American College of Emergency Physicians®
ADVANCING EMERGENCY CARE

2026 Council Meeting

Preliminary Report of REFERENCE COMMITTEE B

Presented by: RJ Sontag, MD, FACEP, Chair

Mr. Speaker and Councillors:

Reference Committee B gave careful consideration to the asynchronous testimony of the resolutions assigned to it and submits the following report for consideration:

Recommended for Adoption:

1. RESOLUTION 26(26): Addressing Insurer Bad Behavior
2. RESOLUTION 28(26): Creation of a Workgroup to Advance an ED-Based Medicare Three-Day Rule Waiver
3. RESOLUTION 29(26): Federal Tax Relief for EMTALA-Mandated Care
4. RESOLUTION 34(26) Support of Safe and Physician Directed Care in Hyperbaric Medicine
5. RESOLUTION 38(26) Establishing Whistleblower Protections for Reporting Financial Mismanagement of Liability Reserves
6. RESOLUTION 39(26): Safeguarding Physician Liability Reserves and Continuity of Professional Protection
7. RESOLUTION 41(26): Transparency of Financial Solvency for Employer-Mandated Liability Coverage

Recommended for Adoption as Amended or Substituted:

8. AMENDED RESOLUTION 24(26): Advocating for Scientific Integrity in Government Health Leadership
9. AMENDED RESOLUTION 25(26): Response Time Standards for Insurance-Based Transfer and Admission Authorization Requests
10. AMENDED RESOLUTION 30(26): Inclusion of Physicians as Protected Persons Eligible for Personal Information Protection
11. AMENDED RESOLUTION 31(26): Protecting International Medical Graduates and Ensuring Stability of the Emergency Medicine Workforce
12. AMENDED RESOLUTION 33(26): Regulatory Governance of AI Independent Practice of EM
13. AMENDED RESOLUTION 36(26): Transparency in Emergency Department Physician Staffing
14. AMENDED RESOLUTION 40(26): Opposing Settlement of Medical Malpractice Claims Without Consent of the Defendant Physician

Recommended NOT for Adoption:

15. RESOLUTION 27(26): Conditional Support for a Single-Payer Health Care Financing System
16. RESOLUTION 32(26): Protection of the Right of Licensed Healthcare Professionals to Render Emergency Care at Law Enforcement Controlled Scenes
17. RESOLUTION 35(26): Standardized Signage Identifying When a Physician is Not Present On-Site in the ED
18. RESOLUTION 37(26): Development of a HIPAA-Compliant Anonymous Database for Reporting Clinical Management Events Involving Non-Physicians

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Recommended for Adoption

1. **RESOLUTION 26(26): Addressing Insurer Bad Behavior**

RESOLVED, That ACEP develop model legislation to be adapted for state legislative efforts to combat the automatic or algorithmic downcoding of medical encounters, including emergency department encounters; and be it further

RESOLVED, That ACEP develop model legislation to be adapted for state legislative efforts to combat the use of artificial intelligence or similar evolving technology used to facilitate the automatic or algorithmic downcoding of medical encounters, including emergency department encounters; and be it further

RESOLVED, That ACEP assist state chapters in coordinating efforts with other chapters when insurer behaviors cross state lines.

Summary of Asynchronous Testimony

Asynchronous testimony was generally in support. Commenters noted overlap with existing AMA efforts and suggested including a resolved explicitly calling for collaboration with the AMA, or to include language on AI.

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2. **RESOLUTION 28(26): Creation of a Workgroup to Advance an ED-Based Medicare Three-Day Rule Waiver**

RESOLVED, That ACEP create a member workgroup, with appropriate staff support, to develop an actionable Emergency Department–based Medicare Skilled Nursing Facility three-day rule waiver proposal using existing CMS waiver models, safeguards, and quality requirements for submission to Physician-Focused Payment Model Technical Advisory Committee (PTAC), the Center for Medicare and Medicaid Innovation (CMMI), the Centers for Medicare & Medicaid Services (CMS), the U.S. Department of Health and Human Services (HHS), or another appropriate federal pathway, with the goal of allowing participating hospitals to transfer eligible Medicare beneficiaries directly from the Emergency Department or observation setting to appropriate skilled nursing, rehabilitation-capable skilled nursing, or swing-bed care without an avoidable inpatient admission.

Summary of Asynchronous Testimony

Asynchronous testimony was largely supportive. Some commenters raised the concern that this could potentially worsen boarding and the diverging outcomes of this resolution between well-resourced emergency departments, and regional safety-net, rural or under-resourced departments. Others noted that emergency physicians are not the ones directing Skilled Nursing Facility (SNF) care.

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3. **RESOLUTION 29(26): Federal Tax Relief for EMTALA-Mandated Care**

RESOLVED, That ACEP advocate for federal legislation providing targeted tax relief for income derived from EMTALA-mandated care, recognizing such care as a federally required public service.

Summary of Asynchronous Testimony

Asynchronous testimony was largely supportive. Significant concerns were raised about the feasibility of the proposal and suggested referral to the Board of Directors to address these challenges. One comment highlighted the imminent report by Federal Government Affairs Committee (FGA) on tax relief and malpractice protections that has been submitted to the Board of Directors for discussion.

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4. **RESOLUTION 34(26): Support of Safe and Physician Directed Care in Hyperbaric Medicine**

RESOLVED, That ACEP support the safe practice of hyperbaric oxygen therapy, to include:

- Real-time and on-site supervision by a licensed physician trained in hyperbaric medicine;
- Compliance with safety standards outlined in Pressure Vessels for Human Occupancy (PVHO) and National Fire Protection Agency (NFPA) 99 (Health Care Facilities Code, Chapter 14);
- Use of FDA approved hyperbaric chambers;
- Regular audits or accreditation from independent third party to verify compliance with PVHO, NFPA 99, federal and state law. The UHMS Accreditation program is a credible option; and be it further

RESOLVED, That ACEP support and/or endorse state level or federal efforts to enforce standards for the safe practice of hyperbaric oxygen therapy; and be it further

RESOLVED, That ACEP support efforts to work with the Food and Drug Administration to enforce existing hyperbaric oxygen therapy device requirements and federal regulations.

Summary of Asynchronous Testimony

Asynchronous testimony was mixed but favored adoption. Most opposing comments were focused on the word "support" not being well defined, and what it would obligate the College to do, as well as the resource cost to support such a narrow initiative.

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5. **RESOLUTION 38(26): Establishing Whistleblower Protections for Reporting Financial Mismanagement of Liability Reserves**

RESOLVED, That ACEP advocate for federal and state "safe harbor" legislation that provides comprehensive whistleblower protections for physicians who report suspected financial mismanagement or insolvency of employer-provided liability funds to appropriate regulatory authorities; and be it further

RESOLVED, That ACEP support policies that prohibit the use of contract termination, non-renewal, or other retaliatory measures against physicians acting in good faith to disclose the underfunding of malpractice reserves.

Summary of Asynchronous Testimony

Asynchronous testimony was unanimously in support. While it was suggested ACEP consider explicitly requesting this issue be advanced to the AMA, the Reference Committee believes this is captured implicitly in the current resolves. Some testimony recommended combining Resolutions 38, 39 and 41, however, the Reference Committee review deemed that each resolution addresses a distinct problem and should be considered separately.

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6. **RESOLUTION 39(26): Safeguarding Physician Liability Reserves and Continuity of Professional Protection**

RESOLVED, That ACEP advocate for statutory requirements mandating that all employer-sponsored liability coverage vehicles, including captives and self-insured retentions, and physician tail funds be pre-funded and held in independent, legally segregated escrow accounts.

Summary of Asynchronous Testimony

Asynchronous testimony was unanimously supportive. Some testimony recommended combining Resolutions 38, 39 and 41, however, Reference Committee review deemed that each resolution addresses a distinct problem and should be considered separately.

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7. **RESOLUTION 41(26): Transparency of Financial Solvency for Employer-Mandated Liability Coverage**

RESOLVED, That ACEP advocate for state and federal legislative and regulatory standards that require any entity providing medical malpractice coverage via a captive or self-insured retention to provide physicians with clear, written disclosure of the fund's precise regulatory domicile, guaranty fund status, and a statement of financial risk at the time of any material negative change in the fund's capital reserves.

Summary of Asynchronous Testimony

Asynchronous testimony was unanimously supportive. There were a few requests for the authors to expound on some of the language used around types of liability coverage including "captive," "self-insured retention," and "any material negative change." Some testimony recommended combining Resolutions 38, 39 and 41, however, Reference Committee review deemed that each resolution addresses a distinct problem and should be considered separately.

Recommended for Adoption as Amended or Substituted

8. **AMENDED RESOLUTION 24(26): Advocating for Scientific Integrity in Government Health Leadership**

~~RESOLVED, That ACEP advocate that individuals appointed to senior government health care and scientific leadership positions should possess relevant education, training, expertise, and professional experience in health care, medicine, biomedical science, public health, or related scientific fields; and be it further~~

~~RESOLVED, That ACEP support the principle that leaders of government health care and scientific agencies demonstrate commitment to evidence-based medicine, scientific integrity, ethical public communication, and established standards of public health practice; and be it further~~

RESOLVED, That ACEP **support and** incorporate into its advocacy efforts the principles that individuals appointed to senior government health care and scientific leadership positions possess relevant expertise and demonstrate commitment to evidence-based medicine, scientific integrity, ethical public communication, and established standards of public health practice, including through communications with policymakers, participation in national and state medical coalitions, and public statements related to government health care leadership and public health policy.

ORIGINAL RESOLUTION LANGUAGE AS SUBMITTED

RESOLVED, That ACEP advocate that individuals appointed to senior government health care and scientific leadership positions should possess relevant education, training, expertise, and professional experience in health care, medicine, biomedical science, public health, or related scientific fields; and be it further

RESOLVED, That ACEP support the principle that leaders of government health care and scientific agencies demonstrate commitment to evidence-based medicine, scientific integrity, ethical public communication, and established standards of public health practice; and be it further

RESOLVED, That ACEP incorporate into its advocacy efforts the principles that individuals appointed to senior government health care and scientific leadership positions possess relevant expertise and demonstrate commitment to evidence-based medicine, scientific integrity, ethical public communication, and established standards of public health practice, including through communications with policymakers, participation in national and state medical coalitions, and public statements related to government health care leadership and public health policy.

Summary of Asynchronous Testimony

Asynchronous testimony was largely in support of the resolution by both chapters and individuals, although prudent concerns about implementation feasibility were raised, including if the work of this resolution was already captured by current initiatives of the College. The Reference Committee believes the third resolved captured the sentiments expressed in the first two resolveds more succinctly.

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9. **AMENDED RESOLUTION 25(26): Response Time Standards for Insurance-Based Transfer and Admission Authorization Requests**

RESOLVED, That ACEP advocate ~~for policy~~ supporting enforceable emergency transfer and admission authorization standards ~~requiring insurers to provide an initial response within one hour, a final determination including an authorization number if approved within two hours,~~ **whereby an insurer cannot require prior authorization for emergency transfer and admission** and **an insurer provides** deemed approval ~~if those deadlines are not met~~; and be it further

RESOLVED, That ACEP advocate for state and federal legislation or regulation codifying emergency transfer and admission authorization standards ~~requiring insurers to provide an initial response within one hour, a final determination including an authorization number if approved within two hours,~~ **whereby an insurer cannot require prior authorization for emergency transfer and admission** and **an insurer provides** deemed approval ~~if those deadlines are not met~~ and**, in the absence of such a prohibition,** requiring insurers to publicly report emergency transfer and admission authorization metrics, including response times, denial rates, and deemed approvals; and be it further

RESOLVED, That ACEP advocate for state insurance commissioners and other regulators to monitor insurer compliance with emergency transfer and admission authorization standards ~~requiring insurers to provide an initial response within one hour, a final determination including an authorization number if approved within two hours,~~ **whereby an insurer cannot require prior authorization for emergency transfer and admission** and **an insurer provides** deemed approval ~~if those deadlines are not met~~ and publish annual compliance reports.

ORIGINAL RESOLUTION LANGUAGE AS SUBMITTED

RESOLVED, That ACEP advocate for policy supporting enforceable emergency transfer and admission authorization standards requiring insurers to provide an initial response within one hour, a final determination including an authorization number if approved within two hours, and deemed approval if those deadlines are not met; and be it further

RESOLVED, That ACEP advocate for state and federal legislation or regulation codifying emergency transfer and admission authorization standards requiring insurers to provide an initial response within one hour, a final determination including an authorization number if approved within two hours, and deemed approval if those deadlines are not met and requiring insurers to publicly report emergency transfer and admission authorization metrics, including response times, denial rates, and deemed approvals; and be it further

RESOLVED, That ACEP advocate for state insurance commissioners and other regulators to monitor insurer compliance with emergency transfer and admission authorization standards requiring insurers to provide an initial response within one hour, a final determination including an authorization number if approved within two hours, and deemed approval if those deadlines are not met and publish annual compliance reports.

Summary of Asynchronous Testimony

Asynchronous testimony was mostly in support of the spirit of the resolution. Some commenters were concerned that policies describing how prior authorization should be used weakened the stance that it should never be allowed. A strong sentiment shared was that prior authorization should never be allowed, however given the existence of prior authorization, commenters proposed recommendations on how it should be used and timeframes to consider.

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10. **AMENDED RESOLUTION 30(26): Inclusion of Physicians as Protected Persons Eligible for Personal Information Protection**

RESOLVED, That ACEP **work with the American Medical Association (AMA) to** develop model legislation for states to include ~~emergency~~ physicians among the categories of protected persons eligible for personal information protections, including public records home address exemptions, anti-doxxing statutes, and address confidentiality programs, under applicable state and federal law.

ORIGINAL RESOLUTION LANGUAGE AS SUBMITTED

RESOLVED, That ACEP develop model legislation for states to include emergency physicians among the categories of protected persons eligible for personal information protections, including public records home address exemptions, anti-doxxing statutes, and address confidentiality programs, under applicable state and federal law.

Summary of Asynchronous Testimony

Asynchronous testimony was unanimously in support. One amendment was introduced to include collaboration with the AMA and inclusive of all physicians. Some commenters raised similarities to Resolution 19(26). Reference Committee review deemed the resolutions were different and should be considered separately.

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11. **AMENDED RESOLUTION 31(26): Protecting International Medical Graduates and Ensuring Stability of the Emergency Medicine Workforce**

RESOLVED, That ACEP affirm its commitment to protecting the legal immigration status and continued medical training of ~~international medical graduates who are medical students, physicians in training, or attending~~ physicians-**and trainees whose ability to train or practice in the US depends on immigration status**; and be it further

RESOLVED, That ACEP ~~continue to advocate and support~~ **oppose** any federal or state immigration policy, rule, or enforcement action that ~~does not~~ disrupt**s**, terminate**s**, or jeopardize**s** the visa status, training continuity, or employment of physicians ~~in training or attending physicians holding international~~ **and trainees whose ability to train or practice in the US depends on immigration** status, particularly when such disruption would harm patient access to emergency care; and be it further

RESOLVED, That ACEP continue to engage with the relevant federal agencies to establish clear, durable protections for ~~in training, attending physicians, and medical students holding international~~ **physicians and trainees whose ability to train or practice in the US depends on immigration**-status; including protections against abrupt visa revocation, deportation proceedings, or enforcement actions that would interrupt patient care or graduate medical education.

ORIGINAL RESOLUTION LANGUAGE AS SUBMITTED

RESOLVED, That ACEP affirm its commitment to protecting the legal immigration status and continued medical training of international medical graduates who are medical students, physicians in training, or attending physicians; and be it further

RESOLVED, That ACEP continue to advocate and support any federal or state immigration policy, rule, or enforcement action that does not disrupt, terminate, or jeopardize the visa status, training continuity, or employment of physicians in training or attending physicians holding international status, particularly when such disruption would harm patient access to emergency care; and be it further

RESOLVED, That ACEP continue to engage with the relevant federal agencies to establish clear, durable protections for physicians in training, attending physicians, and medical students holding international status; including protections against abrupt visa revocation, deportation proceedings, or enforcement actions that would interrupt patient care or graduate medical education.

Summary of Asynchronous Testimony

Asynchronous testimony was largely in support. Several commenters offered amendments to clarify the resolution language and there were subsequent comments in support of the amendments.

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12. **AMENDED RESOLUTION 33(26): Regulatory Governance of AI Independent Practice of EM**

RESOLVED, That ACEP oppose the marketing and sale of prescription medication kits that provide prescription-only medications ~~in advance of diagnosed illness even if based on a brief virtual clinical survey~~ **without active involvement of a licensed healthcare professional**; and be it further

RESOLVED, That ACEP advocate for state and federal regulation requiring that artificial intelligence systems require a "clinician-in-the-loop," particularly for prescription medications, and that such oversight not be reduced, waived, or phased out without FDA Class III Medical Device Approval; and be it further

RESOLVED, That ACEP collaborate with the American Medical Association as it considers policy arising from its 2026 annual meeting related to Artificial Intelligence Independent Practice of Medicine and Scope of Practice; and ~~the ACEP Board of Directors create~~ **develop** ACEP polices to address these topics.

ORIGINAL RESOLUTION LANGUAGE AS SUBMITTED

RESOLVED, That ACEP oppose the marketing and sale of prescription medication kits that provide prescription-only medications in advance of diagnosed illness even if based on a brief virtual clinical survey; and be it further

RESOLVED, That ACEP advocate for state and federal regulation requiring that artificial intelligence systems require a "clinician-in-the-loop," particularly for prescription medications, and that such oversight not be reduced, waived, or phased out without FDA Class III Medical Device Approval; and be it further

RESOLVED, That ACEP collaborate with the American Medical Association as it considers policy arising from its 2026 annual meeting related to Artificial Intelligence Independent Practice of Medicine and Scope of Practice; and the ACEP Board of Directors create ACEP polices to address these topics.

Summary of Asynchronous Testimony

Asynchronous testimony was largely supportive, with several amendments proposed that were captured in the amended language. Several concerns were raised about the role of AI in advance prescribing rather than the issue of prescribing "in advanced of diagnosis illness." Some suggested amendments note that certain circumstances warrant advance prescribing.

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13. **AMENDED RESOLUTION 36(26): Transparency in Emergency Department Physician Staffing**

RESOLVED, That ACEP support the development and implementation ~~of standardized reporting of emergency department physician staffing characteristics by hospitals to the~~ **by** Centers for Medicare & Medicaid Services (CMS) and other appropriate ~~accrediting or~~ regulatory **or accrediting** organizations **of standardized reporting regarding whether emergency departments maintain continuous on-site physician coverage, with reporting definitions that appropriately account for facility type and applicable federal and state staffing requirements**; and be it further

RESOLVED That ACEP advocate for public ~~reporting of emergency department physician staffing~~ **availability of such** information in a standardized, accurate, **appropriately contextualized,** and ~~easily~~ understandable manner ~~that promotes transparency for patients, communities, researchers, and policymakers~~ **while minimizing unnecessary administrative reporting burden**.

ORIGINAL RESOLUTION LANGUAGE AS SUBMITTED

RESOLVED, That ACEP support the development and implementation of standardized reporting of emergency department physician staffing characteristics by hospitals to the Centers for Medicare & Medicaid Services (CMS) and other appropriate accrediting or regulatory organizations; and be it further

RESOLVED That ACEP advocate for public reporting of emergency department physician staffing information in a standardized, accurate, and easily understandable manner that promotes transparency for patients, communities, researchers, and policymakers.

Summary of Asynchronous Testimony

Asynchronous testimony was generally in support. Several comments clarified that CMS would be responsible for collecting and maintaining the data, not ACEP. The proposed amendments make this distinction clear.

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14. **AMENDED RESOLUTION 40(26): Opposing Settlement of Medical Malpractice Claims Without Consent of the Defendant Physician**

RESOLVED, That ACEP adopt policy supporting the principle that professional liability insurers should not settle a medical malpractice claim on behalf of an insured emergency physician without that physician's **input.** ~~informed written consent; and be it further~~

~~RESOLVED, That ACEP adopt policy opposing consent-to-settle provisions that shift financial risk to the physician, such as hammer clauses, which coerce consent rather than protect it.~~

ORIGINAL RESOLUTION LANGUAGE AS SUBMITTED

RESOLVED, That ACEP adopt policy supporting the principle that professional liability insurers should not settle a medical malpractice claim on behalf of an insured emergency physician without that physician's informed written consent; and be it further

RESOLVED, That ACEP adopt policy opposing consent-to-settle provisions that shift financial risk to the physician, such as hammer clauses, which coerce consent rather than protect it.

Summary of Asynchronous Testimony

Asynchronous testimony, while supportive of the resolution's intent, recognized that this is a complex issue with many unintended consequences, and was largely in opposition. The Reference Committee believes the amended language sufficiently addresses the concerns raised while preserving the intent of the resolution.

Recommended NOT for Adoption

15. **RESOLUTION 27(26): Conditional Support for a Single-Payer Health Care Financing System**

RESOLVED, That ACEP develop a policy statement of conditional support for a single-payer health care financing system, contingent upon the following criteria being met in any such legislation:

1) reimbursement rates for emergency services that fully cover the cost of providing care, including automatic inflation-based updates to prevent future erosion of payment adequacy;
2) inclusion of meaningful medical liability reform that reduces the burden of defensive medicine on emergency physicians and the health care system;
3) formal mechanisms for physician specialty organization input into payment rate-setting, benefit design, and program governance; and
4) provisions to address physician educational debt; and be it further

RESOLVED, That ACEP communicate conditional support for a single-payer health care system to Congress, including to sponsors of single-payer legislation, and engage with relevant stakeholders to advocate for the inclusion of specific criteria included in a policy statement developed by ACEP regarding single-payer in any single-payer proposal, consistent with ACEP's broader commitment to universal health care coverage and adequate reimbursement for emergency services.

Summary of Asynchronous Testimony

Asynchronous testimony was largely in opposition. However, testimony from several chapters and sections was in support. Testimony highlighted differences between universal health care and single payer and that this is a perennial issue worth discussing annually.

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16. **RESOLUTION 32(26): Protection of the Right of Licensed Healthcare Professionals to Render Emergency Care at Law Enforcement Controlled Scenes**

RESOLVED, That ACEP adopt as policy that law enforcement personnel should not obstruct, interfere with, or delay emergency medical care voluntarily offered by a licensed health care professional to an acutely ill or injured person at a law enforcement-controlled scene; that such care proceed without delay except in the presence of an immediate and articulable safety threat that cannot reasonably be mitigated without temporarily restricting access; and that any such restriction be based on specific, observable conditions, use the least restrictive means necessary, be limited in scope and duration to the threat identified, and permit initial medical assessment under controlled conditions whenever feasible and that this policy be communicated to relevant federal agencies and congressional committees; and be it further

RESOLVED, That ACEP urge the United States Congress to enact federal legislation prohibiting federal law enforcement officers from obstructing a licensed health care professional's access to render emergency care absent an immediate and articulable safety threat, requiring documentation of any such restriction, and requiring basic emergency care facilitation training (defined as instruction in scene safety assessment and the activation and support of bystander emergency care) for federal law enforcement personnel; and be it further

RESOLVED, That ACEP direct its American Medical Association (AMA) delegation to work to advance AMA policy addressing law enforcement obstruction of self-identified bystander physicians and licensed health care professionals at emergency scenes, consistent with existing recognition in AMA Policy H-130.937 (Delivery of Health Care by Good Samaritans) that reasonable access frameworks for bystander physician assistance should exist.

Summary of Asynchronous Testimony

Asynchronous testimony was largely in opposition with many raising concerns about crime scene safety.

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17. **RESOLUTION 35(26): Standardized Signage Identifying When a Physician is Not Present On-Site in the ED**

RESOLVED, That ACEP develop model standardized signage informing patients of physician on-site duty hours 24 hours per day, 7 days per week; and be it further

RESOLVED, That ACEP advocate for adoption of standardized signage informing patients of physician on-site duty hours 24 hours per day, 7 days per week by all emergency departments, including EDs utilizing staffing models without continuous on-site physician coverage; and be it further

RESOLVED, That ACEP collaborate with The Joint Commission (TJC), DNV (Det Norse Veritas) Healthcare, The Center for Improvement in Healthcare and Quality (CIHQ), and other hospital accrediting organizations to incorporate model standardized signage regarding physician availability into accreditation standards to provide for patient transparency and patient informed decision making for their medical care.

Summary of Asynchronous Testimony

Asynchronous testimony was largely supportive of the intent of the resolution. Many supporters noted that this was duplicative of current work the College is undertaking through Resolution 50(25), and several noted feasibility concerns given the financial impact.

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18. **RESOLUTION 37(26): Development of a HIPAA-Compliant Anonymous Database for Reporting Clinical Management Events Involving Non-Physicians**

RESOLVED, That ACEP study the feasibility of creating and maintaining a secure, anonymous, HIPAA-compliant repository for voluntary reporting of significant clinical events associated with non-physician practitioner care in emergency medicine.

Summary of Asynchronous Testimony

Asynchronous testimony was largely in opposition. Some commenters believe this resolution can create divisiveness across health care providers and that the College's focus should be on physician-led care and not targeting advanced practice providers. Other comments believe ACEP is not the appropriate entity to build a repository on adverse events, and that it would be costly.

Mr. Speaker, this concludes the preliminary report of Reference Committee B. I would like to thank Brittany Arnold, MD, FACEP; Blake Denley, MD, FACEP; Mike Lozano, MD, MSHI, FACEP; Micaela LaRose, MD; Christopher Pergrem, MD, FACEP; Brianna Hanson, MPH; and Annalane Miller, MPH, for their excellent work in developing this preliminary report.