American College of Emergency Physicians®
ADVANCING EMERGENCY CARE

Memorandum

To: 2026 Council

From: Sonja Montgomery
Governance Operations Director

Date: September 14, 2026

Subj: Action on 2023 Resolutions

The 2023 Council considered 62 resolutions: 46 adopted, 10 were not adopted, and 7 were referred to the Board of Directors. There were 2 Bylaws resolutions, 7 commendation resolutions, and 12 memorial resolutions.

Note: The first resolved of Amended Resolution 39 was adopted and the second resolved was referred to the Board of Directors.

The attached report summarizes the actions taken on the 2023 resolutions adopted by the Council and those that were referred to the Board of Directors.

The updated actions are also available on the ACEP website.

Reminder: Scroll to the end of each resolution to see amended or substituted language and to see the implementation action.

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American College of Emergency Physicians®
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Action on 2023 Council Resolutions

Resolution 1 Commendation for Patrick Elmes, EMT-P

RESOLVED, That the American College of Emergency Physicians commends Patrick Elmes, EMT-P, for his outstanding service and commitment to the College and the specialty of emergency medicine.

Action: A framed resolution was presented to Mr. Elmes.

Resolution 2 Commendation for Kelly Gray-Eurom, MD, MMM, FACEP

RESOLVED, That the American College of Emergency Physicians commends Kelly Gray-Eurom, MD, MMM, FACEP, for her service as Council Speaker, Council Vice Speaker, and for her enthusiasm and commitment to the specialty of emergency medicine and to the patients we serve.

Action: A framed resolution was presented to Dr. Gray-Eurom.

Resolution 3 Commendation for Russell H. Harris, MD, FACEP

RESOLVED, That the American College of Emergency Physicians recognizes the scope, breadth, and lasting impact of the contributions of Russell H. Harris, MD, FACEP, to the advancement of emergency medicine; and be it further

RESOLVED, That the American College of Emergency Physicians commends Russell H. Harris, MD, FACEP for his outstanding service, leadership, and commitment to the College and the specialty of emergency medicine.

Action: A framed resolution was presented to Dr. Harris.

Resolution 4 Commendation for Rick Murray, EMT-P, FAEMS

RESOLVED, That the American College of Emergency Physicians commends Rick Murray, EMT-P, FAEMS, for his outstanding service and commitment to the College, the specialty of emergency medicine, and the subspecialty of emergency medical services.

Action: A framed resolution was presented to Mr. Murray.

Resolution 5 Commendation for Gillian R. Schmitz, MD, FACEP

RESOLVED, That the American College of Emergency Physicians commends Gillian R. Schmitz, MD, FACEP, for her outstanding service, leadership, and commitment to the specialty of emergency medicine and to the patients and communities we serve.

Action: A framed resolution was presented to Dr. Schmitz.

Resolution 6 Commendation for JoAnne Tarantelli

RESOLVED, That the American College of Emergency Physicians commends and thanks JoAnne Tarantelli for her outstanding career and decades of dedicated service, leadership, commitment to the College, the emergency physicians of New York, the specialty of emergency medicine, and the patients that we serve.

Action: A framed resolution was sent to Ms. Tarantelli.

Resolution 7 In Memory of Clifford Findeiss, MD

RESOLVED, That the American College of Emergency Physicians remembers with honor and gratitude the contributions of a trailblazing pioneer, visionary leader, invaluable mentor, and outstanding emergency physician, J. Clifford “Cliff” Findeiss, MD, and his selfless contributions to emergency medicine; and be it further

RESOLVED, That the American College of Emergency Physicians extends condolences and appreciation to his wife Jean; his four sisters Marcia, Joan, Pat, and Michele; as well as his four children and his granddaughter in whom his legacy lives on: Dr. Laura Findeiss, Craig Findeiss, Amanda (Findeiss) Rosillo, Allison Findeiss, granddaughter Elizabeth

(Lily) Rosillo; and to his family, friends, and colleagues for his remarkable service to the specialty of emergency medicine, patient care, and the communities he served.

Action: A framed resolution was sent to Dr. Findeiss's family.

Resolution 8 In Memory of Scott A. Hall, MD

RESOLVED, That the American College of Emergency Physicians remembers with honor and gratitude the accomplishments of Scott A. Hall, MD, and offer our heartfelt condolence to his wife, daughter, and the entire Hall family.

Action: A framed resolution was sent to Dr. Hall's family.

Resolution 9 In Memory of Gene W. Kallsen, MD

RESOLVED, That the American College of Emergency Physicians and the California Chapter extends to the family of Gene W. Kallsen, MD, gratitude for his tremendous service to emergency medicine.

Action: A framed resolution was sent to Dr. Kallsen's family.

Resolution 10 In Memory of Michael Kleinman, DO

RESOLVED, That the American College of Emergency Physicians cherishes the memory and legacy of Michael Kleinman, DO, who dedicated himself to his patients, his trainees, his profession, and his family; and be it further

RESOLVED, That the American College of Emergency Physicians and the Pennsylvania College of Emergency Physicians extends to his wife Jacklyn, his sons Dr. Steve Kleinman and David Kleinman, gratitude for his tremendous service as an emergency physician at the WellSpan York Hospital, as well as for his dedication and commitment to the specialty of emergency medicine.

Action: A framed resolution was sent to Dr. Kleinman's family.

Resolution 11 In Memory of Gloria J. Kuhn, DO, PhD

RESOLVED, That the American College of Emergency Physicians and the Michigan College of Emergency Physicians hereby expresses their enduring appreciation to Gloria J. Kuhn, DO, PhD, as a champion for emergency medicine; and be it further

RESOLVED, That the American College of Emergency Physicians and the Michigan College of Emergency Physicians extends to the family of Gloria J. Kuhn, DO, PhD, her colleagues, and former residents, our condolences along with our profound gratitude for her lifetime of service to the specialty of emergency medicine, Michigan emergency physicians, and patients, who will never fully know her impact, across the United States of America and likely beyond.

Action: A framed resolution was sent to Dr. Kuhn's family.

Resolution 12 In Memory of Richard M. Nowak, MD, MBA, FACEP

RESOLVED, That the American College of Emergency Physicians recognizes the outstanding contributions of Richard M. Nowak, MD, MBA, FACEP, to the specialty of emergency medicine as a clinician, educator, researcher, scholar, and leader; and be it further

RESOLVED, That the College extends condolences to his wife, Deborah, and children, Michael and Kathryn, and he will forever endure in the minds of all who had the great opportunity to interact with him.

Action: A framed resolution was sent to Dr. Nowak's family.

Resolution 13 In Memory of Barbara W. Trainor

RESOLVED, That the American College of Emergency Physicians and the California Chapter extends to her daughter Karyn Trainor and son William Trainor and his partner Patrice Pineda, her brothers David Wallace and Doug Wallace, and sisters Carolyn Wallace Dee and Melanie Wallace, and the many others she impacted, gratitude for her tremendous service to emergency medicine.

Action: A framed resolution was sent to Ms. Trainor's family.

Resolution 14 In Memory of Lori Weichenthal, MD, FACEP

RESOLVED, That the American College of Emergency Physicians, the California Chapter, and the Wellness and Wilderness Medicine Sections hereby acknowledge the many contributions made by Lori Weichenthal, MD, FACEP, as one of the leaders in emergency medicine and the greater medical community; and be it further

RESOLVED, That the American College of Emergency Physicians and the California Chapter extends to her family gratitude for her tremendous service to emergency medicine.

Action: A framed resolution was sent to Dr. Weichenthal's family.

Resolution 15 Additional Vice President Position on the ACEP Board of Directors (as amended)

RESOLVED, That the ACEP Bylaws Article X – Officers/Executive Director, Section 1 – Officers, Section 2 – Election of Officers, and Section 7 – Vice President, and Article XI – Committees, Section 2 – Executive Committee, be revised to read:

ARTICLE X – OFFICERS/EXECUTIVE DIRECTOR

Section 1 – Officers

The officers of the Board of Directors shall be president, president-elect, chair, immediate past president, vice president**s**, and secretary-treasurer. The officers of the Council shall be the speaker and vice speaker. The Board of Directors may appoint other officers as described in these Bylaws.

Section 2- Election of Officers

The chair, vice-president**s**, and secretary-treasurer shall be elected by a majority vote at the Board meeting immediately following the annual meeting. The president-elect shall be elected each year and the speaker and vice speaker elected every other year by a majority vote of the councillors present and voting at the annual meeting.

Section 7 – Vice President**s**

There shall be two vice president positions. The vice president**s** shall be ~~a~~ member**s** of the Board of Directors. A director shall be eligible for election to ~~the~~ **a** position of vice president if he or she has at least one year remaining as an elected director on the Board and shall be elected at the first Board of Directors meeting following the annual meeting of the Council. ~~The~~ **A** vice president's term of office shall begin at the conclusion of the meeting at which the election as **a** vice president occurs and shall end at the conclusion of the first Board of Directors meeting following the next annual meeting of the Council or when a successor is elected.

ARTICLE XI – COMMITTEES

Section 2 – Executive Committee

The Board of Directors shall have an Executive Committee, consisting of the president, president-elect, vice president**s**, secretary-treasurer, immediate past president, and chair. The speaker shall attend meetings of the Executive Committee. The Executive Committee shall have the authority to act on behalf of the Board**,** subject to ratification by the Board at its next meeting.

Meetings of the Executive Committee shall be held at the call of the chair or president. A report of its actions shall be given by the Executive Committee to the Board of Directors in writing within two weeks of the adjournment of the meeting.**; and be it further**

RESOLVED, That the additional vice president position on the ACEP Board of Directors be implemented in a budget neutral manner.

Action: The Bylaws were updated. The Board elected both vice president positions on October 12, 2023. The Compensation Committee presented their recommendation to the Board on October 12, 2023, to retain the Global Stipend Pool at the current budgeted amount. The stipends for all officer and non-officer positions were adjusted to accommodate the second vice president officer position.

Resolution 16 Council Quorum – Defining "Present" – Housekeeping Bylaws Amendment

RESOLVED, That the ACEP Bylaws, Article VIII – Council, Section 4 – Quorum, of the ACEP Bylaws be amended to read:

Article VIII - COUNCIL

Section 4 — Quorum

A majority of the number of councillors credentialed by the Tellers, Credentials, and Elections Committee during each session of the Council meeting shall constitute a quorum for that session. The vote of a majority of councillors voting in person or represented by proxy (if applicable) shall decide any question brought before such meeting, unless the question is one upon which a different vote is required by law, the Articles of Incorporation, or these Bylaws.

Whenever the term "present" is used in these Bylaws to determine a quorum present, with respect to councillor voting, "present" is defined as either in person or participating by approved remote communication technology.

Action: The Bylaws were updated.

Resolution 19 Scientific Assembly Vendor Transparency (as amended)

RESOLVED, For transparency as part of the vendor contract, vendors recruiting emergency physicians for employment be encouraged to bring a current contract for physicians to review during Scientific Assembly exhibits and the sample contracts must include stipulations relating to non-compete clauses, due process, and policies on transparency in billing/collections.

Action: Assigned to Corporate Development staff to update the exhibitor contract and communicate to vendors.

Resolution 20 Emergency Medicine Research Mentorship Network (as substituted)

RESOLVED, That ACEP foster collaborations with Society for Academic Emergency Medicine, Council of Residency Directors in Emergency Medicine, and Emergency Medicine Foundation, and other stakeholders to support robust research mentorship opportunities.

Action: Assigned to the Research Committee to work with CORD, SAEM, EMF, EMRA, and other stakeholders to enhance the research scholar pipeline within emergency medicine and support robust research mentorship opportunities.

Resolution 21 Mitigation of Competition for Procedures Between Emergency Medicine Resident Physicians and Other Learners

RESOLVED, That ACEP support emergency medicine resident physicians' right of first refusal over non-physicians, such as physician assistants and nurse practitioners, in performing ACGME-required procedures that are deemed medically necessary in emergency medicine.

Action: Assigned to the Academic Affairs Committee to develop a policy statement. The committee developed the policy statement "Prioritization of Resident Education in Procedures" and it was approved by the Board of Directors on March 2024. The Board also directed the AMA Section Council on Emergency Medicine to advocate for and promote the prioritization of residents for procedures needed for education over non physician practitioners at the AMA including submitting a resolution as appropriate. The Physician Extenders H-310.913 AMA policy was reaffirmed at AMA Interim Meeting 2023. The policy reads: In academic environments, our American Medical Association will only support payment models for non-physician practitioners that do not interfere with graduate medical training. Our AMA supports the concept that procedural training is a critical portion of resident education and the augmentation of patient care by non-physician practitioners should not interfere with a resident's ability to achieve competence in the performance of required procedures."

Resolution 22 Supporting 3-Year and 4-Year Emergency Medicine Residency Program Accreditation

RESOLVED, That ACEP recognizes the value of choice in emergency medicine residency training formats and supports the continued accreditation of both three-year and four-year emergency medicine residency programs.

Action: Assigned to the Academic Affairs Committee to develop a policy statement. The committee developed the policy statement "Length of Residency Training in Emergency Medicine" and it was approved by the Board of Directors in April 2023. The Council and the Board of Directors adopted Amended Resolution 36(25) directing the College to reaffirm the policy statement. The policy statement was updated to reflect it was reaffirmed by the Board in September 2025.

Resolution 24 Addressing the Growing Epidemic of Pediatric Cannabis Exposure

RESOLVED That ACEP advocate for changes in product packaging so as not to resemble non-cannabis containing products, i.e., candy commonly marketed towards children; and be it further

RESOLVED, That ACEP appeal to regulatory bodies and public health agencies for labeling regulations to reduce the likelihood of accidental ingestion by young children and clearly communicate dosing information as well as the potential risks to children associated with cannabis products.

Action: Assigned to Advocacy & Practice Affairs staff for federal advocacy initiatives.

Resolution 28 Facilitating EMTALA Interhospital Transfers

RESOLVED, That ACEP work with the American Hospital Association and appropriate agencies to compel hospitals to make available to other hospitals transfer coordinator information, including contact numbers for accepting transfers, for each Medicare participating hospital bound by EMTALA; and be it further

RESOLVED, That ACEP support state efforts to encourage state agencies to create and maintain a central list of transfer coordinator numbers for hospitals, including contact numbers for accepting transfers, for each Medicare participating hospital bound by EMTALA.

Action: Assigned to Advocacy & Practice Affairs staff for federal and state advocacy initiatives.

In November 2024, the Centers for Medicare and Medicaid Services (CMS) finalized changes to the Emergency Services Condition of Participation (CoP), which includes new requirements for transfer protocols: Facilities must have written policies and procedures for transferring patients under their care; and Facilities must provide training to the relevant staff regarding the hospital policies and procedures for transferring patients under its care. Though (as of July 2025) CMS interpretive guidance has not been released, ACEP worked with the American College of Obstetricians and Gynecologists (ACOG) to create a guidance document for members to ensure that their hospitals meet the protocols described in the CoP.

Resolution 29 Addressing Pediatric Mental Health Boarding in Emergency Departments (as amended)

RESOLVED, That ACEP advocate for federal support to decrease ED boarding of pediatric mental health patients; and be it further

RESOLVED, That ACEP advocate for increased, adequate reimbursement for pediatric mental health admissions and a standard payment for boarding of children for whom there is no other medical necessity for hospital care.

Action: Assigned to Advocacy & Practice Affairs staff for federal advocacy initiatives.

ACEP's legislative and regulatory priorities for the First Session of the 119th Congress included:

1) Develop and promote legislative efforts to address ED boarding and crowding crisis, including increased, adequate reimbursement for pediatric mental health admissions and payment for boarding of children for whom there is no other medical necessity for hospital care.
2) Seek opportunities to address increase in pediatric ED visits and improve coordination of acute mental health care services for children and young adults.

ACEP helped develop several federal bills, including the "Improving Mental Health Access from the Emergency Department Act," that will help address various aspects of the ED boarding crisis. ACEP also endorsed the "Helping Kids Cope Act" (H.R. 2412), bipartisan legislation to fund necessary staffing, capacity increases, and infrastructure adjustments needed to alleviate pediatric boarding, maintaining initiatives to allow more children to access care outside EDs, and addressing gaps in the continuum of care for children. ACEP continues working to get this legislation reintroduced.

ACEP secured introduction of new ACEP-developed bipartisan legislation based upon the output of the boarding summit and AHRQ roundtable, introduced by Reps. John Joyce (R-PA) and Debbie Dingell (D-MI) and Senators Chris Coons (D-DE), Dave McCormick (R-PA), and Angus King (I-ME). The bill, the "Addressing Boarding and Crowding in the Emergency Department (ABC-ED) Act," utilizes existing an existing federal health data modernization grant to support development and implementation of real-time hospital bed tracking and hospital capacity management systems with a focus on ED boarding, supports innovative care models through Medicare pilot programs focused on improving geriatric emergency care and psychiatric emergency care and transfers, and commissions a GAO study to identify best practices for hospital capacity tracking and its effect on boarding, wait times, and EMS offload delays.

Resolution 31 Combating Mental Health Stigma in Insurance Policies (as amended)

RESOLVED, That ACEP advocate and commit resources for the elimination of discrimination against emergency physicians with treated mental health conditions in life, health, disability, and/or professional liability (malpractice) insurance policies; and be it further

RESOLVED, That ACEP work with other organizations to promote equitable access to life, health, disability, and/or professional liability (malpractice) insurance for all emergency physicians.

Action: Assigned to Advocacy & Practice Affairs staff for federal and state advocacy initiatives.

Resolution 35 Declaring Firearm Violence a Public Health Crisis

RESOLVED, That ACEP declare firearm violence to be a public health crisis in the United States.

Action: Assigned to the Public Health Committee to include in the revision of the "Firearm Safety and Injury Prevention" policy statement (as directed in the 3rd resolved of Resolution 36). The revised policy statement was approved by the Board in June 2024. The U.S. Surgeon General issued an advisory on June 25, 2024, declaring firearms violence a public health crisis. ACEP provided a brief quote from ACEP's President Aisha Terry, MD, FACEP, to be included in the press release on this issue: "By raising awareness of this public health crisis, the Surgeon General's Advisory on Firearm Violence Prevention speaks to the gun violence that emergency physicians observe all too often, as well as the repercussions on the communities they serve."

Resolution 36 Mandatory Waiting Period for Firearm Purchases

RESOLVED, That ACEP advocate for a mandatory federal waiting period prior to firearm purchases; and be it further

RESOLVED, That ACEP assist state chapters in promoting legislation on mandatory waiting periods at the state level; and be it further

RESOLVED, That ACEP add language to its "Firearm Safety and Injury Prevention" policy statement supporting mandatory waiting periods prior to firearm purchases.

Action: Assigned first and second resolveds to Advocacy & Practice Affairs staff for federal and state advocacy initiatives. Assigned third resolved to the Public Health Committee. The revised policy statement "Firearm Safety and Injury Prevention" was approved by the Board in June 2024.

ACEP's legislative and regulatory priorities continue to include working with Members of Congress to promote efforts that may prevent firearm-related injuries/deaths and support continued and increased funding for firearms injury research.

Resolution 37 Support for Child-Protective Safety Firearm Safety and Storage Systems (as amended)

RESOLVED, That ACEP support efforts to improve firearm safety in the United States, including effective emerging safety technology, while respecting responsible firearm ownership; and be it further

RESOLVED, That ACEP promote child-protective firearm safety and storage systems.

Action: Assigned to Advocacy & Practice Affairs staff for federal and state advocacy initiatives. ACEP's legislative and regulatory priorities continue to include working with Members of Congress to promote efforts that may prevent firearm-related injuries/deaths and support continued and increased funding for firearms injury research.

Assigned to Communications staff to develop messaging.

Resolution 38 Advocating for Sufficient Reimbursement for Emergency Physicians in Critical Access Hospitals and Rural Emergency Hospitals (as amended)

RESOLVED, That ACEP advocate for sufficient reimbursement for emergency physician services in Critical Access Hospitals and Rural Emergency Hospitals, and other rural hospitals, to ensure the availability of board certified emergency physicians who possess the necessary skills and expertise to provide high-quality care in these underserved areas, thereby recognizing the critical role of board certified emergency physicians in delivering high-quality emergency care, promoting patient safety, and supporting the sustainability of health care services in rural communities.

Action: Assigned to Advocacy & Practice Affairs staff for federal and state advocacy initiatives. ACEP's legislative and regulatory priorities for the First Session of the 119th Congress included:

1) Monitor the willingness of critical access hospitals and rural hospitals to convert to Rural Emergency Hospitals and develop policy suggestions that would make this a more attractive option.
2) Identify innovative staffing, payment, and reimbursement models, such as potential global budgeting for emergency physician professional services to maintain viability of ED coverage in rural and underserved areas.

3) Promote legislative options and solutions to ensure rural patients maintain access to emergency care, including supporting the use of government funding for rural elective rotations for EM residents at rural CAHs.
4) Support innovative models of care that enable or promote access to emergency care, such as Rural Emergency Hospitals, digital health, Free Standing Emergency Departments, telehealth, etc.

Resolution 39 Medicaid Reimbursement for Emergency Services (as amended) – *first resolved*

RESOLVED, That ACEP advocate at the federal level and support chapters in advocating at the state level for Medicaid programs to reimburse emergency physicians at rates equivalent to or above Medicare rates; and be it further

Action: Assigned to Advocacy & Practice Affairs staff for federal and state advocacy initiatives.

Resolution 40 Support for Reimbursement of Geriatric ED Care Processes (as amended)

RESOLVED, That ACEP advocate for and support the development of policies that will allow for appropriate reimbursement, outside of the CPT and RUC processes, for high-value Geriatric Emergency Department Accreditation program-defined care processes that have been shown to improve both health system focused and patient centered outcomes.

Action: Assigned to Advocacy & Practice Affairs staff for federal and state advocacy initiatives.

In the FY 2025 Inpatient Prospective Payment System (IPPS) final rule, CMS incorporated the mandatory Age-Friendly Hospital Measure, which incorporates concepts and standards included in the Geriatric Emergency Department Accreditation program, into the Inpatient Quality Reporting (IQR) Program. Hospitals that participate in Medicare's IQR Program will be required to report on whether hospitals have protocols in place to: 1) elicit patient health care goals, 2) responsibly manage medications, 3) implement frailty screening and intervention (including for cognition and mobility), 4) assess social vulnerability (e.g. social isolation, caregiver stress, elder abuse) and 5) designate age-friendly leadership. Hospitals that choose not to participate in the IQR program face a significant reduction in their annual Medicare payment update.

Resolution 42 On-site Physician Staffing in Emergency Departments (as amended)

RESOLVED, That ACEP work with state chapters to encourage and support legislation promoting the minimum requirement of on-site and on-duty physicians in all emergency departments; and be it further

RESOLVED, That ACEP continue to promote that the gold standard for those physicians working in an emergency department is a board-certified/board-eligible emergency physician certified by the American Board of Emergency Medicine, American Osteopathic Board of Emergency Medicine, or certified by the American Board of Pediatrics in pediatric emergency medicine.

Action: Assigned first resolved to State Legislative/Regulatory Committee. The committee developed a toolkit after the successful passage of the Indiana legislation and used the language from that legislation (HOUSE BILL No. 1199) along with other model provisions, drafting notes and definitions, as well as current regulatory language to consider. The toolkit was distributed to chapters in time for the 2023-24 state legislative season.

Assigned second resolved to Communications staff to include in ongoing communications. ACEP's policy statement "Guidelines Regarding the Role of Physician Assistants and Nurse Practitioners in the Emergency Department" states:

> "The gold standard for emergency department care is that provided by an emergency physician. If PAs and NPs are utilized for providing emergency department care, the standard is onsite supervision by an emergency physician. The supervising emergency physician for a PA or NP must have the real-time opportunity to be involved in the contemporaneous care of any patient presenting to the ED and seen by a PA or NP."

The Board of Directors revised the policy statement on January 27, 2026, to clarify and formally state that offsite supervision by an emergency physician of a PA or NP who is the sole practitioner physically present in the emergency department is not adequate for optimal patient care and is not considered appropriate supervision. This policy change was prompted by recent events in which portions of the policy were being misinterpreted or misrepresented, including in official testimony before state legislatures and by other specialty societies.

Resolution 43 Adopt Terminology "Unsupervised Practice of Medicine"

RESOLVED, That ACEP adopt terminology to refer to the independent practice of medicine by non-physicians as "Unsupervised Practice of Medicine" and continue promotion of the gold standard ideals to have on-site supervision of non-physician practitioners.

Action: Assigned to Emergency Medicine Practice Committee to develop a policy statement. The committee developed two policy statements to address the resolution, one for residents and one for attendings. The policy statements "Resident Moonlighting in the Emergency Department" and "Unsupervised Practice of Emergency Medicine by Non-Physician Practitioners" were approved by the Board of Directors in April 2025.

Resolution 45 Emergency Physicians' Role in the Medication and Procedural Management of Early Pregnancy Loss (as amended)

RESOLVED, That ACEP work with other relevant stakeholders to determine the best approaches for preparing emergency medicine trainees in the management of early pregnancy loss; and be it further

RESOLVED, That ACEP recognize the importance of the emergency physician's role in stabilizing and treating patients experiencing early pregnancy loss, inclusive of the potential for medication and procedural management, especially in low-resource settings, hospitals without Labor and Delivery, or where there are no obstetrical services available; and be it further

RESOLVED, That ACEP develop a policy statement acknowledging the emergency physician's role in the management of emergency medicine patients presenting with early pregnancy loss and encourage and support physicians working in low-resource settings, hospitals without Labor and Delivery, or where there are insufficient obstetrical services available to further their education on first-trimester miscarriage management.

Action: Assigned first resolved to the Academic Affairs Committee.

Assigned second and third resolveds to the Public Health Committee to develop a policy statement. The Public Health Committee developed the policy statement "Emergency Physicians' Role in the Medication and Procedural Management of Early Pregnancy Loss" and it was approved by the Board of Directors on September 26, 2024.

Resolution 46 Policy Statement on the Care of Pregnant Individuals with Substance Use Disorder (as substituted)

RESOLVED, That ACEP create a policy statement on the care of pregnant individuals with substance use disorder, based upon the concepts of the "American College of Obstetricians & Gynecologists Committee Opinion on the Substance Abuse Reporting and Pregnancy: The Role of the Obstetrician-Gynecologist."

Action: Assigned to the Public Health Committee to develop a policy statement. The policy statement "Care of Pregnant Individuals with Substance Use Disorder" was approved by the Board of Directors in June 2024.

Resolution 47 Clarification of and Taking a Position Against Use of Excited Delirium Syndrome (as amended)

RESOLVED, That ACEP develop a statement to clarify that the 2009 White Paper Report on Excited Delirium is no longer current with the College's position based on new science and understanding of the entity; and be it further

RESOLVED, That ACEP clarify its position in writing, that the 2009 white paper is inaccurate and outdated, and that while the ACEP Board of Directors had previously approved the 2009 White Paper Report on Excited Delirium, it has withdrawn such approval; and be it further

RESOLVED, That ACEP disseminate their position that they no longer endorse or approve the 2009 White Paper on Excited Delirium among the wider medical and public health community, law enforcement organizations, and ACEP members acting as expert witnesses testifying in relevant civil or criminal litigation.

Action: Assigned to ACEP's communications staff. A statement was issued on October 12, 2023, reaffirming several ACEP positions regarding the use of the terms "excited delirium" and "hyperactive delirium with severe agitation." The statement emphasized "ACEP's 2009 White Paper Report on Excited Delirium Syndrome is outdated and does not align with the College's position based on the most recent science and better understanding of the issues surrounding hyperactive delirium. ACEP has withdrawn its approval of this paper." The results of ACEP's communications efforts were:

- 1,047 articles mentioned ACEP
- Coverage included: Associated Press, Becker's Hospital Review, CNN, CNN International, Daily Mail, HealthLeaders, Kaiser Family Foundation, MSN, MedPage Today, Medscape, NBC News, NBC News – Boston, NBC News – Bay Area, NBC News – New York, Newsday, Politico, Los Angeles Times, New York Post, Washington Post, US News & World Report.
  - 68 articles quoted designated subject matter expert, Dr. Jeff Goodloe.
  - 406 articles resulted from the Associated Press article: A doctors group calls its 'excited delirium' paper outdated and withdraws its approval (October 13, 2023)
  - 78 articles resulted from two Kaiser Family Foundation articles Police Blame Some Deaths on 'Excited Delirium.' ER Docs Consider Pulling the Plug on the Term (October 2, 2023) Doctors Abandon a Diagnosis Used to Justify Police Custody Deaths. It Might Live On, Anyway. (October 16, 2023)

- 72 articles resulted from the HealthDay article: Doctor's Group Pulls Paper on 'Excited Delirium,' Often Cited in Cases Involving Excessive Force by Police (October 13, 2023)
- 56 broadcast mentions in local media markets, including Buffalo, Chicago, Denver, Los Angeles, Minneapolis, Reno, Sacramento, San Diego, and San Francisco.

The Clinical Policies Committee developed the "Clinical Policy: Critical Issues in the Evaluation and Management of Adult Prehospital or Emergency Department Patients Presenting with Severe Agitation" and it was approved by the Board in October 2023. This clinical policy is intended for the initial treatment of undifferentiated agitation in which the underlying etiology is unknown, and attempts to summarize the current body of literature surrounding the safety and efficacy of agents used for treatment of severe agitation in the emergency department by addressing the following critical question: "Is there a superior parenteral medication or combination of medications for the acute management of adult prehospital or emergency department patients with severe agitation?"

In June 2021, the Board of Directors approved the document titled *ACEP Task Force Report on Hyperactive Delirium with Severe Agitation in Emergency Settings*. In August 2021, the task force report was submitted to *Annals of Emergency Medicine* for publication consideration and it was not accepted based on the length of the paper. *Annals* recommended that the report be edited down to comply with the maximum word limit for acceptance, but the suggestion was rejected by the authors since all content presented in the report was considered necessary to inform the paper's intended audience of EMS professionals, emergency physicians, and ED medical staff (e.g., nurses, technicians, etc.). The report was also submitted to *JACEP Open*, which resulted in the same outcome. Shortly after the discussions with *Annals* and *JACEP Open*, work began to draft an executive summary of the 2021 task force report that would be submitted to *Annals*. Work on the paper was suspended following the submission of Resolution 47(23) Clarification of and Taking a Position Against the Use of Excited Delirium Syndrome" to the ACEP Council. Work on the paper resumed after the amended resolution was adopted by the Council and the Board of Directors. The paper includes information about the action taken by the Council and the Board. The Board of Directors reviewed the final paper "Hyperactive Delirium with Severe Agitation – Evolving Recognition and Evidence-Based Recommendations" in April 2024 and it was submitted to *JACEP Open* for publication consideration.

Resolution 48 Medical Malpractice Certificate of Merit (as amended)

RESOLVED, That ACEP recommends an affidavit of merit must be from an emergency physician who is board certified per ACEP policy in the same specialty of emergency medicine, as well as licensed and currently practicing in the same state.

Action: Assigned to the Medical-Legal Committee to review ACEP's policy statement "Anonymous Affidavits of Merit" and determine if revisions should be made or whether a new policy statement should be developed. The committee developed a revised policy statement and it was approved by the Board of Directors in January 2025.

Resolution 51 Quality Measures and Patient Experience Scores (as amended)

RESOLVED, That ACEP advocate for alignment with current ACEP policy and previous recommendations that patient experience surveys be extended to all appropriate categories of emergency department patients to attempt to improve validity; and be it further

RESOLVED, That ACEP oppose reimbursement metrics and employment decisions correlated with or dependent on patient experience surveys; and be it further

RESOLVED, That ACEP work with relevant stakeholders to decrease or eliminate the role of patient experience surveys in reimbursement decisions.

Action: Assigned to Advocacy & Practice Affairs staff for federal, state, and professional advocacy initiatives.

Assigned to the Emergency Medicine Practice Committee to revise ACEP's policy statement "Patient Experience of Care Surveys" to address the intent of the resolution. The Board approved the revised policy statement on September 4, 2025.

Patient experience metrics like the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) continue to be optional for reporting and reimbursement programs. In various Medicare and Medicaid responses to regulations and requests for information, ACEP repeatedly states our opposition to using patient experience scores in reimbursement mechanisms and requests that these remain optional or removed in future rulemaking.

ACEP will continue to oppose the inappropriate use of patient experience survey results in physician reimbursement, compensation, credentialing, and employment decisions. Another resolution pertaining to the use of patient experience of care surveys was submitted to the 2026 Council.

Resolution 53 Treating Physician Determines Patient Stability (as amended)

RESOLVED, That ACEP enact policy that the treating emergency physician at the patient's bedside is best qualified to determine a patient's stability for transfer and their decision should not be overruled by a physician or a non-physician practitioner who has not personally evaluated the patient; and be it further

RESOLVED, That ACEP develop an additional policy statement that speaks to the implications of coercion or threats of financial penalties to the emergency physician who has not personally evaluated the patient to coerce or threaten financial penalties to force the treating emergency physician to transfer a patient when the treating physician believes that the patient is unstable and such a transfer may compromise patient safety.

Action: Assigned to the Emergency Medicine Practice Committee to develop policy statements as directed in the resolution. The policy statements "Treating Physician Determines Patient Stability" (addresses first resolve) and "Protection of Emergency Physicians from Coercion in Patient Transfers" (addresses second resolved) were approved by the Board of Directors in April 2025.

Resolution 54 Opposition to The Joint Commission Credentialing Requirements for Individual Emergency Conditions

RESOLVED, That ACEP engage with The Joint Commission to oppose credentialing policies that require new language or changes to delineation of clinical privileges for the diagnosis and treatment of individual emergency conditions.

Action: Assigned to Advocacy & Practice Affairs staff and Clinical Affairs staff to continue dialoguing with The Joint Commission and working with the Coalition of Board Certified Emergency Physicians (formerly known as the Coalition Opposing Medical Merit Badges) to oppose credentialing requirements for individual emergency conditions by engaging in efforts to educate hospitals and medical staff credentialing entities on the training, core competencies and scope of care that is encompassed in accredited emergency medicine residency training and validated by board certification through ABEM, AOBEM, or ABP and ABEM partner boards for dual/subspecialties.

In April 2025, ACEP leadership and staff met with The Joint Commission to raise concerns regarding current credentialing requirements for individual emergency conditions given the training, core competencies and scope of care that is encompassed in accredited emergency medicine residency training and validated by board certification and asked for simplification and clarifying guidance on credentialing.

Assigned to the Emergency Medicine Practice Committee to create talking points to assist physicians in lobbying hospital administrators to use board certifications such as ABEM to validate training, core competencies, and scope of care.

Resolution 55 Uncompensated Required Training (as amended)

RESOLVED, That ACEP convene a working group to evaluate fair market compensation for required training, accurate estimates of the time to completion, and appropriate protected time allowances for training without requiring completion during off hours; and be it further

RESOLVED, That ACEP explore opportunities to partner with other like-minded organizations to reduce unnecessary or redundant annual or onboarding training for physician employment.

Action: Assigned to the Emergency Medicine Practice Committee to develop an information paper or other resources.

The AMA Section Council on Emergency Medicine developed a resolution to submit for the June 2025 AMA annual House of Delegates meeting.

Resolution 56 In Memory of William A. Nice, MD

RESOLVED, That the American College of Emergency Physicians recognizes the outstanding contributions of William A. Nice, MD, to emergency medicine and extends the College's condolences to his family and his life-long medical group partners.

Action: A framed resolution was sent to Dr. Nice's family.

Resolution 57 Commendation for Raymond L. Fowler MD, FACEP, FAEMS

RESOLVED, That the American College of Emergency Physicians commends Raymond Logan Fowler, MD, FACEP, FAEMS, for his outstanding service and commitment to the College, the specialty of emergency medicine, the subspecialty of EMS medicine, and his patients

Action: A framed resolution was sent to Dr. Fowler.

Resolution 58 In Memory of Bradley Middleton, MD

RESOLVED, That the American College of Emergency Physicians cherishes the memory of Bradley Middleton, MD, whose short career touched many lives; and be it further

RESOLVED, That the American College of Emergency Physicians extends to his wife Liz, their daughters Penelope (3) and Mae (2), and son Vander (2 months), as well as the extended Middleton and West families, gratitude for his tremendous service to emergency medicine.

Action: A framed resolution was sent to Dr. Middleton's family.

Resolution 59 In Memory of Ann L. Harwood-Nuss, MD

RESOLVED, That the American College of Emergency Physicians remembers with honor and appreciation the accomplishments and contributions of a gifted emergency physician, Ann Harwood-Nuss, MD, and extends condolences and gratitude to her husband, Robert C. Nuss, MD; her step-daughters Jennifer Nuss, and Robin Gefin; her brothers George, John, David, and Donald Harwood; family; friends; and colleagues for her remarkable service to the specialty of emergency medicine, patient care, and the communities she served so well.

Action: A framed resolution was sent to Dr. Harwood-Nuss's family.

Resolution 60 In Memory of Frank S. Pettyjohn, MD

RESOLVED, That the American College of Emergency Physicians honors and commends Frank S. Pettyjohn, MD, who dedicated his life to emergency medicine and was critical in its inception, and offers our sincerest condolences to his beloved family, both at home and in the emergency department.

Action: A framed resolution was sent to Dr. Pettyjohn's family.

Resolution 61 ACEP Financial Decision Transparency (as amended)

RESOLVED, That ACEP suspend passing on credit processing fees pending an open comment period from member chapters; and be it further

RESOLVED, That ACEP provide a substantial notice period to chapters and/or sections before passing on costs to allow for budgeting; and be it further

RESOLVED, That ACEP evaluate mechanisms for improved communication between ACEP and chapter leaders and representatives to increase transparency to the membership regarding dues related fees.

Action: The Executive Committee met on October 8, 2023, and adopted a motion to suspend the decision to require chapters to pay the credit card processing fees for their chapter membership dues. This decision was ratified by the Board of Directors on October 12, 2023. The following message was distributed to chapters on October 18, 2023: "The ACEP Board respects the Council resolution and has suspended the implementation of asking chapters to cover their own credit card fees beginning January 1, 2024. Discussions on this will continue and additional chapter leader and executive feedback will be included prior to any new decisions being made. In addition, the Board and staff will continue to investigate the feasibility of providing alternative payment options with lower fees to help reduce this burden on ACEP and its chapters."

A new payment option for membership dues was implemented effective February 5, 2024, to allow ACH transfers, also known as electronic bank drafts. ACH transfers are electronic, bank-to-bank money transfers processed through the Automated Clearing House (ACH) Network. This new payment option is now available on the membership application for new and renewing members. Staff are working on adding this option to My Account so that members using installments and auto-renew can easily update their payment information. Work is also underway to incentivize members to choose ACH payments instead of credit card payments.

The Board discussed chapter credit card fees on April 17, 2024, and approved giving chapters notice of the plan to withhold their portion of the credit card fees related to membership and state PAC transactions starting July 1, 2025. Chapters were notified of this intent and provided a comment period through May 31, 2024, to submit feedback, ask questions, and offer ideas on how national ACEP and chapters can work together to incentivize use of ACH payments, increase membership, or reduce costs.

The Board discussed chapter relations and next steps that could be taken to improve relations based on feedback received from several large chapters and the need for effective, bidirectional, consistent, and active communications to help achieve trust between chapters and national ACEP during the June 26-27, 2024, Board meeting. The Board also discussed the possibility of deferring or eliminating the pass through of credit card fees and the possibility of reinvesting the recovered fees into support for the chapters such as through staff time, new services, scalable technologies, better reporting, or accelerating the AMS project. It was acknowledged that recent budget constraints, staff turnover, and

technology challenges have impacted ACEP's ability to consistently meet chapter expectations. Staff continued working to prioritize chapter needs, finding the best ways to communicate, promoting the use of ACH to reduce the credit card fees, and continuing to investigate the possibility of charging a processing fee or the ability for members to pay the credit card processing fee at the time of any transactions. Discussions with individual chapters continued and additional feedback sought to assess possible improvements for two-way communication throughout the year.

During the fall of 2024, staff implemented verbiage on the checkout for membership, meeting registration, and group billing that actively explains to members why choosing payment by bank account (ACH) helps more of their dollars go towards ACEP's mission. Promotion of ACH is also included in ACEP's series of emails sent to members during their membership renewal cycle. Chapter Leaders were notified and provided with suggested similar language to include in their member communications to encourage use of ACH. Legal and technical research into the feasibility of three different ways to pass through the credit card fees directly to members was conducted, as well as the approximate percentage of members that would need to move to ACH to reduce fees significantly enough to cover the chapters' portion. Current system limitations and the difficulty of keeping up with 50 different state laws would require a significant amount of overhead effort. ACEP will continue to investigate options for members to voluntarily pay the fees.

Despite efforts by ACEP to offer and publicize the ACH option, uptake has been limited. Members have expressed security concerns and many prefer to use their credit card to receive points or miles. Staff modeled out the possible impact of implementing a cash discount (legally preferable over service charge/convenience fee), which showed a high threshold of over 50% uptake to save the $150,000 that would otherwise be passed through to chapters.

In January and February 2025, chapter executives and chapter leaders were separately presented with the results of staff research regarding the legal and technical options. No additional feedback or concerns were raised during or after those calls. Chapters were encouraged to help incentivize or communicate ACH as a payment method.

Chapters were notified on May 7, 2025, of the Board's April 30, 2025, decision that beginning July 1, 2026, chapters will be responsible for paying the credit card processing fees (3%) for transactions associated with their own portion of membership dues (chapter dues) and chapter PAC contributions (if ACEP collects the dues on behalf of the chapter). ACEP will continue to pay for the credit card processing fees (3%) associated with its own portion of membership dues (National dues) and NEMPAC contributions. ACEP will continue encouraging members to opt in for ACH/bank payment as they renew their membership, through timely automated messaging and on-screen reminders during checkout. As of April 1, 2025, ACH/bank payment is the default payment option instead of credit card. Chapters received in June 2025 their actual dues and PAC contribution amounts collected by credit card during the 18-month period between July 1, 2023, and December 30, 2024, to assist chapters with budgeting. The fees will be deducted from chapter monthly direct deposits starting in August 2026 for July transactions and itemized on their monthly statements.

Chapters were also notified on May 7, 2025, of the Board's decision to implement a 3% national dues increase for regular members effective July 1, 2025. No changes were made to candidate or international member dues.

Chapters were notified on February 4, 2026, of the Board's decision to implement a 3% dues increase limited to Regular ACEP membership dues effective July 1, 2026. The new attending subscription bundle (RegYR123) will remain at $25/month and dues for Candidate (Resident, Fellow-in-training and Medical Student) members will not increase. Chapters were also notified that effective July 1, 2026, interest payments on passed through chapter dues held temporarily by ACEP will be discontinued. This change was discussed multiple times with the chapters throughout 2025. As of September 2025, only seven chapters maintained funds with ACEP. These chapters will continue to receive interest payments for equity held by ACEP for more than 30 days post month-end.

National ACEP staff have ongoing dialogue with chapters to share information and obtain feedback. ACEP will continue to investigate options for members to voluntarily pay credit fees as implementation of the new membership and financial systems begin.

Resolutions Referred to the Board of Directors

Resolution 23 Opposing Sale-Leaseback Transactions by Health Systems

RESOLVED, That ACEP advocate for regulatory agencies and other entities, as appropriate, to closely monitor, discourage, and oppose sale-leaseback transactions involving health systems, ensuring transparency, accountability, and consideration of the long-term impact on patient care and health care infrastructure.

Action: Assigned to Advocacy & Practice Affairs staff to review the referred resolution and provide a recommendation to the Board of Directors regarding the advisability of implementing the resolution or potential initiatives to address the resolution.

Resolution 27 Addressing Interhospital Transfer Challenges for Rural EDs (as amended)

RESOLVED, That ACEP work with state and federal agencies to ~~create~~ **advocate for** state and regional transfer

coordination centers to facilitate transfer of patients when normal transfer mechanisms are impaired by hospital and ED capacity problems and to report their activities publicly; and be it further

RESOLVED, That ACEP advocate for state and federal requirements that tertiary centers have a regional process for rapidly accepting patients from rural hospitals when the patient needs an emergency intervention not available at the referring hospital, ~~even when capacity is limited at the tertiary center~~; and be it further

RESOLVED, That ACEP advocate for regional dashboards with updated information on hospital specialty service availability including procedural interventions and other treatment modalities (e.g., ERCP, ECMO, dialysis, STEMI, interventional stroke, interventional PE, neurosurgery, acute oncologic disease) and in this region is defined as patient catchment areas rather than jurisdictional boundaries; and be it further

RESOLVED, That ACEP support research to strengthen the evidence base regarding rural hospital transfer processes including delays, administrative burden on sending hospitals, and clinical association with patient outcomes and experience and include investigation of common challenges experienced by all small, non-networked hospitals~~; and be it further~~

~~RESOLVED, That ACEP create a task force to examine current models and existing research yielding detailed recommendations for ACEP advocacy efforts regarding interhospital transfer challenges for rural EDs and the task force should:~~

- ~~Examine existing and theoretical transfer models to identify best practices, including coordination of transfers across state borders.~~
- ~~Enumerate and endorse effective mechanisms to facilitate tertiary care hospitals' acceptance of patients in transfer with time-sensitive conditions who are initially treated at EDs without needed services.~~
- ~~Identify key capacity measures for public reporting of hospital capacity limitations, and propose mechanisms to create and sustain appropriate state/regional dashboards.~~

Action: Assigned to the Federal Government Affairs Committee and the State Legislative/Regulatory Committee to provide a recommendation to the Board of Directors regarding the advisability of implementing the resolution and potential initiatives to address the resolution. A recommendation to implement the referred resolution with additional edits was submitted to the Board of Directors for consideration at their September 26, 2024, meeting. The Board approved the committee's recommendation to amend the referred resolution to read:

> RESOLVED, That ACEP work with state and federal agencies to advocate for state and regional transfer coordination centers to facilitate transfer of patients when normal transfer mechanisms are impaired by hospital and ED capacity problems; and be it further
>
> RESOLVED, That ACEP advocate for state and federal requirements that tertiary centers have a regional process for rapidly accepting patients from hospitals when the patient needs an emergency intervention not available at the referring hospital; and be it further
>
> RESOLVED, That ACEP advocate for regional dashboards with updated information on hospital specialty service availability including procedural interventions and other treatment modalities (e.g., ERCP, ECMO, dialysis, STEMI, interventional stroke, interventional PE, neurosurgery, acute oncologic disease); and be it further
>
> RESOLVED, That ACEP support research to strengthen the evidence base regarding hospital transfer processes including delays, administrative burden on sending hospitals, and association with patient outcomes and experience.

Implementation of the resolution was assigned to Advocacy & Practice Affairs staff for federal and state advocacy work and creating a workgroup consisting of subject matter experts from the Federal Government Affairs Committee, State Legislative/Regulatory Committee, and the Medical-Legal Committee to develop the guidance or best practices to establish appropriate procedures to avoid EMTALA violations. An objective was assigned to the committees.

Resolution 39 Medicaid Reimbursement for Emergency Services (as amended) – *second resolved*

RESOLVED, That ACEP work with the AMA to assist states with model legislation and regulatory language to require that all publicly funded insurance plans be reimbursed at a minimum of 100% of the prevailing Medicare rate.

Action: Assigned to the AMA Section Council on Emergency Medicine to provide a recommendation to the Board of Directors regarding the advisability of implementing the resolution and potential initiatives to address the resolution.

Resolution 44 Clinical Policy – Emergency Physicians' Role in the Medication & Procedural Management of Early Pregnancy Loss (as amended)

RESOLVED, That the Board of Directors direct the Clinical Policies Committee to issue a recommendation on the following clinical question: For patients experiencing early pregnancy loss, is medication management initiated in the

emergency department by an emergency physician safe and effective compared to expectant management?; and be it further

RESOLVED, That the Board of Directors direct the Clinical Policies Committee to issue a recommendation on the following clinical question: For patients experiencing early pregnancy loss, is procedural management in the emergency department by an emergency physician safe and effective compared to expectant management?

Action: Assigned to the Clinical Policies Committee to provide a recommendation to the Board of Directors regarding the advisability of implementing the resolution and potential initiatives to address the resolution. ACEP's current "Clinical Policy: Critical Issues in the Initial Evaluation and Management of Patients Presenting to the Emergency Department in Early Pregnancy" is based on two critical questions:

1. Should the emergency physician obtain a pelvic ultrasound in a clinically stable pregnant patient who presents to the ED with abdominal pain and/or vaginal bleeding and a β-hCG level below a discriminatory threshold?
2. In patients who have an indeterminate transvaginal ultrasound result, what is the diagnostic utility of β-hCG for predicting possible ectopic pregnancy?

This clinical policy was approved in 2016 and is currently in the process of being updated. The writing group has decided to proceed with updating the clinical policy to include a single critical question regarding the safety of imaging modalities in suspected pulmonary embolism. In accordance with the Clinical Policies Committee procedures, the critical questions called for in this resolution would require development of two new single-question clinical policies.

The Clinical Policies Committee and the Writing Committee on Early Pregnancy reviewed the resolution, conducted a review of the current literature on the topic in emergency medicine, and discussed the possibility of creating a robust clinical policy regarding the management of early pregnancy loss in the emergency department. In the literature review process, we identified the most current reaffirmed policy statement on early pregnancy loss management from the American College of Obstetricians and Gynecologists (ACOG) from 2018. ACOG does not have guidelines or policies regarding this topic. A Cochrane review on the topic was identified, but the included studies were not specific to emergency medicine and were critically appraised (graded) as low quality by their reviewers, and was last updated in 2012. It was also noted there is little literature (and no quality literature) on early pregnancy loss management in the emergency department. The remaining literature is written from the perspective of obstetrics and, even then, is poor quality. Based on the lack of sufficient quality literature to inform a clinical policy recommendation, the Clinical Policies Committee recommended that development of a clinical policy not be pursued and that a policy statement be developed regarding the role of emergency physicians in treating and evaluating patients presenting with early pregnancy loss as directed in Amended Resolution 45(23) Emergency Physicians' Role in the Medication and Procedural Management of Early Pregnancy Loss. The Board of Directors affirmed the findings of the Clinical Policies Committee in April 2024.

Resolution 49 Patients Leaving the ED Prior to Completion of Care Against Medical Advice (as amended)

RESOLVED, That ACEP create a document acknowledging that patients leaving the emergency department prior to completion of care may not have received a complete evaluation, results of all ancillary testing including incidental findings, all indicated therapies, and all indicated consults; and be it further

RESOLVED, That ACEP ~~create a document acknowledging that physicians and hospitals/systems share a joint responsibility to notify patients who have left prior to the completion of care regarding testing requiring intervention that results after their departure and develop reasonable systems to help communicate these results~~ **work with relevant stakeholders such as the American Hospital Association to create a document or tool outlining responsibilities and systems of communication for the conveyance of information about testing and follow up of patients who leave the emergency department prior to the completion of care**; and be it further

RESOLVED, That ACEP create a document acknowledging that patients leaving the emergency department prior to completion of ~~care~~ **evaluation and treatment bear ~~some~~ responsibility for ongoing care and** may not have all medication recommendations and prescriptions, nor a complete list of discharge diagnoses, incidental findings requiring follow up, instructions, and referrals upon departure.

Action: Assigned to the Emergency Medicine Practice Committee to provide a recommendation to the Board of Directors regarding the advisability of implementing the resolution and potential initiatives to address the resolution. The committee developed the policy statement "Patients Leaving the ED Prior to Completion of Care" and it was approved by the Board of Directors at their September 4, 2025, meeting.

Resolution 50 Metric Shaming (as amended)

RESOLVED, That ACEP develop practices and policies to prevent the ~~publishing~~ **public or external publication**, ~~transmitting~~ **transmission**, and/or ~~releasing~~ **release** of unblinded metric-related **productivity** information about individual emergency physician performance to safeguard the welfare of our membership.

Action: Assigned to the Emergency Medicine Practice Committee to provide a recommendation to the Board of Directors regarding the advisability of implementing the resolution and potential initiatives to address the resolution.

Note: ABEM provided the following information to ACEP:

> ABEM publicly reports physician certification status, which is a physician-specific metric. This practice is a service to hospital systems, crendentialers, and the certified physicians themselves. ABEM does not publicly report the names of any physicians who are not certified, nor does ABEM publicly provide any information about the specific level of performance on any ABEM assessment. We believe that most physicians take personal and professional pride in the accomplishment of ABEM certification. Moreover, ABEM posts the names of all physicians who have been ABEM-certified for at least 30 years.

The Board approved the policy statement "Addressing Public Reporting of Individual Physician Metrics" at their September 4, 2025, meeting. The Emergency Medicine Practice Committee suggested additional options to address the intent of Referred Amended Resolution 50(23) Metric Shaming:

- Refer the "Addressing Public Reporting of Individual Physician Metrics" policy statement to the AMA Section Council on Emergency Medicine for discussion.
- Request the Clinical Emergency Data Registry to explore how performance measures are reported to CMS to shift from the individual level (less ideal) or the group level (more perfect). If reported at the personal level, ACEP should ensure that the individual physicians are made aware of their metrics.
- Actively engage CMS and other regulatory bodies to advocate for more equitable and statistically valid performance reporting methods and propose adjustments to CMS reporting rules to ensure that individual physician performance is not reported publicly without adequate risk adjustment.

Resolution 62 Cooperation Between National ACEP and State Chapters

RESOLVED, That ACEP staff revise the membership payment process to allow members to voluntarily pay for any credit card fees that are permitted to be passed on to the member and then require each state chapter to pay for any fees not paid.

Action: Assigned to membership, legal, technology, and accounting staff to provide an update and recommendation to the Board of Directors regarding the implementation of initiatives to address the resolution. Staff have researched the feasibility of such an option and various state laws make implementation of this resolution of questionable legality, and if legal, complicated to implement. The flexibility of ACEP's current membership system is significantly limited. Any changes to the checkout process and/or dynamic logic regarding pricing require several sprints of IT development. Chapter executives have been involved in the requirements gathering process for the new membership system, which will be implemented in the next few years.

A new payment option for membership dues was implemented effective February 5, 2024, to allow ACH transfers, also known as electronic bank drafts. ACH transfers are electronic, bank-to-bank money transfers processed through the Automated Clearing House (ACH) Network. This new payment option is now available on the membership application for new and renewing members. Staff are working on adding this option to My Account so that members using installments and auto-renew can easily update their payment information. Work is also underway to incentivize members to choose ACH payments instead of credit card payments.

The Board discussed chapter credit card fees on April 17, 2024, and approved giving chapters notice of the plan to withhold their portion of the credit card fees related to membership and state PAC transactions starting July 1, 2025. Chapters were notified of this intent and provided a comment period through May 31, 2024, to submit feedback, ask questions, and offer ideas on how national ACEP and chapters can work together to incentivize use of ACH payments, increase membership, or reduce costs.

The Board discussed the possibility of deferring or eliminating the pass through of credit card fees and the possibility of reinvesting the recovered fees into support for the chapters such as through staff time, new services, scalable technologies, better reporting, or accelerating the AMS project during the June 26-27, 2024, Board meeting. It was acknowledged that recent budget constraints, staff turnover, and technology challenges have impacted ACEP's ability to consistently meet chapter expectations. Staff continued working to prioritize chapter needs, finding the best ways to communicate, promoting the use of ACH to reduce the credit card fees, and continuing to investigate the possibility of charging a processing fee or the ability for members to pay the credit card processing fee at the time of any transactions.

During the fall of 2024, staff implemented verbiage on the checkout for membership, meeting registration, and group billing that actively explains to members why choosing payment by bank account (ACH) helps more of their dollars go towards ACEP's mission. Promotion of ACH is also included in ACEP's series of emails sent to members during their

membership renewal cycle. Chapter Leaders were notified and provided with suggested similar language to include in their member communications to encourage use of ACH. Legal and technical research into the feasibility of three different ways to pass through the credit card fees directly to members was conducted, as well as the approximate percentage of members that would need to move to ACH to reduce fees significantly enough to cover the chapters' portion. Current system limitations and the difficulty of keeping up with 50 different state laws would require a significant amount of overhead effort. ACEP will continue to investigate options for members to voluntarily pay the fees.

Despite efforts by ACEP to offer and publicize the ACH option, uptake has been limited. Members have expressed security concerns and many prefer to use their credit card to receive points or miles. Staff modeled out the possible impact of implementing a cash discount (legally preferable over service charge/convenience fee), which showed a high threshold of over 50% uptake to save the $150,000 that would otherwise be passed through to chapters.

In January and February 2025, chapter executives and chapter leaders were separately presented with the results of staff research regarding the legal and technical options. No additional feedback or concerns were raised during or after those calls. Chapters were encouraged to help incentivize or communicate ACH as a payment method.

Chapters were notified on May 7, 2025, of the Board's April 30, 2025, decision that beginning July 1, 2026, chapters will be responsible for paying the credit card processing fees (3%) for transactions associated with their own portion of membership dues (chapter dues) and chapter PAC contributions (if ACEP collects the dues on behalf of the chapter). ACEP will continue to pay for the credit card processing fees (3%) associated with its own portion of membership dues (National dues) and NEMPAC contributions. ACEP will continue encouraging members to opt in for ACH/bank payment as they renew their membership, through timely automated messaging and on-screen reminders during checkout. As of April 1, 2025, ACH/bank payment is the default payment option instead of credit card. Chapters received in June 2025 their actual dues and PAC contribution amounts collected by credit card during the 18-month period between July 1, 2023, and December 30, 2024, to assist chapters with budgeting. The fees will be deducted from chapter monthly direct deposits starting in August 2026 for July transactions and itemized on their monthly statements.

National ACEP staff have ongoing dialogue with chapters to share information and obtain feedback. ACEP will continue to investigate options for members to voluntarily pay credit fees as implementation of the new membership and financial systems begin.