directors.

RESOLVED, That the ACEP Bylaws Article V – ACEP Fellows, Section 1 – Eligibility, be revised to read:

Fellows of the College shall meet the following criteria:

1. Be regular or international members for three continuous years immediately prior to election.
2. ~~Be certified in emergency medicine a~~At the time of election**, meet all the requirements for certification in emergency medicine** by the American Board of Emergency Medicine, the American Osteopathic Board of Emergency Medicine, or in pediatric emergency medicine by the American Board of Pediatrics. **Requirements for board certification, depending on the member's country of training, may include: holding Educational Commission for Foreign Medical Graduates (ECFMG) certification, passing all three United Stated Medical Licensing Examinations (USMLE), holding an active medical license that meets the certifying board's policy, and completion of a residency in emergency medicine in a country approved by the certifying board.**
3. Meet the following requirements demonstrating evidence of high professional standing at some time during their professional career prior to application.
   A. At least three years of active involvement in emergency medicine as the physician's chief professional activity, exclusive of residency training, and;
   B. Satisfaction of at least three of the following individual criteria during their professional career:

1. active involvement, beyond holding membership, in voluntary health organizations, organized medical societies, or voluntary community health planning activities or service as an elected or appointed public official;
2. active involvement in hospital affairs, such as medical staff committees, as attested by the emergency department director or chief of staff;
3. active involvement in the formal teaching of emergency medicine to physicians, nurses, medical students, out-of-hospital care personnel, or the public;
4. active involvement in emergency medicine administration or departmental affairs;
5. active involvement in an emergency medical services system;
6. research in emergency medicine;
7. active involvement in ACEP chapter activities as attested by the chapter president or chapter executive director;
8. member of a national ACEP committee, the ACEP Council, or national Board of Directors;
9. examiner for, director of, or involvement in test development and/or administration for the American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine;
10. reviewer for or editor or listed author of a published scientific article or reference material in the field of emergency medicine in a recognized journal or book.

Provision of documentation of the satisfaction of the above criteria is the responsibility of the candidate, and determination of the satisfaction of these criteria shall be by the Board of Directors of ACEP or its designee.

Testimony

There was limited testimony on this resolution, with one member recommending referral to the Board of Directors. Testimony in opposition noted that the Bylaws must not contain ambiguous language regarding the requirements for board certification.

---

(3) AMENDED RESOLUTION 14(19) Implicit Bias Awareness and Training

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Amended Resolution 14(19) be adopted.

RESOLVED, That ACEP develop and publicize a policy statement that encourages implicit bias training for **all physicians;** ~~medical residents and physician leaders in education, organized medicine, administrative, and managerial roles;~~ and be it further

RESOLVED, That ACEP continue to create ~~sponsor,~~ and advertise ~~free,~~ CME-eligible, online training related to implicit bias **free of charge to ACEP members.**

Testimony

There was significant testimony in favor of this resolution with many noting the destructive effect of discriminatory bias in the workplace. There was an emphasis regarding the healthcare safety issues that can be created by such biases. Additional testimony stated that training should be expanded to all ACEP members but should not be mandated. Further testimony recommended that to demonstrate the value of ACEP membership, the resolution should be revised to provide free CME to ACEP members only.

---

(4) RESOLUTION 15(19) Increased Transparency in NEMPAC Contributions

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Resolution 15(19) not be adopted.

RESOLVED, ACEP support the practice of increased NEMPAC transparency through making available online to ACEP members the voting/sponsorship record of key ACEP legislation for NEMPAC sponsored candidates.

Testimony

Although there was consensus that transparency regarding the voting records of NEMPAC-sponsored candidates is important, testimony was split with a slight majority opposed to the resolution. While some testimony emphasized a need for ACEP to supply a report to members on the voting records of NEMPAC-sponsored candidates, others testified that this information can be accessed via other avenues and ACEP resources should be directed elsewhere.

---

(5) AMENDED RESOLUTION 17(19) Pay Transparency

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Amended Resolution 17(19) be adopted.

RESOLVED, That ACEP develop a policy statement in favor of physician salary and benefit package **equity and** transparency.

Testimony

There was strong support for this resolution and testimony was unanimously in favor of adoption. An amendment was proposed to address equity and approximately 60% of those present were in favor. It was noted that implementation of the policy should avoid violating any antitrust laws.

---

(6) AMENDED RESOLUTION 18(19) Promoting Emergency Medicine Physicians

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Amended Resolution 18(19) be adopted.

RESOLVED, That ACEP create a public awareness campaign to highlight the unique skill set, knowledge base, and value of **emergency medicine** residency-trained and board certified **in** emergency medicine physicians.

RESOLVED, That ACEP partner with the American Medical Association and with other national medical specialty societies on a campaign to promote the unique skill set, knowledge base, and value of residency trained and board certified physicians.

Testimony

The majority of testimony was in favor of the resolution. Patients often do not know who they are seeing in the emergency department and ACEP should take a lead role in educating the public. Those opposed requested clarification on whether ACEP would advocate for family physicians who are not board certified in emergency medicine and running rural emergency departments. There was also concern that the scope of the campaign was not well defined, and the fiscal impact was relatively unknown. It was mentioned that promotion of board certification is a challenge not unique to emergency physicians and that the fiscal impact could be mitigated by partnering with other stakeholders. The consensus was that while this is an important issue, it should be executed in a fiscally responsible manner.

---

(7) AMENDED RESOLUTION 20(19) Supporting Physicians to Seek Care for Mental Health and Substance Use Disorders

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Amended Resolution 20(19) be adopted.

RESOLVED, That ACEP promote awareness of current ACEP policy statement that supports decreasing the barriers, perceived or real, to physicians to feel safe seeking treatment for mental health, substance use, and other issues; and be it further

RESOLVED, That ACEP work with the American Medical Association and state medical societies to advocate for a change at state medical boards for protections for licensure for physicians to seek help and treatment for mental health, substance use, and other disorders**; and be it further**

RESOLVED, That ACEP partner with appropriate stakeholders to investigate the effectiveness and quality of evidence of Physician Health Programs (PHPs) across the states and produce a white paper that reports on the findings.

Testimony

Testimony was unanimously in favor of the resolution. Additional testimony was given regarding the challenges associated with the utilization of Physician Health Programs by members seeking treatment for mental health, substance abuse and other disorders.

---

(8) RESOLUTION 22(19) Visual White Coat for Emergency Medicine Advocacy Efforts

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Resolution 22(19) not be adopted.

RESOLVED, That ACEP encourage Leadership & Advocacy Conference participants to bring and wear their white coat when making hill visits to help make a visual impact when meeting with legislators, staffers, and the public who may be also visiting the hill; and be it further

RESOLVED, ACEP work with a third party vendor to issue branded ACEP white coats to all active national ACEP Board of Directors members to help create a powerful visual that accompanies our advocacy message while also ensuring clarity that our national representative is speaking on behalf of our organization and the specialty while not creating confusion of favoring any group, practice style, etc.

Testimony

Testimony on this resolution was split. Testimony by those in favor of the resolution argued the importance of emergency physicians distinguishing themselves when meeting with members of Congress and that wearing white coats is an effective messaging tool. Some testified that medical coats support pride in the specialty and create a positive public relations opportunity. Testimony from EMRA Councillors and women physicians noted that wearing the white coat in meetings, and at times in medical practice, assists them in garnering respect from Congressional staff, peers, and patients.

Those opposed to the resolution testified that other specialties, as well as medical providers such as nurses, physician assistants and others routinely wear white coats to the Hill. This has diluted their effectiveness and may contravene the intent of the resolution. They also addressed the financial burden of issuing ACEP-branded coats to the Board of Directors, as well as the potential problems associated with members wearing coats that conflict with ACEP's messaging. The Public Affairs staff suggested that wearing white coats to Congressional meetings may have a negative effect and could be seen as a costume or power play rather than furthering ACEP's message.

---

(9) AMENDED RESOLUTION 58(19) Role of Private Equity in Emergency Medicine

RECOMMENDATION

Mr. Speaker, your Reference Committee recommends that Amended Resolution 58(19) be adopted.

RESOLVED, That ACEP study and report annually the market penetration of non-physician ownership, namely private equity, insurance company ownership, hospital ownership, and corporate non-physician ownership and management of emergency groups; and be it further

RESOLVED, That ACEP study and report the effects on individual physicians, **ACEP leadership, ACEP advocacy efforts,** of the actions of private equity groups, insurance company ownership, hospital ownership, corporate non-physician ownership and management of emergency physician groups; and be it further

RESOLVED, That ACEP **advocate to preserve** ~~develop resources to protect~~ access to emergency care for patients and protect the careers of emergency physicians in the event of contract transitions, bankruptcy, etc. or other adverse events of their employer/management company; **and be it further**

RESOLVED, That ACEP partner with the American Medical Association and other interested national medical specialty societies to petition and work with the appropriate state and federal agencies to determine the circumstances under which private equity investment in health care represents a market failure that increases the cost of health care to consumers without a commensurate increase in access or quality; and be it further

RESOLVED, That should there be circumstances under which private equity investment in health care represents a market failure, that ACEP work with other interested parties to advocate for corrections for that market failure.

Testimony

The majority of testimony was in favor of adoption. Those in support of the resolution testified that non-physician investor ownership of physician groups can threaten the rights of emergency physicians and must be studied further. It was reported that the AMA House of Delegates drafted a report on corporate investors which encourages research and development of resources to address the impact of these arrangements on emergency physicians. Additional testimony discussed the importance of working with other physician organizations to further determine whether private equity investment represents a market failure that should be addressed by the College. Testimony also emphasized that the goal of the resolution is to create transparency regarding the use of private equity and advocate for the unique skills of emergency physicians.

Mr. Speaker, this concludes the report of Reference Committee A. I would like to thank Mariana Karounos, DO, MS, FACEP; Kurtis Mayz, JD, MD, MBA, FACEP; Robert C. Solomon, MD, FACEP; James D. Thompson, MD, FACEP; Carlos Zapata, MD, FACEP; Leslie Moore, JD; and Maude Surprenant Hancock, for their excellent work in developing these recommendations.

2019 Council Meeting
Reference Committee Members

Reference Committee C
Emergency Medicine Practice
Resolutions 40-54

Michael A. Turturro, MD, FACEP (PA) Chair
Sara A. Brown, MD, FACEP (IN)
Angela P. Cornelius, MD, FACEP (LA)
Steven M. Hochman, MD, FACEP (NJ)
Matthew J. Sanders, DO, FACEP (OH)
John C. Soud, DO, (FL)

Margaret Montgomery, RN, MSN
Travis Schulz, MLS, AHIP

American College of Emergency Physicians®
ADVANCING EMERGENCY CARE

2019 Council Meeting

Report of REFERENCE COMMITTEE C

Presented by: Michael A. Turturro, MD, FACEP, Chair

Mr. Speaker and Councillors:

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

(1) Unanimous Consent Agenda

For adoption:

- **AMENDED RESOLTION 43(19) Droperidol is Safe to Use in the ED**
- **AMENDED RESOLUTION 45(19) Medical Neutrality**
- **AMENDED RESOLUTION 48(19) Promotion of Maternal and Infant Health**
- **AMENDED RESOLUTION 49(19) Protecting Emergency Physician Compensation During Contract Transitions**
- **AMENDED RESOLUTION 50(19) Social Work in the Emergency Department**
- **SUBSTITUTE RESOLUTION 52(19) Telehealth Emergency Physician Inclusion**
- **AMENDED RESOLUTION 53(19) Supporting Vaccination for Preventable Diseases**

Not for adoption:

- **RESOLUTION 54(19) Vaccine Preventable Illnesses Toolkit**

For referral:

- **AMENDED RESOLUTION 42(19) ~~Artificial~~ Augmented Intelligence in Emergency Medicine**

AMENDED RESOLUTION 43(19) Droperidol is Safe to Use in the ED

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Amended Resolution 43(19) be adopted.

RESOLVED, That ACEP create a policy statement regarding the safety and effectiveness of the use of droperidol for various indications in the ED~~;~~. ~~and be it further~~

~~RESOLVED, That ACEP develop a clinical policy to guide its members on the safe and effective use of droperidol for various indications in the ED based on existing medical evidence.~~

Testimony

Testimony was in overwhelming support of creating a policy statement. There was support for removing the second resolved as it was pointed out that a clinical policy is not required. It was suggested that a Policy Resource and Educational Paper (PREP) similar to the Ketamine paper be developed.

AMENDED RESOLUTION 45(19) Medical Neutrality

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Amended Resolution 45(19) be adopted.

RESOLVED, That ACEP ~~make~~ **develop** a ~~public~~ **policy** statement in support of medical neutrality.

Testimony

Testimony was received from physicians who practice in violence-prone areas who have been targeted for providing care to opposition factions. Further testimony was in support of developing a policy statement on medical neutrality. There was some discussion for including it in another policy statement on safe work environment, but noted that the existing statement is US centric.

AMENDED RESOLUTION 48(19) Promotion of Maternal and Infant Health

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Amended Resolution 48(19) be adopted.

RESOLVED, That ACEP ~~attempt~~ **continue** to collaborate with the American College of Obstetricians and Gynecologists to promote maternal and infant health; and be it further

RESOLVED, That ACEP work with the American College of Obstetricians and Gynecologists and other stakeholders to provide educational materials~~, such as toolkits,~~ to emergency physicians regarding how to provide care that is up-to-date and consistent with best clinical practices for these vulnerable populations.

Testimony

The testimony was in support of continuing to work with the American College of Obstetricians and Gynecologists on the issue. Concerns were raised that educational materials could be mischaracterized as educational requirements, such as merit badge courses. Concern was also raised about the cost of developing a toolkit and that expensive materials could be produced.

AMENDED RESOLUTION 49(19) Protecting Emergency Physician Compensation During Contract Transitions

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Amended Resolution 49(19) be adopted.

RESOLVED, That ACEP adopt the following **policy** statement and disseminate its content to ~~its~~ members and other parties: "It is the position of the American College of Emergency Physicians that emergency physicians who provide services to patients during a time of contract transitions should be fully compensated for their professional efforts without delay, barrier, or requirement to continue employment with a specific party. This compensation should include monetary compensation as well as uninterrupted provision of **benefits and** malpractice coverage. Parties involved in contract transitions, including contract management groups and the hospitals and health systems involved, have a responsibility to meet these obligations immediately and not use such a transition as leverage in the contract process."

Testimony

Testimony was overwhelmingly in support of the intent of the resolution. The only issue raised was having legal counsel review the policy to address any potential antitrust concerns. It was also recommended that benefits should be included in addition to monetary compensation.

AMENDED RESOLUTION 50(19) Social Work in the Emergency Department

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Amended Resolution 50(19) be adopted.

RESOLVED, That ACEP promote the consistent inclusion of social workers and/or care ~~managers~~ **coordinators** in the team of clinicians caring for patients in the ED; and be it further

RESOLVED, That ACEP **provide educational materials to members to assist in advocating** ~~educate hospitals~~ **to hospital administrators** on the need to include social workers and/or care ~~managers~~ **coordinators** on ED care teams; and be it further

RESOLVED, That ACEP compile information ~~on best practices~~ related to ED care models that include social workers and care ~~managers~~ **coordinators** and create resources to assist members in implementing multidisciplinary care models~~.~~**; and be it further**

RESOLVED, That ACEP advocate for payment for care coordination services in emergency medicine.

Testimony

While the majority of testimony was in support, there was discussion about the term "consistent." The only concern raised was the challenge of having the resources available at critical access and rural hospitals. There was also discussion about term case manager versus care management. It was recommended the term "care coordinator" be used as it is all inclusive.

SUBSTITUTE RESOLUTION 52(19) Telehealth Emergency Physician Inclusion

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Amended Resolution 52(19) be adopted.

~~RESOLVED, That unless a policy statement specifically indicates that it only applies to in-person emergency services, ACEP extend all ACEP policies that include or refer to emergency physicians to specifically apply to all emergency physicians regardless of whether their services are provided remotely or in-person.~~

RESOLVED, That ACEP develop a policy statement specifically indicating that it its policies apply to all locations of emergency medicine practice whether provided remotely or in-person.

Testimony

There was support to develop a new policy statement indicating that all ACEP policies apply to all locations of emergency practice whether provided remotely or in-person. There was no support to revise all ACEP polices to include telehealth.

AMENDED RESOLUTION 53(19) Supporting Vaccination for Preventable Diseases

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Amended Resolution 53(19) be adopted.

RESOLVED, That ACEP support the elimination of non-medical exclusions for vaccines~~;~~**.** ~~and be it further~~

~~RESOLVED, That ACEP make a public statement of support for the safety and efficacy of vaccines in preventing disease.~~

Testimony

There was overwhelming support for the first resolved. There was discussion that this has been an issue in multiple states, including successful legislation in some states. In one state it will be the subject of a statewide referendum, and the ACEP chapter in that state has requested support from ACEP with a policy statement.

RESOLUTION 54(19) Vaccine Preventable Illnesses Toolkit

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Resolution 54(19) not be adopted.

RESOLVED, That ACEP develop resources for physicians to help with the early identification, diagnosis, and recommendations for limiting spread of illness previously rare due to vaccination; and be it further

RESOLVED, That ACEP make a statement supporting vaccinations as a safe and effective method to prevent disease and improve population health in all individuals who medically can be vaccinated.

Testimony

Support for the resolution was limited. It was noted that the second resolved has already been addressed in Resolution 53 and there was testimony that there are resources already in place to address the first resolved, including the CDC website.

AMENDED RESOLUTION 42(19) ~~Artificial~~ **Augmented** Intelligence in Emergency Medicine

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Amended Resolution 42(19) be referred to the Board of Directors.

RESOLVED, That ACEP convene an Emergency Medicine ~~Artificial~~ **Augmented** Intelligence (EMAI) Summit and/or a task force; and be it further

RESOLVED, That the purpose of convening an Emergency Medicine ~~Artificial~~ **Augmented** Intelligence (EMAI) Summit is to produce an information paper to include recommendations based on the best available knowledge or opinion on the issues and concerns surrounding artificial intelligence and make recommendations for how the College will continue to be informed and advised on matters related to EMAI; and be it further

RESOLVED, That the Board of Directors consider updating the College's Strategic Plan to include artificial intelligence; and be it further

RESOLVED, That during the Leadership & Advocacy Conference 2020 and/or ACEP20, a presentation on artificial intelligence in emergency medicine, panel discussion, town hall, or similar session on emergency medicine artificial intelligence be offered.

Testimony

Testimony was overwhelmingly in support of the concept. There was support for changing the language from

artificial to augmented to be in line with the AMA terminology. It was pointed out that the College has initiated efforts to address this complex issue and there was support for referral to the Board to coordinate efforts. Current ACEP activities have not yet been completed and disseminated.

End of Consent Agenda

---

(2) RESOLUTION 40(19) Advancing Quality Care in Rural Emergency Medicine

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Resolution 40(19) be referred to the Board of Directors.

RESOLVED, That ACEP work with identified stakeholder groups and professional organizations, including the American Academy of Family Physicians and the National Rural Health Association, to create effective strategies and to promote emergency medicine practice delivery models that encourage collaboration, increase quality, and reduce costs in rural health care settings; and be it further

RESOLVED, That ACEP identify and promote a variety of existing training opportunities, such as procedural skills, simulation labs, and continuing medical education, to be available to maintain physician and non-physician clinicians' skills and to improve rural emergency medicine care; and be it further

RESOLVED, That ACEP work collaboratively with organizations to develop a rural emergency medicine white paper that identifies best practices, site criteria, supervision requirements, and studies funding mechanisms to promote the development and uniform availability of rural emergency medicine electives within emergency medicine residency training programs; and be it further

RESOLVED, That ACEP encourage research in rural emergency medicine by identifying funding sources to support research and cost savings in rural emergency medicine and rural healthcare.

Testimony

Testimony was in support of the resolution; however, concern was raised that current activities to address these issues were not considered in the current resolution. Recommendation was made to refer to the Board to coordinate efforts.

---

(3) SUBSTITUTE RESOLUTION 41(19) Establish a Rural Emergency Care Advisory Board

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Substitute Resolution 41(19) be adopted.

~~RESOLVED, That ACEP establish an advisory board to monitor, coordinate, and advocate for clinical initiatives and health policies that would improve the delivery of emergency care in rural areas.~~

RESOLVED, That ACEP work with stakeholders within the College including the Rural Emergency Medicine Section and chapters to provide a regular mechanism to seek input from rural physicians on legislation that impacts rural communities; and be it further

RESOLVED, That ACEP seek rural physician representation on the State Legislative/Regulatory Committee and the Federal Government Committee to reflect the fact that nearly half of U.S. emergency departments are located in rural areas.

Testimony

Testimony was in support of the intent of the resolution. Concern was raised about the approach; therefore, substitute language was provided. There was discussion about the development of measures and that current measures did not reflect the practice in rural areas.

---

(4) RESOLUTION 44(19) Independent ED Staffing by Non-Physician Providers

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Resolution 44(19) be referred to the Board of Directors.

RESOLVED, That ACEP review and update the policy statement "Guidelines Regarding the Role of Physician Assistants and Advanced Practice Registered Nurses in the Emergency Department;" and be it further

RESOLVED, That ACEP develop tools and strategies to identify and educate communities, local, state, and the federal government regarding the importance of emergency physician staffing of emergency department; and be it further

RESOLVED, That ACEP oppose the independent practice of emergency medicine by non-physician providers; and be it further

RESOLVED, That ACEP develop and enact strategies, including legislative solutions, to ensure that the practice of emergency medicine includes mandatory on-site supervision by an emergency physician.

Testimony

Testimony was in support of the intent of the resolution. It was noted that the policy statement "Guidelines Regarding the Role of Physician Assistants and Advanced Practice Registered Nurses in the Emergency Department" is currently being revised and was submitted for the Board to review at the October meeting. The Emergency Physician Assistant/Nurse Practitioner Utilization Task Force report has been drafted and is currently being reviewed by the Board. Because of these ongoing activities, it was recommended that the resolution be referred to the Board.

---

(5) AMENDED RESOLUTION 46(19) Mental Health Care for Vulnerable Populations

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Amended Resolution 46(19) be adopted.

RESOLVED, That ACEP will support increasing the capacity of current conventional mental health facilities to provide care for ~~children~~ **patients** with special needs~~;~~**.** ~~and be it further~~

~~RESOLVED, That ACEP will support policies that allow a patient to be admitted to a conventional mental health facility and receive treatment while remaining "on the list" for a bed at a neuropsychiatric facility.~~

Testimony

While there was support regarding increasing the capacity of care for patients with highly specialized needs, there was concern raised about the unintended consequences regarding sending these patients to facilities that do not have the capability to provide the appropriate care needed for this population.

---

(6) AMENDED RESOLUTION 47(19) Prevention of Self -Harm & Accidental Injury by Internet Challenges and Social Media Posts

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Amended Resolution 47(19) be adopted.

~~RESOLVED, That ACEP study, track, and trend statistical data regarding accidental self-harm promoted by social media posts in collaboration with the Centers for Disease Control; and be it further~~

RESOLVED, That ACEP ~~develop guidelines for the recognition of self-harm content and develop programs to advance awareness amongst adolescents;~~ **support enhancing public awareness, physician education, and research concerning internet challenges and viral social media posts encouraging hazardous behaviors or self-harm.** ~~and be it further~~

~~RESOLVED, That ACEP promote legislation that protects patients from self-harm materials and prohibits the posting of self-harm challenge content and videos on social media sites and the internet.~~

Testimony

There was agreement that this is an area of concern. Issues were raised about possible free speech infringement, that this was beyond the College's scope, and there was limited data and research to take a stance. There was general support about increasing public and practitioner awareness as well as education and research.

---

(7) AMENDED RESOLUTION 51(19) Stimulating Telemedicine Researchers and Programs

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Amended Resolution 51(19) be adopted.

~~RESOLVED, That ACEP promote telehealth research awareness to its members, maintain a database of telehealth programs and interested researchers, and make introductions between interested parties; and be it further~~

RESOLVED, That ACEP ~~allocate lobbying resources at the federal level for promoting the increase of federal funding toward~~ **advocate for** teleheath research in emergency medicine; ~~and be it further~~

~~RESOLVED, That ACEP work with outside organizations, such as the American Academy of Emergency Medicine, the Society for Academic Emergency Medicine, American Telemedicine Association, Healthcare Information and Management Systems Society. and others to coordinate research awareness and lobbying efforts to increase the number of quality research studies in emergency telehealth.~~

Testimony

While there was mixed testimony for the resolution, concern was raised about the breadth and scope of creating a continually updated database and that the intent of the resolution may be able to be achieved through the Emergency Telehealth Section. It was noted that some of these activities were discussed at the Health Information Technology (HIT) Summit, which covered relevant topics. It was also suggested that the section could reapply for a section grant to address other elements of the resolution.

Mr. Speaker, this concludes the report of Reference Committee C. I would like to thank Sara A. Brown, MD, FACEP; Angela P. Cornelius, MD, FACEP; Steven M. Hochman, MD, FACEP; Matthew J. Sanders, DO, FACEP; John Soud, DO; Paul Krawietz, EdD; Margaret Montgomery, RN, MSN; and Travis Schulz, MLS, AHIP, for their excellent work in developing these recommendations.