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 2024 Resolutions

The 2024 Council considered 70 resolutions: 55 adopted, 6 were not adopted, 1 was withdrawn, and 9 were referred to the Board of Directors. There were 4 Bylaws amendments, 1 Council Standing Rules amendment, 7 commendation resolutions, and 11 memorial resolutions.

Note: The first resolved of Resolution 22 was adopted and the second resolved was not adopted. Amended Resolution 41 was adopted in lieu of Resolution 41 and Resolution 42. Resolveds 2,3, and 4 of Resolution 43 were adopted and resolveds 1, 5, 6, and 7 were referred to the Board of Directors.

The attached report summarizes the actions taken on the 2024 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 review the implementation action.

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Action on 2024 Council Resolutions

Resolution 1 Commendation for Stephen V. Cantrill, MD, FACEP

RESOLVED, That the American College of Emergency Physicians commends Stephen V. Cantrill, MD, FACEP, for his outstanding dedication and contributions on behalf of the College and the specialty of emergency medicine.

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

Resolution 2 Commendation for J.T. Finnell, II, MD, MSc, FACMI, FACEP

RESOLVED, That the American College of Emergency Physicians commends and thanks J.T. Finnell, II, MD, MSc, FACMI, FACEP, for his exemplary service, leadership, and commitment to the College and the specialty of emergency medicine.

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

Resolution 3 Commendation for Mary Ellen Fletcher, CPC, CEDC, CAE

RESOLVED, That the American College of Emergency Physicians commends Mary Ellen Fletcher, CPC, CEDC, CAE, for her outstanding service and dedication to the College and the specialty of emergency medicine and extends heartfelt gratitude and appreciation for her extraordinary contributions.

Action: A framed resolution was presented to Ms. Fletcher.

Resolution 4 Commendation for Christopher S. Kang, MD, FACEP

RESOLVED, That the American College of Emergency Physicians commends Christopher S. Kang, MD, FACEP, for his outstanding service, leadership, commitment to the College and the specialty of emergency medicine, and to the patients we serve.

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

Resolution 5 Commendation for Rami R. Khoury, MD, FACEP

RESOLVED, That the American College of Emergency Physicians commends Rami R. Khoury, MD, FACEP, for his outstanding service, leadership, and commitment to the College, the specialty of emergency medicine, and the patients we serve.

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

Resolution 6 Commendation for Shari Purpura

RESOLVED, That the American College of Emergency Physicians commends Shari Purpura for her outstanding service and commitment to the College, its chapters, and the specialty of emergency medicine.

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

Resolution 7 In Memory of Neal F. Aulick, II, MD, FACEP

RESOLVED, That the American College of Emergency Physicians cherishes the memory and legacy of Neal Aulick, II, MD, FACEP; and be it further

RESOLVED, That the American College of Emergency Physicians, the Ohio Chapter, the Pennsylvania College of Emergency Physicians, and the West Virginia College of Emergency Physicians extends to his wife Ginger of 33 years, and his daughters Afton and Harper Aulick, gratitude for his service as an emergency physician at multiple hospitals in Ohio, Pennsylvania, and West Virginia, as well as for his dedication and commitment to the specialty of emergency medicine.

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

Resolution 8 In Memory of Marilyn J. Gifford, MD

RESOLVED, That the American College of Emergency Physicians and the Colorado Chapter extend to Marilyn J. Gifford, MD's son, Eric Caplan, MD, and his wife Melissa Ewer, MD, son Brian Caplan, JD, and his wife Christina, brother Steve Gifford, and his wife Mimi, her five grandchildren Connor, Carson, Alaina, Piper, and Relic, other family members, friends and colleagues, condolences and profound gratitude for her advocacy to Emergency Medical Services and her commitment to the specialty of emergency medicine

Action: A framed resolution was presented to Dr. Gifford's family.

Resolution 9 In Memory of Veronica Greer, MD

RESOLVED, That the American College of Emergency Physicians hereby honors the memory of Veronica Greer, MD, for her exceptional contributions to the field of emergency medicine, her inspiring leadership, and her unwavering dedication to education and patient care; and be it further

RESOLVED, That ACEP extends its deepest sympathies to the family, friends, and colleagues of Veronica Greer, MD, acknowledging that though she may be gone, her legacy as a friend, mentor, and role model will live on in perpetuity.

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

Resolution 10 In Memory of Christopher H. Linden, MD, FACEP

RESOLVED, That the American College of Emergency Physicians honors the life and legacy of Christopher H. Linden, MD, FACEP, expressing our deepest condolences to his family and all who loved him and acknowledging his remarkable achievements and the profound impact he had on the fields of emergency medicine and medical toxicology and the lives of those fortunate enough to have known him

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

Resolution 11 In Memory of Gregory L. Walker, MD, FACEP

RESOLVED, That the American College of Emergency Physicians and the Michigan College of Emergency Physicians recognize the outstanding dedication and contribution of Gregory L. Walker, MD, FACEP, to the specialty of emergency medicine as a clinician, partner, educator, leader, and advocator; and be it further

RESOLVED, That the American College of Emergency Physicians and the Michigan College of Emergency Physicians extend to the family of Gregory L. Walker, MD, FACEP, especially his sons Andy and Sam, his colleagues, partners, former residents, and all friends, our condolences along with our profound gratitude for his lifetime of service to his patients and the specialty of emergency medicine in Michigan, where his impact will be felt for generations to come.

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

Resolution 12 In Memory Jesse A. Weigel, MD, FACEP

RESOLVED, That the American College of Emergency Physicians cherishes the memory and legacy of Jesse A. Weigel, MD, FACEP; and be it further

RESOLVED, That the American College of Emergency Physicians and the Pennsylvania College of Emergency Physicians extends to his children Karen Weigel, Kevin Weigel, and Jennifer Hudson gratitude for his service as an emergency physician as well as for his dedication and commitment to the specialty of emergency medicine.

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

Resolution 13 Allocation of Councillors – Bylaws Amendment (as amended)

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

Each chartered chapter shall have a minimum of one councillor as representative of all of the members of such chartered chapter. There shall be allowed one additional councillor for each 100 members of the College in that chapter as shown by the **average** membership roll~~s~~ of the College ~~on December 31~~ **of the preceding** ~~**during the**~~ **calendar year**. **The average will be calculated by using the count of primary members in each chapter** ~~**at midnight**~~ **on the first day of the month then adding together each month's total and dividing by 12.** However, a member holding memberships simultaneously in multiple chapters may be counted for purposes of councillor allotment in only one chapter. Councillors shall be elected or appointed from regular and candidate physician members in accordance with the governance documents or policies of their respective sponsoring bodies.

Action: The Bylaws were updated and are available on the ACEP website. Membership staff were informed of the new procedure to use when calculating councillor allocations beginning in 2025. Chapters were notified that the new procedure will be implemented beginning in January 2025. The councillor allocations for 2025 were determined using the prescribed calculation procedure. The total councillor allocation for the 2025 Council meeting is 436 based on the average total membership as of December 31, 2024. This is 14 additional councillors than were allocated for the 2024 meeting. The following chapters gained one councillor for 2025: Arkansas, California, Colorado, Florida, Government Services, Kansas, Missouri, New Jersey, New York, Ohio, Oklahoma, Pennsylvania, Virginia, and West Virginia. No chapter lost any councillors based on the average membership calculation. Under the prior allocation method, based on the total membership of the chapter as of December 31, the total councillor allocation would have been 430. The following chapters would have gained one councillor: Alaska, Arkansas, California, Florida, Kansas, New Jersey, North Carolina, Ohio, Oklahoma, and West Virginia. The Government Services Chapter would have gained 2 councillors. The following chapters would have lost one councillor: Connecticut, Idaho, Illinois, and Maryland.

Resolution 14 College Parliamentary Authority - Bylaws Amendment (as amended)

RESOLVED, That the ACEP Bylaws, Article XIV –Miscellaneous, Section 3 – Parliamentary Authority, be amended to read:

The parliamentary authority for meetings of the College shall be **the ~~most recent~~ current edition** of ~~***The Standard Code of Parliamentary Procedure (Sturgis)***~~ ***The American Institute of Parliamentarians Standard Code of Parliamentary Procedure***, except when in conflict with the Bylaws of the College or the Council Standing Rules.

Action: The Bylaws were updated and are available on the ACEP website.

Resolution 16 International Members Serving as Section Officers - Bylaws Amendment

RESOLVED, That the ACEP Bylaws Article IV – Membership, Section 2.4 – International Members, be amended to read:

Any physician interested in emergency medicine who is not a resident of the United States or a possession thereof, and who is licensed to practice medicine by the government within whose jurisdiction such physician resides and practices, shall be eligible for international membership. All international members will be assigned by the Board of Directors to either active or inactive status. Members who qualify will additionally be assigned to life status.

International members who are unable to engage in medical practice may, upon application to the Board of Directors, be assigned to inactive status. The inactive status designation shall be for a period of one year, renewable annually upon re-application.

Any international member who has been a member of the College for a minimum of 30 years in any class shall be assigned to life status. Any member previously designated as a life member under any prior definition shall retain life status.

~~International members may not hold office and may not serve on the Council. International members, with the exception of those in inactive status, may vote in committees on which they serve.~~

International members may not seek election to or serve on the national Board of Directors, may not seek election to or serve as Council Speaker or Council Vice Speaker, may not serve as a councillor or alternate councillor, and may not serve on a Council committee. With the exception of those in inactive status, international members may serve as voting members of College committees to which they are appointed but may not serve as committee chairs, may participate as voting members in sections of membership, and may serve as a section officer except for the positions of councillor and alternate councillor.

Action: The Bylaws were updated and are available on the ACEP website. Committee and section staff liaisons were informed of the Bylaws change.

Resolution 17 Removing Gendered Pronouns from ACEP's Bylaws – Bylaws Amendment

RESOLVED, That the ACEP Bylaws Article VI – Chapters, Section 3 – Qualifications be amended to read:

The membership of a chapter shall consist of members of the College who meet the qualifications for membership in that chapter. To qualify for membership in a chapter, a person must be a member of the College and have residential or professional ties to that chapter's jurisdiction. Likewise, with the exception of members who are retired from medical practice regardless of membership class, each member of the College must hold membership in a chapter in which the member resides or practices if one exists. If membership is transferred to a new chapter, dues for the new chapter shall not be required until the member's next anniversary date.

A member with professional and/or residential ties in multiple chapters may hold membership in these chapters, providing the member pays full chapter dues in each chapter. Such members with multiple chapter memberships shall designate which single chapter membership shall count for purposes of councillor allotment. A member of a chapter who

retires from medical practice regardless of membership class and changes ~~his/her~~ state of residence may retain membership in a chapter of prior professional practice/residence.; and be it further

RESOLVED, That the ACEP Bylaws Article IX – Board of Directors, Section 2 – Composition and Election be amended to read:

Election of Directors shall be by majority vote of the Councillors present and voting at the annual meeting of the Council.

The Board shall consist of 12 elected directors, plus the president, president-elect, immediate past president, and chair if any of these officers is serving following the conclusion of ~~his or her~~ **an** elected term as director. The outgoing past president shall also remain a member of the Board of Directors until the conclusion of the Board meeting immediately following the annual meeting of the Council. In no instance may a member of the Board of Directors sit as a member of the Council.; and be it further

RESOLVED, That the ACEP Bylaws Article X– Officers/Executive Director, Section 7 – Vice President be amended to read:

"The vice president shall be a member of the Board of Directors. A director shall be eligible for election to the position of vice president if ~~he or she has~~ at least one year ~~remaining~~ **remains** 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 vice president's term of office shall begin at the conclusion of the meeting at which the election as 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"; and be it further

RESOLVED, That the ACEP Bylaws Article X – Officers/Executive Director, Section 9 – Secretary-Treasurer be amended to read:

A director shall be eligible for election to the position of secretary-treasurer if ~~he or she has~~ at least one year ~~remaining~~ **remains** on the Board as an elected director and shall be elected at the first Board of Directors meeting following the annual meeting of the Council. The secretary-treasurer's term of office shall begin at the conclusion of the meeting at which the election as secretary-treasurer 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. No secretary-treasurer may serve more than two consecutive terms.; and be it further

RESOLVED That the ACEP Bylaws Article XI – Committees, Section 5 – Finance Committee be amended to read:

The Finance Committee shall be appointed by the president. The committee shall be composed of the president-elect, secretary-treasurer, speaker of the Council or ~~his/her~~ **the speaker's** designee, and at least eight members at large. The chair shall be one of the members at large. The Finance Committee is charged with an audit oversight function and a policy advisory function and may be assigned additional objectives by the president. As audit overseers, the committee performs detailed analysis of the College budget and other financial reports ensuring due diligence and proper accounting principles are followed. In addition, expenses incurred in attending official meetings of the Board, shall be reimbursed consistent with amounts fixed by the Finance Committee and with the policies approved by the Board.; and be it further

RESOLVED, That the ACEP Bylaws Article XV – Mandatory Indemnification, Section 3 – Non-Exclusive; Continuation) be amended to read:

The indemnification provided by this Article XV shall not be deemed exclusive of any other rights to which the person claiming indemnification may be entitled under any agreement or otherwise both as to any action in ~~his or her~~ **the individual's** official capacity and as to any action in another capacity while holding such office, and shall continue as to a person who shall have ceased to be a Director, Officer, or Employee of the College engaged in any other enterprise at the request of the College and shall inure to the benefit of the heirs, executors and administrators of such person.

Action: The Bylaws were updated and are available on the ACEP website.

Resolution 22 Support for the "Well Workplace" Policy Statement – *first resolved*

RESOLVED, That ACEP promote, advertise, and support the best practices as defined in the "Well Workplace" policy statement.

Action: Assigned to communications staff to promote the policy statement. The policy statement was featured on the front page of the ACEP website and highlighted in multiple issues of the *EM Today* email newsletter distributed to members.

The Well-Being Committee was assigned an objective to create a process for recognizing organizations that adhere to the ACEP "Well Workplace" policy statement. The nomination form for the Emergency Medicine Center of Wellness award was updated to include a link to the "Well Workplace policy statement" and for nominators to indicate the components of the policy statement utilized by the institution.

Many components of the policy statement are incorporated in the ED Accreditation criteria. Assigned the ED Accreditation Board of Governors to review the policy statement to ensure the components are included as the accreditation criteria continue to be developed.

Resolution 24Address ED Boarding and the Medicare Three-Midnight Rule for Post-Acute Rehabilitation

RESOLVED, That the American College of Emergency Physicians prioritize advocacy to have the Medicare three-midnight rule for skilled nursing placement removed.

Action: Assigned to Advocacy & Practice Affairs staff to continue federal advocacy initiatives. Elimination of the three-midnight rule has been a priority on ACEP's legislative and regulatory agenda for the past 20 years and continues to be a priority for ACEP's advocacy initiatives. ACEP has supported every Congressional proposal and related regulatory action or proposal to rescind or ameliorate the rule's effects by at least counting time in observation toward the three-day requirement. ACEP currently supports the Improving Access to Medicare Coverage Act (H.R. 5138/S. 4137) to count time spent under observation status towards the three-day hospital stay for coverage of skilled nursing care, and establish a 90-day appeal period following passage for those that have a qualifying hospital stay and have been denied skilled nursing care after January 1, 2024. This bipartisan, bicameral legislation was introduced in the current 118th Congress by U.S. Representatives Joe Courtney (D-CT), Glenn Thompson (R-PA), and others, and Senators Sherrod Brown (D-OH), Susan Collins (R-ME), and Sheldon Whitehouse (D-RI). The legislation remains a priority for ACEP's federal advocacy. ACEP is also a member of a larger coalition solely focused on addressing this issue. While there is significant industry and stakeholder support for changing this policy, Congress has not yet acted on this legislation. However, as there is now a greater body of evidence from the pandemic experience that revising the three-day stay rule leads to better outcomes for patients without increasing costs, ACEP and coalition advocates have renewed the push for Congress to take up and pass this legislation. ACEP also identified removal of the three-midnight rule as a key policy solution for addressing ED boarding in the Policy Solutions to ED Boarding document, a document that guides ACEP advocacy strategies.

ACEP's legislative and regulatory priorities for the First Session of the 119th Congress included "Encourage the use of waivers to restrictive payment policies such as telehealth and the 3-day SNF rule, as appropriate, based on experience from waivers granted during the COVID-19 public health emergency."

Elimination of the three-day rule continues to be a priority for ACEP for the past 20 years. ACEP has supported every congressional proposal and related regulatory action to rescind or ameliorate the rule's effects, including the bipartisan Improving Access to Medicare Coverage Act (H.R. 3954/S. 4641), which would count time spent under observation status toward the three-day requirement. Although there is significant industry and stakeholder support for changing this policy, Congress has not yet acted on this legislation. Legislators and advocates had hoped that CMS would make the COVID-19 public health emergency waiver permanent, but CMS indicated it did not have the authority to do so, and the waiver expired with the end of the public health emergency declaration in May 2023. As there is now a greater body of evidence from the pandemic experience that revising the three-day stay rule leads to better outcomes for patients without increasing costs, ACEP and coalition advocates have renewed the push for Congress to act.

Another resolution pertaining to the three-day rule was submitted to the 2026 Council for consideration.

Resolution 25 Boarding – Follow the Money

RESOLVED, That ACEP collaborate with relevant stakeholders including the AMA, hospital associations, nursing associations, patient groups, and others to propose legislation that would adequately fund health care from the emergency department to hospital discharge and chronic care facility placement if necessary for all patients admitted to observation and inpatient status from the emergency department.

Action: Assigned to Advocacy & Practice Affairs staff to initiative discussions with relevant stakeholders, as directed in the resolution, to pursue proposing federal legislation.

The Emergency Medicine Policy Institute (EMPI) Board of Directors commissioned RAND to conduct a new study of emergency medicine to focus on the value of emergency care, evaluate impediments to ED resources and capacity, trends in emergency medicine reimbursement, and propose new innovative funding strategies for emergency care. The report, "Strategies for Sustaining Emergency Care in the United States," was released in April 2025.

In the 119th Congress, 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.

The Centers for Medicare & Medicaid Services (CMS) finalized the new *Emergency Care Access and Timeliness* quality measure in the Calendar Year 2026 Medicare Hospital Outpatient Prospective Payment System (OPPS) final rule. This measure represents a critical step toward confronting the dangerous and pervasive problem of hospital patients boarding in emergency departments (EDs).

Addressing boarding continues to be a priority for ACEP. Two additional resolutions pertaining to boarding were submitted to the 2026 Council for consideration.

Resolution 26 Ensuring Hospitals Consider Contributions of Boarding and Crowding to Safety Events (as amended)

RESOLVED, That ACEP advocate for and support the development of policies that will ensure appropriate consideration of context of contemporaneous boarding and overcrowding during Root Cause Analysis and related patient safety processes in hospitals; and be it further

RESOLVED, That ACEP commit resources for establishing best practices and assisting hospitals with considering relevant corrective actions for medical errors committed as a result of ED overcrowding; and be it further

RESOLVED, That ACEP provide a written proposal to The Joint Commission and other relevant accrediting organizations suggesting a revision to the framework for Root Cause Analysis and corrective actions that includes emergency department and hospital capacity constraints and overcrowding as a "Root Cause Type" and "Causal Factor" as part of the root cause analysis.

Action: Assigned to the Quality Improvement & Patient Safety Committee (QIPSC) to develop a policy statement and other resources to address the first and second resolveds. Assigned third resolved to Advocacy & Practice Affairs staff to work with the Quality Improvement & Patient Safety Committee to develop the proposal to submit to The Joint Commission and other relevant accrediting organizations.

The QIPSC developed a policy statement to address the first and second resolveds. The policy statement highlights the negative effects of hospital crowding on both caregivers and patients, emphasizes the importance of root cause analysis (RCA) in identifying systemic factors that lead to safety events, and advocates for boarding and crowding to be included in every RCA and related findings incorporated into corrective action plans. The Board of Directors approved the policy statement "Hospital Boarding and Crowding Must Be Included in Formal Event Reviews and Quality Improvement Processes" at their January 2026, meeting.

Resolution 29 Minimum Standards for Freestanding Emergency Departments (as substituted)

RESOLVED, That ACEP promote the maintenance of more specific minimum standards for freestanding emergency departments (FSEDs) pertaining to appropriate staffing, lab, security, service availability, and imaging capabilities, and update the FSED policy statement accordingly.

Action: ACEP's "Freestanding Emergency Departments" policy statement addresses some of the standards requested, including staffing by appropriately qualified emergency physicians, adequate medical and nursing personnel, and provision of stabilizing treatment by any FSED that presents itself as an ED. ACEP has resources available on FECs on the web site, including an information paper and the Freestanding Emergency Centers Section newsroom.

Assigned to the Emergency Medicine Practice Committee to collaborate with the Freestanding Emergency Centers Section to review the policy statement and provide recommendations to the Board of Directors regarding potential revisions.

Assigned to the State Legislative/Regulatory Committee to review state laws and regulations related to FSEDs.

Resolution 30 Hospital Network Requirements for Emergency Physicians

RESOLVED, That ACEP formally request that appropriate federal government agencies investigate whether health insurers and hospitals violate antitrust or other laws by requiring emergency physicians to be in-network as a condition for an emergency professional service contract.

Action: Assigned to Advocacy & Practice Affairs staff.

Resolution 32 Preventing Harmful Health Care Deals (as amended)

RESOLVED, That ACEP advocate for legislation that would require health systems to file notice with regulatory agencies before completing critical transactions – including but not limited to sale-leaseback agreements, purchases or sales of health system facilities or real estate, dividend recapitalization, private practice rollups, and changes in majority owner equity stakes – to protect the integrity of health systems and maintain competitive markets.

Action: Assigned to Advocacy & Practice Affairs staff for federal advocacy initiatives. Assigned to the State Legislative/Regulatory Committee to develop a policy statement addressing competitive markets and health systems.

Resolution 33 Promotion of Nursing in Emergency Medicine (as amended)

RESOLVED, That ACEP collaborate with relevant organizations and stakeholders to look at models including, but not limited to incentivized pay structures, to recruit and maintain nursing staff in emergency medicine, in alignment with our organization's beliefs and policies, to maintain a safe standard of care for our patients.

Action: Assigned to Advocacy & Practice Affairs staff to discuss strategies and collaboration with the Emergency Nurses Association.

Resolution 34 Reimbursement for Emergency Physician Services Provided Out-of-Hospital

RESOLVED, That ACEP collaborate with other stakeholders to investigate ways to establish EMS physician reimbursement pathways.

Action: Assigned to the Reimbursement Committee to collaborate with the EMS Committee and develop strategies to address the resolution.

Resolution 35 Sharing of Protected Health Information

RESOLVED, That ACEP provide guidance to members on legally and operationally sound practices for sharing of protected health information; and be it further

RESOLVED, That ACEP encourage hospital systems to improve the education of relevant employees regarding the legality and appropriateness of accessing and/or sharing protected health information with emergency physicians actively engaged in patient care.

Action: Assigned to the Medical-Legal Committee to develop a policy statement.

Resolution 36 Reform to Improve Patient Access to Necessary Care (as substituted)

RESOLVED, That ACEP collaborate with the Arizona and Connecticut Chapters and others to develop model state policy, regulation, and legislation, that requires reporting of ED/hospital crowding and interhospital transfer data to a relevant state entity (e.g. State Department of Health) and develop a state-wide system to facilitate interfacility transfers.

Action: Assigned to the State Legislative/Regulatory Committee.

Resolution 37 Reinforcing EMTALA in Pregnancy Related Emergency Medical Care

RESOLVED, That ACEP develop a policy statement that delineates:

- EMTALA applies to all emergency medical conditions and there should be no exceptions to EMTALA for any specific emergency medical condition or the evidence-based treatment that would be used to stabilize a patient.
- ACEP supports that the decision to provide any procedure in the course of patient care to satisfy EMTALA requirements, including, but not limited to, abortion care and/or pregnancy termination, be made between the patient and the emergency clinician, and that laws and regulations should not inhibit or obstruct the patient-physician relationship.
- ACEP reinforces the need for emergency physicians to be able to provide care at the standard required by medical best practices and that no procedure or treatment be removed from those treatment options in the care of emergency patients served under federal EMTALA protections.

Action: Assigned to the Medical-Legal Committee.

Resolution 38 Termination of Pregnancy (as substituted)

RESOLVED, That ACEP will work with the federal government and support chapters in working with their state government entities, along with other relevant stakeholders, to ensure all patients have access to the full spectrum of

evidence-based prenatal, peripartum, and postpartum physical and mental health care, including but not limited to termination of pregnancy of a non-living fetus, a fetus with no hope of survival, or to protect the health or life of a pregnant person.

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 include: "Enact liability immunity for physicians providing EMTALA-mandated services, with considerations for reproductive health and patient safety related emergencies." (legislative strategy) and "Monitor new guidance and proposed regulations released by the Administration on reproductive health and patient safety related emergencies." (regulatory strategy)

Assigned to the State Legislative/Regulatory Committee to compile resources for chapters to use in advocating for access to reproductive health care in alignment with existing ACEP policy.

Resolution 39 Urgent Care Transparency on Available Resources and Credentials

RESOLVED, That ACEP advocate for legislation requiring signage visible to patients prior to entering urgent care centers, listing what resources are or are not available at a given time; and be it further

RESOLVED, That ACEP advocate for legislation requiring signage visible to patients prior to entering urgent care centers, listing the credentials of care providers on site (i.e., physician, physician assistant, nurse practitioner, with or without physician on site).

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

Assigned the Urgent Care Task Force to review ACEP's "Urgent Care Centers" policy statement and determine if any revisions are needed. The task force submitted its final report to the Board in September 2025 and did not recommend any changes to the policy statement. The Board filed the task force report and will determine the disposition of the recommendations in the final report.

Resolution 41 Workplace Violence (in lieu of Resolutions 41 and 42) (as amended)

RESOLVED, That ACEP advocate for all emergency departments to preserve and protect the accurate reporting of each workplace violence incident while preserving employee confidentiality without repercussion or recrimination for employment purposes; and be it further

RESOLVED, That ACEP officially work with the Occupational Safety and Health Administration, the Department of Justice, and other relevant stakeholders to advocate for national legislation that standardizes the prevention and the response to harmful acts of violence on health care workers in emergency departments.

Action: This tenets of this resolution are addressed in the proposed "Safety from Violence for Healthcare Employees (SAVE) Act" legislation. Assigned to Advocacy & Practice Affairs staff to continue advocacy initiatives in support of the SAVE Act and/or other legislation and continue working with OSHA. ACEP's legislative and regulatory priorities for the first session of the 119th Congress include: "Advocate for passage of bills to address violence against health care workforce and for increased safety measures in the ED and secure new congressional champions." (legislative strategy) and "Continue to follow-up with OSHA regarding the development of standards for workplace violence in health care that appropriately take into account the unique factors of dealing with violent episodes in the emergency department." (regulatory strategy)

In January 2026, ACEP and a coalition of health care organizations sent a letter urging the Centers for Medicare & Medicaid Services (CMS) to issue guidance that facilitates the posting of signage in emergency departments (EDs) discouraging violence.

ACEP created a Workplace Violence in the Emergency Department toolkit that can help chapters in advocating for legislation addressing violence against health care workers. The toolkit includes state-level solutions that can be helpful in the emergency department and to EMS professionals.

Resolution 43 Addressing Challenges Related to the New ABEM Oral Board Exam Format (as substituted) – *resolveds 2,3, and 4*

RESOLVED, That ACEP continue their engagement with the American Board of Emergency Medicine to explore additional testing sites to reduce travel costs and minimize time zone impacts for candidates; and be it further

RESOLVED, That ACEP continue their engagement with the American Board of Emergency Medicine to implement a fee structure for the new oral board examination to improve affordability and accessibility for all candidates, including differentiating between early career attendings and fellows; and be it further

RESOLVED, That ACEP continue their engagement with the American Board of Emergency Medicine to ensure oral board candidates will not bear undue financial burdens related to the newly proposed ABEM Oral Boards Update for 2026.

Action: Continue dialogue with ABEM for potential solutions to address the resolution. ABEM submitted a response to the resolution and it was discussed by the ACEP Board of Directors during the March 19, 2025, meeting.

- ABEM acknowledges the travel costs associated with the new Continuing Examination (CE) and currently uses the AIME Center in Raleigh, which is equipped for high-stakes testing with expert staff, trained standardized patients, and simulation capabilities. No regional alternative yet matches this standard, but ABEM is open to considering any site that can., ABEM is developing a system to improve scheduling flexibility that will randomly assign candidates to an exam administration that allow them to select their specific day and session (morning or afternoon) on a first-come, first-served basis once registration opens. ABEM is considering giving West Coast candidates earlier access to session selection based on their registered address, possibly using a time zone-based system where those farthest from Raleigh register first. ABEM continues to explore ways to enhance fairness, flexibility, and accessibility.
- ABEM will continue to maintain their philosophy of keeping certification fees for both primary EM and subspecialties low. These fees have remained low for over 10 years. ABEM will continue its commitment to keeping fees low for early career attendings and fellows.
- The fee for the Oral Certification Examination is $1,255. This fee will not be increased for the last three administrations of the Oral Certification Exam in 2025. Moreover, ABEM has committed to not raising initial certification fees for the first three years of the Certifying Exam. Currently, of the 14 ABMS specialties that require an oral examination for certification, the ABEM oral examination is the third least expensive. Travel to the testing center is variable depending on the cost of airfare. Affordable lodging is conveniently near the testing center. ABEM will negotiate with local hotels to offer candidates reasonable hotel costs.

The ACEP Board will continue discussions with ABEM regarding the concerns from members.

Resolution 44 Building the Rural Emergency Medicine Workforce by Expanding Access to Rural Resident Rotations (as amended)

RESOLVED, That ACEP continue to advocate for additional critical access hospital funding to cover the salary, housing, and travel costs of emergency medicine resident rotations at rural Critical Access Hospitals; and be it further

RESOLVED, That ACEP support the Rural Emergency Medicine Section in maintaining a central "Rural Rotation List" to be managed by the ACEP Rural Emergency Medicine Section and shared with the Council of Residency Directors in Emergency Medicine; and be it further

RESOLVED, That ACEP request that the Accreditation Council for Graduate Medical Education encourage all emergency medicine residencies to offer at least one rural emergency medicine clinical elective.

Action: Assigned first resolved to Advocacy & Practice Affairs staff for federal advocacy initiatives. ACEP's legislative and regulatory priorities for the first session of the 119th Congress included: "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." (legislative strategy)

Assigned second and third resolveds to the Academic Affairs Committee to work with the Rural Emergency Medicine Section and integrate into ACEP's response to the ACGME requirements.

Resolution 45 Climate Change Research and Education in Emergency Medicine (as amended)

RESOLVED, That ACEP encourage and support comprehensive research efforts on the health effects of climate change and the pivotal role of emergency medicine in mitigating and responding to these effects; and be it further

RESOLVED, That ACEP call for and promote initiatives to facilitate data collection on climate-related health emergencies, such as heat-related illnesses, vector-borne diseases, and extreme weather events, to inform evidence-based interventions, strengthen disaster preparedness, and enhance the capacity to respond effectively to climate change-induced health challenges; and be it further

RESOLVED, That ACEP support the introduction of curricula that address climate change in medical schools and residency programs.

Action: ACEP's policy statement "Impact of Climate Change on Public Health and Implications for Emergency Medicine" partially addresses the resolution. The Public Health Committee reviewed the policy statement and determined that no changes were needed to support the resolution. The committee is working on developing a Policy Resource & Education Paper (PREP), in collaboration with the Ethics Committee, as an adjunct to the policy statement and will include information about the ethical issue and duty of emergency physicians to respond as stewards of the environment that supports the health of patients.

The Academic Affairs Committee provided information to the American Board of Emergency Medicine regarding climate change information to include in the next update of "The Model of the Clinical Practice of Emergency Medicine."

Resolution 46 Human Trafficking Training for All Emergency Medicine Residents (as amended)

RESOLVED, That ACEP develop training presentations and resources for identification of human trafficking that can be used at all institutions and included at Scientific Assembly.

Action: Assigned to the Public Health Committee to develop the training materials and work with ACEP's Education staff on courses and materials to include at Scientific Assembly. Utilize ACEP Anytime to disseminate courses and training materials.

Resolution 47 Human Trafficking is a Public Health Crisis (as amended)

RESOLVED, That ACEP declare human trafficking a public health crisis in the United States and revise ACEP's policy statement on human trafficking.

Action: Assigned to the Public Health Committee to revise the "Human Trafficking" policy statement. The Board of Directors approved the revised policy statement at their September 4, 2025, meeting.

Resolution 48 Alarm Fatigue (as amended)

RESOLVED, That ACEP collaborate with stakeholders to identify evidence-based solutions to address alarm fatigue in the emergency department setting, with topics including indications for clinical monitoring devices in the emergency department and appropriate silencing of clinical alarms including when latching (silencing the alarm after the initial alert) is appropriate.

Action: Assigned to the Quality & Patient Safety Committee develop a strategy to address the resolution, such as an information paper or best practice reference document or guideline.

Resolution 49 Centralized Repository of Credentialing Data (as amended)

RESOLVED, That ACEP advocate for the establishment of a centralized repository of verified primary source documents, work history, case logs, certificates of insurance, and other materials; and be it further

RESOLVED, That ACEP work with the American Medical Association, the American Osteopathic Association, the Federation of State Medical Boards, The Joint Commission, American Hospital Association, state agencies, and other interested parties to establish a recognized centralized repository of verified credentialing documents that can be used by all hospitals in the process of credentialing and privileging physicians at their facility that requires a minimum amount of additional submissions by physicians applying for privileges.

Action: Assigned first resolved to Advocacy & Practice Affairs staff for advocacy initiatives. Assigned to the AMA Section Council on Emergency Medicine to review and consider submitting a resolution to the AMA.

Resolution 50 Communication to Established Patients Being Referred to the Emergency Department (as amended)

RESOLVED, That ACEP work with other stakeholders to develop a strategy to address the problem of patients with terminal or end stage diseases being referred to the ED for education and disposition of expected prognosis and disease progression of which they and their families were not educated by the physicians responsible for doing so.

Action: Assigned to the Emergency Medicine Practice Committee to work with the Palliative Care Section to develop a strategy to address the resolution.

Resolution 54 Mandated Public Health Screening (as amended)

RESOLVED, That ACEP work with relevant stakeholders, including but not limited to departments of health, accreditation bodies, and hospital systems, to prioritize the acute care and evaluation of emergent patients and not require routine unrelated screenings in the emergency department without adequate resources, funding and supports; and be it further

RESOLVED, That ACEP develop a policy statement noting that mandating the emergency department to offer public health disease screening and behavioral health screening outside of the reason for the acute visit in the emergency department, without adequate resources, funding and supports, has unintended consequences on workflow and care of emergency department patients.

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

Assigned second resolved to the Public Health Committee to review the "Screening for Disease Factors in the ED" policy statement and determine if revisions are needed or if a new policy statement should be developed. The Board approved the revised policy statement at their September 4, 2025, meeting.

Resolution 56 Patient and Visitor Code of Conduct (as substituted)

RESOLVED, That ACEP create and implement a concise, universal code of patient and visitor conduct for emergency departments, featuring prominently displayed signage that clearly defines acceptable behavior and states that non-medical aggression may result in immediate removal.

Action: Assigned to the Public Health Committee (lead) to work with the Emergency Medicine Practice Committee and the Medical-Legal Committee. The Board of Directors approved a patient-facing poster "Emergency Department Patient & Visitor Code of Conduct" at their September 4, 2025, meting.

Resolution 57 Rationalizing Communication of Imaging Hazards to Improve Care (as amended)

RESOLVED, That ACEP work with the American College of Radiology and other stakeholders, to develop a policy statement or other resource information on the rational communication of imaging hazards to emergency patients.

Action: Assigned to the Quality & Patient Safety Committee to develop a policy statement or other resource information as directed in the resolution.

Resolution 58 Reducing Waste in Our Emergency Departments (as amended)

RESOLVED, That ACEP encourage and support comprehensive research efforts to facilitate data collection of the measurements of emergency department waste and energy consumption; and be it further

RESOLVED, That ACEP work with stakeholders, such as hospital administrations, to decrease energy consumption and decrease the amount of hospital waste such as general trash, unused disposables, true plastics, micro plastics, and non-recycled glass, as well as biohazard/medical waste.

Action: Assigned to the Public Health Committee to review existing resources and develop a policy statement with input from other stakeholders as identified in second resolved. The committee developed the policy statement "Reducing Waste in the Emergency Department" and it was approved by the Board June 11, 2026.

Resolution 59 Tap Water is Sufficient Treatment

RESOLVED, That ACEP advocate to transition to hospital tap water in the United States for wound irrigation to decrease the carbon footprint of emergency departments contributing to global efforts to combat climate change; and be further

RESOLVED, That ACEP emphasize the importance of research and education within the emergency medicine community, and to raise awareness of the financial and environmental benefits of tap water for wound irrigation in the United States highlighting its safety, efficacy, and potential for cost savings; and it further

RESOLVED, That ACEP urge policymakers and health care administrators to support initiatives that promote sustainable health care practices and to advocate for the adoption of tap water for wound irrigation in U.S. emergency settings, aligning with broader efforts to enhance environmental sustainability in health care.

Action: Assigned first and second resolveds to the Public Health Committee to review existing resources and consider developing a policy statement. The committee developed the policy statement "Reducing Waste in the Emergency Department" and it was approved by the Board June 11, 2026.

Assigned third resolved to Advocacy & Practice Affairs staff for advocacy initiatives.

Resolution 60 Lethal Means Firearm Counseling (as amended)

RESOLVED, That ACEP develop resources for ACEP members to provide evidence-based lethal means safety counseling to at risk youth; and be it further

RESOLVED, That ACEP work with other organizations to develop training for health care providers in lethal means safety training.

Action: Assigned to the Pediatric Emergency Medicine Committee to investigate available resources and enhance their availability to ACEP members. Seek input from other committees and sections as needed. The committee developed the information paper "Safety Planning for Youth in the Emergency Department Who Have Suicide Risk." The paper includes information about safety planning, including lethal means such as firearms. The committee continues to work on additional resources for members in the 2025-26 committee year .

Resolution 61 Safe Storage of Firearms (as amended)

RESOLVED, That ACEP create education to raise awareness that secure gun storage, (storing guns locked, unloaded and separate from ammunition) can save lives, can prevent theft, and can prevent access by unauthorized users who may pose a danger to themselves or others; and be it further

RESOLVED, That ACEP encourage emergency physicians and/or departments to function as messengers to patients about safe gun storage.

Action: Assigned to the Public Health Committee to develop strategies to address the resolution. Seek input from other committees and sections as needed.

Resolution 62 Stop the Bleed Education (as substituted)

RESOLVED, That ACEP promote activities that foster education and awareness of bleeding control techniques within high-risk communities including at risk youth.

Action: Assigned to the EMS Committee to develop strategies to address the resolution. The EMS Committee developed resource documents on: Stop the Bleed, Chest Compression-Only CPR, and use of Naloxone in suspected overdose for use in ACEP's advocacy with other stakeholder organizations with interest in these topics.

Resolution 63 Commendation for Todd B. Taylor, MD, FACEP

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

RESOLVED, That the American College of Emergency Physicians commends Todd B. Taylor, 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. Taylor.

Resolution 64 In Memory of Amy H. Kaji, MD, PhD, MPH

RESOLVED, That the American College of Emergency Physicians remembers with gratitude the many contributions made by Amy H. Kaji MD, PhD, MPH, 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 extends to the family of Amy H. Kaji, MD, PhD, MPH, her friends, and her colleagues our condolences and gratitude for her tremendous service to the specialty of emergency medicine, and to the patients and physicians of California and the United States.

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

Resolution 65 In Memory of Joseph Sabato, Jr., MD, FACEP

RESOLVED, That the American College of Emergency Physicians honors the memory of Joseph Sabato, Jr., MD, FACEP, and extends its deepest sympathies to his family, friends, and colleagues and acknowledges that his legacy will continue to inspire and guide the emergency medicine community.

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

Resolution 66 In Memory of Christopher J. Karns, DO

RESOLVED, That the American College of Emergency Physicians cherishes the memory of Christopher J. Karns, DO;

RESOLVED, That the American College of Emergency Physicians and the Pennsylvania College of Emergency Physicians extends to his wife Dawn E. Beemer Karns, their three children Nathan Christopher, Carter Alexander, and Alaina Grace, his parents John and Cynthia Karns, and the rest of his family gratitude for his service as an emergency physician as well as his commitment to the specialty of emergency medicine.

Action: A framed resolution was sent to Karns' family.

Resolution 67 In Memory of Madeline Giegold, MD

RESOLVED, That the American College of Emergency Physicians and the California Chapter extend their heartfelt gratitude to the family of Madeline "Maddie" Giegold, MD, for sharing her extraordinary life with us; and be it further

RESOLVED, That the memory of Madeline "Maddie" Giegold, MD, will be cherished and her impact on emergency medicine will be felt for years to come

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

Resolution 68 In Memory of Jeffery Scott Shafer, MD, FACEP

RESOLVED, That the American College of Emergency Physicians honors the memory of Jeffery Scott Shafer, MD, FACEP; and be it further

RESOLVED, That the American College of Emergency Physicians and the Illinois College of Emergency Medicine extends to his wife of 19 years Jamie, their two children Seth and Allison, his mother, Bonnie (John) Howard, his father Clyde (Trish) Shafer, his father-in-law and mother-in-law, Gary and Vicki Elis, his brother Jeremy (Staci) Shafer, step-brothers, Patrick (Tana) Howard and Steve (Angela) Benard, brother-in-law Jeremy Ellis, maternal grandmother Dorothy Farris and cherished family members gratitude for his service to the pre-hospital community and his dedication to the specialty of emergency medicine.

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

70(24) Reaffirming EMRA's Vital Relationship with ACEP

RESOLVED, That our American College of Emergency Physicians formally recognize the Emergency Medicine Residents' Association as our official partner representing the voice of emergency medicine physicians-in-training.

Action: ACEP has recognized EMRA and is committed to remaining in partnership with EMRA. Negotiations with EMRA are ongoing regarding various partnership initiatives. A strategic partnership agreement was signed in February 2025. ACEP and EMRA leaders continue to meet regularly.

Council Standing Rules Resolution

(Does not require action by the Board of Directors.)

Resolution 15 College Parliamentary Authority - Council Standing Rules Amendment (as amended)

RESOLVED, That the ACEP Council Standing Rules, Parliamentary Procedure (paragraph one) be amended to read as follows with the proviso that the changes will become effective after the 2024 Council meeting and only upon adoption of the companion resolution College Parliamentary Authority – Bylaws Amendment:

Parliamentary Procedure

The ~~**most recent**~~ **current** edition of ~~*Sturgis, Standard Code of Parliamentary Procedure*~~ ***The American Institute of Parliamentarians Standard Code of Parliamentary Procedure*** will govern the Council, except where superseded by these Council Standing Rules, the College Manual, and/or the Bylaws. ***See also Limiting Debate and Voting Immediately***.

Action: The Council Standing Rules were updated and are available on the ACEP Website.

Resolutions Referred to the Board of Directors

Resolution 18 ACEP Council and Scientific Assembly Meeting Location

RESOLVED, That ACEP survey the membership to obtain robust, direct member feedback on Scientific Assembly locations, including whether they would prefer a rotating or semi-permanent site, preferred and non-preferred cities, and provide input on the other factors that the College should consider when designating a conference location.

Action: Assigned to Education and Membership staff to develop a strategy for the best approach to obtain input from members regarding the location of Scientific Assembly. Staff continue to survey meeting attendees about preferred locations for Scientific Assembly. The Board of Directors will have a comprehensive, strategic discussion about future Scientific Assembly meetings during their October 2, 2026, meeting.

Resolution 21 Printable Volunteer Recognition Certificate

RESOLVED, That ACEP develop a volunteer recognition certificate for ACEP physician volunteers and leaders that can be printed and proudly displayed for interested parties.

Action: Assigned to Member Engagement and Governance Operations staff to continue to develop strategies to recognize member volunteers in their leadership roles. Volunteer leadership recognition is a priority in the new AMS that will be operational by 2027. The AMS will have the capability to create a volunteer profile that tracks volunteer activities for each member.

Resolution 27 Continuous Physician Staffing for Rural Emergency Departments (as amended)

RESOLVED, That ACEP collaborate with the American Medical Association to advocate that the Centers for Medicare and Medicaid Services (CMS) modify the "Staff and Staffing Responsibilities" Conditions of Participation for critical access and rural emergency hospitals such that a qualified, state-licensed (MD/DO/MBBS) physician be ~~required to be~~ **immediately available for** on-site ~~and available for~~ care of emergency department patients at all times.

Action: Assigned to the AMA Section Council on Emergency Medicine to review and provide a recommendation to the Board of Directors on the advisability of submitting a resolution to the AMA.

Resolution 28 Data Gathering on Freestanding EDs: Examining Regulations, Services Offered, and Staffing Policies

RESOLVED, That ACEP collect data on free standing emergency department-type facilities (FSEDs) nationally, and any state regulations specifically pertaining to them, and this may include a survey of current services and equipment offered at FSEDs in each state as well as staffing and other pertinent policies that might be helpful to ACEP chapters who may be addressing issues with these facilities.

Action: Assigned to Advocacy & Practice Affairs staff to review and provide a recommendation to the Board with a cost analysis and the advisability of implementing the referred resolution. Share the analysis with the State Legislative/ Regulatory Committee for their work in analyzing state laws and regulations related to FSEDs in response to Substitute Resolution 29(24) Minimum Standards for Freestanding Emergency Departments.

Resolution 40 Telehealth Emergency Physician Standards (as amended)

RESOLVED, That ACEP affirm that physicians providing telehealth emergency medicine be board certified or board eligible in emergency medicine, in congruence with existing ACEP policy on telehealth.

Action: Assigned to the Emergency Medicine Practice Committee to work with the Emergency Telehealth Section to review the "Emergency Medicine Telehealth" policy statement and provide a recommendation to the Board on the advisability of revising the policy statement to address the referred amended resolution. The committee submitted a revised policy statement for the Board to consider at their January 27-28, 2026, meeting. It was referred back to the committee to ensure consistency with the updated "Guidelines Regarding the Role of NPs and Pas in the Emergency Department" policy statement.

Resolution 43 Addressing Challenges Related to the New ABEM Oral Board Exam Format (as substituted) – *resolveds 1,5,6, and 7*

RESOLVED, That ACEP continue their engagement with the American Board of Emergency Medicine to explore delaying implementation of the new oral board examination format to allow for adequate preparation by emergency medicine residency programs and graduating residents; and be it further

RESOLVED, That ACEP continue their engagement with the American Board of Emergency Medicine to provide a 5-year period after implementation during which the cost of retaking the new oral boards will be waived for those who do not pass; and be further

RESOLVED, That ACEP continue their engagement with the American Board of Emergency Medicine to develop and implement a comprehensive, candidate facing, evaluation process for the new oral board examination format to ensure that it equitably assesses communication, procedural skills, patient management, high-stakes communication, difficult conversations, patient communications beyond diagnosis, procedural skills, clinical decision making/shared decision making, team management, leadership, troubleshooting, task switching, prioritization, and continues to bring value to the public and diplomates; and be it further

RESOLVED, That ACEP continue their engagement with the American Board of Emergency Medicine to establish accommodations and alternative arrangements for candidates with health, safety, or legal concerns, who may face risks or challenges in traveling to the examination site.

Action: Continue dialogue with ABEM for potential solutions to address the resolution. ABEM submitted a response to the resolution and it was discussed by the ACEP Board of Directors during the March 19, 2025, meeting.

- Delaying the launch of the new CE is not an option. ABEM continues to promote and publish material to help inform the community, including residency programs, that may be helpful to prepare for the CE. This material includes dedicated visits to residency programs, case summaries, case video summaries, reference material, informational webinars, and scoring information. ABEM will continue to post information to help support the training community during this transition to the CE.
- In general, ABEM has been concerned about offering a waiver for retaking any exam after a candidate fails it, because it could give the appearance of rewarding failure. However, ABEM will continue to review candidate costs. If there are opportunities to mitigate financial impacts to candidates, ABEM will certainly evaluate them.
- ABEM always has been and always will be committed to criterion-based certification examinations; the examinations are not "graded on a curve." ABEM uses standard-setting to determine its criteria for passing based on a recommendation to the ABEM Board by clinically active, ABEM certified physicians. ABEM will use standard settings for the new Certifying Exam. ABEM evaluates current certification examinations. ABEM will also develop an ongoing evaluation process that will evaluate the validity, fairness, and reliability of the Certifying Examination. This internal process includes the use of equating to ensure that the difficulty of the Certifying Examination is consistent between administrations. This evaluation will also help ABEM assess the opportunities to enhance cases and eventually add new case types, such as leadership and team management. Work is underway to publish information about content and construct validity.
- ABEM appreciated learning of the concerns of some candidates about the location of the CE in the event of a medical emergency while at the exam. ABEM has established a partnership with Wake Emergency Physicians PA (WEPPA) in Raleigh. WEPPA serves 5 hospital systems in the state including WakeMed hospital sites near the AIME center. WEPPAs physicians are ABEM-certified and committed to providing high-quality emergency care to any candidate or examiner attending the CE in Raleigh. Candidates and examiners from other Boards who have administered their examination at the AIME Center have not had any issues receiving care when needed.

The ACEP Board will continue discussions with ABEM regarding the concerns from members.

Resolution 52 Delegation of Critical Care to Non-Physician Practitioners

RESOLVED, That ACEP revise the "Guidelines Regarding the Role of Physician Assistants and Nurse Practitioners in the Emergency Department"[6] policy statement to include that:

1. Emergency physicians should retain primary responsibility for performing critical care activities within emergency departments to ensure that practitioners possess the requisite knowledge, skills, and experience to manage critical care scenarios effectively; and
2. Credentialing processes must prioritize patient safety and quality of care, ensuring that physicians and non-physician practitioners are granted privileges to manage patients commensurate with their training; and
3. The scope of practice for nurse practitioners and physician assistants in emergency departments should be clearly defined, focusing on roles where their training and expertise can complement but not substitute for the specialized skills of emergency physicians in critical care.

Action: Assigned to the Emergency Medicine Practice Committee to review the "Guidelines Regarding the Role of Physician Assistants and Nurse Practitioners in the Emergency Department" policy statement and provide a recommendation to the Board on the advisability of revising the policy statement to address the referred resolution. The committee revised the policy statement to include language regarding critical care supervision and procedural interventions for physician assistants and nurse practitioners to be tailored to the skills and education of the individual. The revised policy statement was approved by the Board of Directors at their January 27-28, 2026, meeting.

Resolution 53 Emergency Nursing and Emergency Department Accreditation

RESOLVED, That ACEP collaborate with relevant organizations to amend and include requirements for emergency nursing within the tiered levels of the ACEP ED accreditation pathway.

Action: Assigned to the Emergency Department Accreditation Program Board of Governors to review and provide a recommendation on the advisability of implementing the referred resolution.

Resolution 69 Updating ACEP's Position on PA and NP Supervision in the ED

RESOLVED, That ACEP amend by deletion its "Guidelines Regarding the Role of Physician Assistants and Nurse Practitioners in the Emergency Department" to read:

~~"ACEP Acknowledges that there are currently workforce limitations in specific CMS-designated facility types in which supervision of a PA or NP by an emergency physician may be provided "Offsite" by telehealth means as follows:~~

- ~~Critical Access Hospitals (CAHs)~~
- ~~Rural Emergency Hospitals (REHs)~~

Action: The Board of Directors discussed the referred resolution on October 28, 2024, and approved removing the language from the policy statement "Guidelines Regarding the Role of Physician Assistants and Nurse Practitioners in the Emergency Department."