



American College of
Emergency Physicians®

ADVANCING EMERGENCY CARE 

Steering Committee Meeting

September 28, 2018

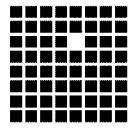
6:00 – 7:00 pm

Manchester Grand Hyatt Hotel
Grand Hall D, Lobby Level



Scientific Assembly **18**
SAN DIEGO, CA





American College of
Emergency Physicians®

ADVANCING EMERGENCY CARE 

POLICY STATEMENT

Approved June 2013

Antitrust

Reaffirmed by the ACEP
Board of Directors
June 2013,
October 2007

Revised and approved by the
ACEP Board of Directors
October 2001

Revised and approved by the
ACEP Board of Directors
June 1996

Approved by the ACEP Board
of Directors April 1994

The American College of Emergency Physicians is a national not-for-profit professional organization that exists to support quality emergency medical care and to promote the interest of emergency physicians. The College is not organized to and may not play any role in the competitive decisions of its members or their employees, nor in any way restrict competition among members or potential members. Rather it serves as a forum for a free and open discussion of diverse opinions without in any way attempting to encourage or sanction any particular business practice.

The College provides a forum for exchange of ideas in a variety of settings including its annual meeting, educational programs, committee meetings, and Board meetings. The Board of Directors of the College recognizes the possibility that the College and its activities could be viewed by some as an opportunity for anti-competitive conduct. Therefore, the Board is promulgating this policy statement to clearly and unequivocally support the policy of competition served by the antitrust laws and to communicate the College's uncompromising policy to comply strictly in all respects with those laws.

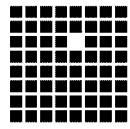
While recognizing the importance of the principle of competition served by the antitrust laws, the College also recognizes the severity of the potential penalties that might be imposed on not only the College but its members as well in the event that certain conduct is found to violate the antitrust laws. Should the College or its members be involved in any violation of federal/state antitrust laws, such violation can involve both civil as well as criminal penalties that may include imprisonment for up to 3 years as well as fines up to \$350,000 for individuals and up to \$10,000,000 for the College plus attorney fees. In addition, damage claims awarded to private parties in a civil suit are tripled for antitrust violations. Given the severity of such penalties, the Board intends to take all necessary and proper measures to ensure that violations of the antitrust laws do not occur.

In order to ensure that the College and its members comply with the antitrust laws, the following principles will be observed:

- The American College of Emergency Physicians or any committee, section, chapter, or activity of the College shall not be used for the purpose of bringing about or attempting to bring about any understanding or agreement, written or oral, formal or informal, expressed or implied, among two or more members or other competitors with regard to prices or terms and conditions of contracts for services or products. Therefore, discussions and exchanges of information about such topics will not be permitted at College meetings or other activities.
- There will be no discussions discouraging or withholding patronage or services from, or encouraging exclusive dealing with any health care provider or group of health care providers, any supplier or purchaser or group of suppliers or purchasers of health care products or services, any actual or potential competitor or group of actual potential competitors, any patients or group of patients, or any private or governmental reimbursers.
- There will be no discussions about allocating or dividing geographic or service markets, customers, or patients.
- There will be no discussions about restricting, limiting, prohibiting, or sanctioning advertising or solicitation that is not false, misleading, deceptive, or directly competitive with College products or services.
- There will be no discussions about discouraging entry into or competition in any segment of the health care market.
- There will be no discussions about whether the practices of any member, actual or potential competitor, or other person are unethical or anti-competitive, unless the discussions or complaints follow the prescribed due process provisions of the College's bylaws.
- Certain activities of the College and its members are deemed protected from antitrust laws under the First Amendment right to petition government. The antitrust exemption for these activities, referred to as the Noerr-Pennington Doctrine, protects ethical and proper actions or discussions by members designed to influence: 1) legislation at the national, state, or local level; 2) regulatory or policy-making activities (as opposed to commercial activities) of a governmental body; or 3) decisions of judicial bodies. However, the exemption does not protect actions constituting a “sham” to cover anticompetitive conduct.
- Speakers at committees, educational meetings, or other business meetings of the College shall be informed that they must comply with the College's antitrust policy in the preparation and the presentation of their remarks. Meetings will follow a written agenda approved in advance by the College or its legal counsel.

- Meetings will follow a written agenda. Minutes will be prepared after the meeting to provide a concise summary of important matters discussed and actions taken or conclusions reached.

At informal discussions at the site of any College meeting all participants are expected to observe the same standards of personal conduct as are required of the College in its compliance.



American College of
Emergency Physicians®

ADVANCING EMERGENCY CARE 

POLICY STATEMENT

Approved January 2017

Conflict of Interest

Revised by the ACEP
Board of Directors
January 2017, June 2011,
June 2008

Reaffirmed by the ACEP
Board of Directors
October 2001

Revised by the ACEP
Board of Directors
September 1997

Approved by the ACEP
Board of Directors
January 1996

Officers, Directors, Committee Chairs and Members, Section Chairs, Task Force Chairs, Annals Editor, staff, and others acting on behalf of the College have a fiduciary duty to the College, including the duties of loyalty, diligence, and confidentiality.

Those in positions of responsibility must act in utmost good faith on behalf of the College. In accepting their positions, they promise to give the College the benefit of their work and best judgment. They should exercise the powers conferred solely in the interest of the College and should not use their role or position for their own personal interest or that of any other organization or entity. Even the perception of conflict can potentially compromise the confidence and trust of ACEP members and the public in the stewardship of its leaders.

Conflicts of interest arise when participants in positions of responsibility have personal, financial, business, or professional interests or responsibilities that may interfere with their duties on behalf of ACEP. The immediacy and seriousness of various conflicts of interest situations may vary. Of basic importance is the degree to which the interest would tend one toward bias or pre-disposition on an issue or otherwise compromise the interests of the College.

A conditional, qualified, or potential conflict of interest can arise when the outside interest is not substantial or does not relate significantly to any contemplated action of the College. For example, a person might hold a minor financial interest in a company wishing to do business with the College. Disclosure is ordinarily sufficient to deal with this type of potential conflict of interest, provided that there is no expectation that one's duty to the College would be affected.

Direct conflicts of interest arise, for example, when an individual engages in a personal transaction with the College or holds a material interest or position of responsibility in an organization involved in a specific transaction with the College or that may have interests at variance or in competition with the College. The appropriate and necessary course of action in such cases is to disclose the conflict and recuse oneself, during the deliberations and the vote on the issue.

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In rare circumstances, an individual may have such a serious, ongoing, and irreconcilable conflict, where the relationship to an outside organization so seriously impedes one's ability to carry out the fiduciary responsibility to the College, that resignation from the position with the College or the conflicting entity is appropriate.

Dealing effectively with actual, perceived, or potential conflicts of interest is a shared responsibility of the individual and the organization. The individual and organizational roles and responsibilities with regard to conflicts of interest follow.

A. General

1. All individuals who serve in positions of responsibility within the College need not only to avoid conflicts of interest, but also to avoid the appearance of a conflict of interest. This responsibility pertains to Officers, Directors, Committee Chairs and Members, Section Chairs, Task Force Chairs, Annals Editor and the Executive Director (hereinafter collectively "Key Leaders") and other elected or appointed leaders, and staff. Decisions on behalf of the College must be based solely on the interest of the College and its membership. Decisions must not be influenced by desire for personal profit, loyalty to other organizations, or other extraneous considerations.
2. Key Leaders shall annually sign a statement acknowledging their fiduciary responsibility to the College and pledge to avoid conflicts of interest or the appearance of conflicts of interest. The issue of conflicts of interest with regard to the remainder of the staff shall be the responsibility of the Executive Director. The issue of conflicts of interest with regard to Section and Task Force Members who participate in the development of policy and resources on behalf of the Colleges shall be the responsibility of the Section and Task Force Chairs with the ultimate determination made by the College President as to Section and Task Force Members to be designated as Key Leaders for the purpose of this policy and the related disclosures, acknowledgements, pledges and statements.
3. Key Leaders shall annually complete a form designated by the ACEP Board of Directors that includes the disclosure of pertinent financial and career-related information and shall update that information as necessary to continuously keep it current and active.
4. Key Leaders shall annually sign a statement acknowledging that they may have access to confidential information and pledge to protect the confidentiality of that information.
5. Officers, Board Members, the Executive Director, and the General Counsel shall annually pledge to clarify their position when speaking on their own behalf as opposed to speaking on behalf of the

membership as a whole, or as an officer or member of the Board of Directors or senior staff member.

6. Officers, Board Members, the Executive Director, the General Counsel or their designees will periodically review the conflict of interest disclosure statements submitted to the College to be aware of potential conflicts that may arise with others.
7. When an Officer, Board Member, the Executive Director, or General Counsel believes that an individual has a conflict of interest that has not been properly recognized or resolved, the Officer, Board Member, Executive Director, or General Counsel will raise that issue and seek proper resolution.
8. Any member may raise the issue of conflict of interest by bringing it to the attention of the Board of Directors through the President or the Executive Director. The final resolution of any conflict of interest shall rest with the Board of Directors.

B. Disclosure Form

1. Key Leaders shall annually complete a form that discloses the following:
 - a. Positions of leadership in other organizations, chapters, commissions, groups, coalitions, agencies, and entities – eg, board of directors, committees, spokesperson role. Include a brief description of the nature and purposes of the organization or entity.
 - b. Positions of employment, including the nature of the business of the employer, the position held, and a description of the daily responsibilities of the employment.
 - c. Direct financial interest (other than a less than 1% interest in a publicly traded company) or positions of responsibility in any entity:
 - i. From which ACEP obtains substantial amounts of goods or services;
 - ii. That provides services that substantially compete with ACEP; and
 - iii. That provides goods or services in support of the practice of emergency medicine (e.g. physician practice management company, billing company, physician placement company, book publisher, medical supply company, malpractice insurance company).

- d. Industry-sponsored research support within the preceding twenty-four (24) months.
 - e. Speaking fees from non-academic entities during the preceding twenty-four (24) months.
 - f. The receipt of any unusual gifts or favors from an outside entity or person, or the expectation that a future gift or favor will be received in return for a specific action, position, or viewpoint taken in regards to ACEP or its products.
 - g. Any other interest the Key Leader believes may create a conflict with the fiduciary duty to ACEP or that may create the appearance of a conflict of interest.
2. Except as provided in Section 4 below, completed disclosure forms shall be submitted to the President and the Executive Director no later than sixty (60) days prior to commencement of the annual meeting of ACEP's Council. For Officers and Board Members newly elected during a meeting of ACEP's Council, the forms shall be submitted no later than thirty (30) days following their election if they were not previously submitted. Any Key Leader who has not submitted a completed disclosure form by the applicable deadline will be ineligible to participate in those specific College activities for which they have been appointed or elected until their completed disclosure forms have been received and reviewed as set forth in this policy.
 3. Information disclosed by Officers, Board Members, and the Executive Director pursuant to this policy will be placed in the General Reference Notebook available at each Board meeting for review by Officers and Board Members. Committee, Section, and Task Force Chairs will have access to the disclosure forms of the members of the entity they chair. In addition, any ACEP member may request a copy of a Key Leader's disclosure form upon written request to the ACEP President.
 4. Completed disclosure forms required from Section and Task Force Members will be submitted to the relevant Section or Task Force Chair and the Executive Director within thirty (30) days of appointment or assignment.
 5. ACEP may disclose to its members and the public the disclosure forms of its Officers, Board Members, Annals Editor, and the Executive Director.

C. Additional Rules of Conduct

1. Prior to participating in any deliberation or vote on an issue in which they may have a conflict, Key Leaders shall disclose the existence of any actual or possible interest or concern of:

- a. The individual;
 - b. A member of that individual's immediate family; or
 - c. Any party, group, or organization to which the individual has allegiance that can cause ACEP to be legally or otherwise vulnerable to criticism, embarrassment or litigation.
2. After disclosure of the interest or concern that could result in a conflict of interest as defined in this policy and all material facts, the individual shall leave the Board, Committee, Section, or Task Force meeting while the determination of a conflict of interest is discussed and voted upon. The remaining Board, Committee, Section, or Task Force members shall decide by majority vote if a conflict of interest exists. If a conflict of interest is determined to exist, the individual having the conflict shall retire from the room in which the Board, Committee, Section, or Task Force is meeting and shall not participate in the deliberation or decision regarding the matter under consideration. However, that individual shall provide the Board, Committee, Section, or Task Force with any and all relevant information requested.
3. The minutes of the Board, Committee, Section, or Task Force meeting shall contain:
- a. The name of the individual who disclosed or otherwise was found to have an interest or concern in connection with an actual or possible conflict of interest, the nature of the interest, any action taken to determine whether a conflict of interest was present, and the Board's, Committee's, Section's, or Task Force's decision as to whether a conflict of interest existed;
 - b. The extent of such individual's participation in the relevant Board, Committee, Section, or Task Force meeting on matters related to the possible conflict of interest; and
 - c. The names of the individuals who were present for discussion and votes relating to the action, policy, or arrangement in question, the content of the discussion including alternatives to the proposed action, policy, or arrangement, and a record of any votes taken in connection therewith.



Council Steering Committee Meeting
Friday, September 28, 2018
6:00 pm – 7:00 pm
Manchester Grand Hyatt – Grand Hall D, Lobby Level

AGENDA

- I. Call to Order Dr. McManus
 - A. Additions to the Agenda
 - B. Conflict of Interest Disclosure

- II. Introduction of Steering Committee Members Dr. McManus

John G. McManus, Jr., MD, MBA, FACEP (GS)
Gary R. Katz, MD, MBA, FACEP (OH)
Michael J. Baker, MD, FACEP (MI)
Douglas Char, MD, FACEP (MO)
Kathleen Clem, MD, FACEP (FL)
Melissa W. Costello, MD, FACEP (AL)
Sarah Hoper, MD, JD, FACEP (IA)
Tiffany Jackson, MD (SC)
Gabe D. Kelen, MD, FACEP (AACEM)
Chadd Kraus, DO, DrPH, FACEP (PA)
Jeff F. Linzer, MD, FACEP (GA)
Heather A. Marshall, MD, FACEP (NM)
Tony Salazar, MD, FACEP (NM)
Sullivan K. Smith, MD, FACEP (TN)
Annalise Sorrentino, MD, FACEP (AL)
Susanne J. Spano, MD, FACEP (Wilderness)

- III. Introduction of Parliamentarian – Jim Slaughter, JD

- IV. Introduction of Board Members Dr. McManus

Paul D. Kivela, MD, MBA, FACEP – President
Vidor E. Friedman, MD, FACEP – President-Elect
Rebecca B. Parker, MD, FACEP – Immediate Past President
Debra G. Perina, MD, FACEP – Chair of the Board
Stephen K. Anderson, MD, FACEP – Secretary-Treasurer
James J. Augustine, MD, FACEP
Alison J. Haddock, MD, FACEP
Jon Mark Hirshon, MD, MPH, PhD, FACEP
William P. Jaquis, MD, FACEP
Christopher S. Kang, MD, FACEP
Kevin M. Klauer, DO, EJD, FACEP
Aisha T. Liferidge, MD, MPH, FACEP
Mark S. Rosenberg, DO, MBA, FACEP
Gillian R. Schmitz, MD, FACEP

- V. Introduction of Candidates Dr. Katz
President-Elect
Jon Mark Hirshon, MD, PhD, MPH, FACEP (MD)
William P. Jaquis, MD, FACEP (MD)
- Board of Directors*
L. Anthony Cirillo, MD, FACEP (RI)
Kathleen J. Clem, MD, FACEP (FL)
Francis L. Counselman, MD, CPE, FACEP (VA)
John T. (JT) Finnell, MD, MSc, FACEP (IN)
Jeffrey M. Goodloe, MD, FACEP (TX)
Christopher S. Kang, MD, FACEP (Incumbent - WA)
Michael McCrea, MD, FACEP (OH)
Mark S. Rosenberg, DO, MBA, FACEP (Incumbent – NJ)
Thomas J. Sugarman, MD, FACEP (CA)
- VI. Acceptance of Minutes Dr. McManus
A. Steering Committee, May 20, 2018
- VII. Officer and Staff Reports Dr. McManus
A. Speaker Dr. Katz
B. Vice Speaker Dr. Kivela
C. President Dr. Friedman
D. President-Elect Mr. Wilkerson
E. Executive Director
- VIII. New Business Dr. McManus
A. Review and Discussion of Late Resolutions
B. Review Council Meeting Agenda

ADJOURN

2018 Council Steering Committee

Updated May 2018



**John G. McManus, Jr., MD, MBA,
FACEP**
Speaker

Evans, GA



Gary R. Katz, MD, MBA, FACEP
Vice Speaker

Dublin, OH



Michael J. Baker, MD, FACEP

Ann Arbor, MI



Douglas Char, MD, FACEP

Saint Louis, MO



Kathleen J. Clem, MD, FACEP

Longwood, FL



Melissa W. Costello, MD, FACEP

Mobile, AL



Sarah J. Hoper, MD, JD, FACEP

Cedar Rapids, IA



Tiffany Jackson, MD

Fort Mill, SC



Gabor (Gabe) D. Kelen, MD, FACEP

Baltimore, MD



**Chadd K. Kraus, DO, DrPH, MPH,
FACEP**

Lewisburg, PA



Jeff F. Linzer, MD, FACEP

Decatur, GA



Heather A. Marshall, MD, FACEP

Houston, TX

**2018 Council Steering Committee
Picture Roster (continued)**



Tony B. Salazar, MD, FACEP

Albuquerque, NM



Sullivan K. Smith, MD, FACEP

Cookeville, TN



Annalise Sorrentino, MD, FACEP

Birmingham, AL



Susanne J. Spano, MD, FACEP

Fresno, CA



Steering Committee Meeting
May 20, 2018
Grand Hyatt Washington
Washington, DC

Minutes

Speaker John McManus, MD, FACEP, called to order a regular meeting of the Council Steering Committee of the American College of Emergency Physicians at 8:07 am Eastern time on Sunday, May 20, 2018, at the Grand Hyatt Washington in Washington, DC.

Steering Committee members present for all or portions of the meeting were: Michael Baker, MD, FACEP; Douglas Char, MD, FACEP; Kathleen Clem, MD, FACEP; Melissa Costello, MD, FACEP; Sarah Hoper, MD, FACEP; Tiffany Jackson, MD; Gary Katz, MD, FACEP, vice speaker; Gabor Kelen, MD, FACEP; Chadd Kraus, DO, FACEP; Jeff Linzer, MD, FACEP; Heather Marshall, MD, FACEP; John McManus, MD, FACEP, speaker; Tony Salazar, MD, FACEP; Sullivan Smith, MD, FACEP; Annalise Sorrentino, MD, FACEP; and Susanne Spano, MD, FACEP.

Other members and guests present for all or portions of the meeting were: Stephen Anderson, MD, FACEP; Frederick Blum, MD, FACEP; Brooks Bock, MD, FACEP; Marco Coppola, DO, FACEP; James Cusick, MD, FACEP; J.T. Finnell, MD, FACEP; Vidor Friedman, MD, FACEP; Michael Gerardi, MD, FACEP; Jon Mark Hirshon, MD, FACEP; William Jaquis, MD, FACEP; Christopher Kang, MD, FACEP; Paul Kivela, MD, FACEP, president; Omar Maniya, MD; Angela Mattke, MD, FACEP; Michael McCrea, MD, FACEP; Scott Pasichow, MD; Debra Perina, MD, FACEP; John Rogers, MD, FACEP, president-elect; Mark Rosenberg, DO, FACEP; and Steven Stack, MD, FACEP.

Staff present for all or portions of the meeting were: Robert Heard, MBA, CAE; Sonja Montgomery, CAE; Sandra Schneider, MD, FACEP; and Pawan Goyal, MD, MHA.

Minutes

The minutes of the February 6, 2018, Steering Committee meeting were approved as written.

Officer and Staff Reports

Speaker

Dr. McManus thanked the Steering Committee subcommittees for their work and announced the 2018 Council awards recipients:

Council Meritorious Service Award – James Mitchiner, MD, MPH, FACEP
Council Teamwork Award – Washington Chapter
Council Horizon Award – Lisa Maurer, MD, FACEP
Council Champion in Diversity & Inclusion Award – Aisha Liferidge, MD, FACEP
Council Curmudgeon Award – Charles Pattavina, MD, FACEP

Dr. McManus announced the 2018 candidates.

President-Elect: Vidor Friedman, MD, FACEP (FL)
William Jaquis, MD, FACEP (MD)

Board of Directors: L. Anthony Cirillo, MD, FACEP (RI)
Kathleen Clem, MD, FACEP (FL)
Francis Counselman, MD, FACEP (VA)

J.T. Finnell, MD, FACEP (IN)
Jeff Goodloe, MD, FACEP (OK)
Christopher Kang, MD, FACEP (incumbent – WA)
Michael McCrea, MD, FACEP (OH)
Mark Rosenberg, DO, FACEP (incumbent – NJ)
Thomas Sugarman, MD, FACEP (CA)

The Steering Committee discussed the number of Board candidates this year and whether there should be a set number of candidates per open position. There was consensus that the Nominating Committee should have the flexibility to put forward the best slate of candidates without limitation on the number of candidates.

Vice Speaker

Dr. Katz thanked everyone for their participation and commitment to the College.

President

Dr. Kivela reported on several key initiatives of the College.

Executive Director

Mr. Heard provided an update on Mr. Wilkerson's progress since his hip replacement surgery. He also reported on several ACEP activities: Website redesign, participation in the Clinical Emergency Data Registry, the Geriatric ED Accreditation Program, 50th Anniversary planning, \$300,000 grant available to chapters regarding hemophilia, *ACEP18*, and changes to the Leadership & Advocacy Conference.

Annual Meeting Subcommittee

Dr. Salazar presented the subcommittee's report on their assigned objectives. The subcommittee reviewed the format and topics from previous Town Hall meetings and provided a list of proposed topics for the 2018 Town Hall meeting. The subcommittee did not recommend any changes to the format of the Town Hall meeting. There was consensus for the Town Hall meeting to focus on a single topic and presenting various aspects of the issue by high-level speakers/content experts and include time for Q & A. The Council officers will make the final determination about the format, topic, and speakers this summer.

The subcommittee reviewed the Board's actions on 2015-2017 resolutions and concurred that the actions taken are consistent with the Council's expectations. The Actions on Resolutions reports will be updated this summer to reflect additional activity that may have occurred since February 2018. The updated reports will be provided to the 2018 Council and will also be available in the Council section of the ACEP Website. The subcommittee recommended that the Council speaker highlight some of the actions on the prior year's resolutions during his report to the Council.

The subcommittee concurred that certain demographic questions should be asked every year to analyze demographic changes within the Council and that the survey should be brief with a maximum of 10 questions. The Steering Committee reviewed the draft questions developed by the subcommittee. The questions will be finalized over the summer for approval by the Council officers.

Bylaws & Council Standing Rules Subcommittee

Dr. Sorrentino presented the subcommittee's report on their assigned objectives. The subcommittee reviewed the growth of the Council over the past 20 years and noted that growth has averaged 2.81%, (average of 9 additional councillors) per year. Various options for limiting the number of councillors were discussed, such as a maximum number per component body and changing the number of additional members required before an additional councillor is allocated. There was consensus to pursue limiting the maximum number, but not on the method to do so. The subcommittee prepared a draft resolution for the 2018 Council directing the Speaker to appoint a task force of councillors to study the growth of the Council and determine whether a Bylaws amendment should be submitted to

the 2019 Council limiting the maximum number of councillors allowed for each component body. There was consensus to submit the resolution to the 2018 Council.

The subcommittee discussed a suggestion that the Council Standing Rules (CSR) be amended to allow that all motions to amend resolutions (based on the Reference Committee recommendations) submitted will be presented to the Council before voting on the final version of the resolution or closing debate can occur. The subcommittee discussed the amendment process and parliamentary procedure and did not reach consensus on implementing this idea or how it could be accomplished. The Steering Committee did not support developing a resolution to amend the CSR in this manner.

President-Elect's Report

Dr. Rogers addressed the Steering Committee.

Leadership Diversity Task Force

Dr. Perina presented the task force's draft Council Standing Rules resolutions "Codifying the Leadership Development Advisory Group (LDAG)" and "Nominating Committee Charter Revision to Promote Diversity."

It was moved THAT THE STEERING COMMITTEE APPROVE COSPONSORING THE COUNCIL STANDING RULES RESOLUTIONS "CODIFYING THE LEADERSHIP ADVISORY GROUP (LDAG)" AND "NOMINATING COMMITTEE CHARTER REVISION TO PROMOTE DIVERSITY." The motion was adopted.

Candidate Forum Subcommittee Report

Dr. Katz presented the subcommittee's report on their assigned objectives. He reported that the majority of the objectives will be completed this summer and during the 2018 Council meeting.

The subcommittee discussed holding a 30-minute debate/town hall discussion (not a pro/con stance) with the president-elect candidates in the main Council meeting room after the Town Hall meeting with questions posed by the subcommittee and the audience. The president-elect candidates would also be allowed to provide a one-minute closing statement. The Steering Committee supported this change to the agenda and limiting the Town Hall meeting to one hour. The Candidate Forum for the Board of Directors candidates will still occur in the Reference Committee hearing rooms from 2:45 – 4:30 pm.

The subcommittee agreed that questions for all candidates should continue to be solicited from the audience, but also through e-mail two weeks prior to the Council meeting. The subcommittee will continue to review all questions submitted and determine the questions that will be asked during the Candidate Forum.

2018 Council Meeting Agenda

Dr. McManus reviewed the Council meeting agenda, which includes the change to shorten the Town Hall meeting and add the separate Candidate Forum for the president-elect candidates.

Criteria for Council Meritorious Service Award and Council Horizon Award

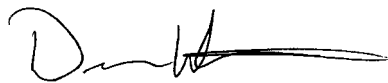
The Steering Committee reviewed the criteria for the Council Meritorious Service (CMS) Award and the Council Horizon Award and discussed whether any changes should be made. There was consensus to remove the 3-year service requirement for the CMS Award and include service as an alternate councillor. There was also consensus to retain the current criteria for the Horizon Award to recognize individuals within the first five years of their Council service.

Next Meeting

The next meeting of the Council Steering Committee is scheduled for Friday, September 28, 2018, at the Manchester Grand Hyatt in San Diego, CA.

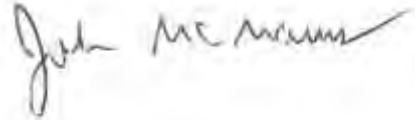
With no further business, the meeting was adjourned at 11:47 am Eastern time on Sunday, May 20, 2018.

Respectfully submitted,



Dean Wilkerson, JD, MBA, CAE
Council Secretary and Executive Director

Approved by,



John G. McManus, Jr., MD, FACEP
Council Speaker and Chair



Late Resolution

RESOLUTION: 49(18)

SUBMITTED BY: New York Chapter
Pennsylvania Chapter

SUBJECT: In Memory of C. Christopher King, MD, FACEP

1 WHEREAS, The specialty of emergency medicine lost a compassionate physician, dedicated educator,
2 mentor, researcher, and colleague in C. Christopher King, MD, FACEP, who passed away on March 26, 2018, at the
3 age of 58; and
4

5 WHEREAS, Dr. King served as the Chair of Emergency Medicine at Albany Medical College where he was
6 instrumental in creating the region's only dedicated pediatric emergency department; and
7

8 WHEREAS, Dr. King previously served as a faculty member in the department of adult and pediatric
9 emergency medicine at the Children's Hospital of Philadelphia, St. Christopher's Hospital for Children, UPMC, and
10 The Children's Hospital of UPMC; and
11

12 WHEREAS, Dr. King wrote and lectured extensively on pediatric airway management; and
13

14 WHEREAS, Dr. King performed significant research in adult and pediatric traumatic brain injury; and
15

16 WHEREAS, Dr. King trained hundreds of emergency medicine residents and pediatric emergency medicine
17 fellows; and
18

19 WHEREAS, Dr. King touched the lives of countless individuals as an educator, physician, role model,
20 mentor, colleague, pioneer, friend, and devoted husband and father; and
21

22 WHEREAS, Dr. King shaped the future of emergency medicine in Pennsylvania and New York with his
23 leadership, vision, enthusiasm, and dedication; therefore, be it
24

25 RESOLVED, That the American College of Emergency Physicians remembers with gratitude the many
26 contributions made by C. Christopher King, MD, FACEP, as one of the leaders in emergency medicine and the
27 greater medical community; and be it further
28

29 RESOLVED, That the American College of Emergency Physicians extends to the family of C. Christopher
30 King MD, FACEP, his friends, and his colleagues our condolences and gratitude for his tremendous service to the
31 specialty of emergency medicine, and to the patients and physicians of Pennsylvania, New York, and the United
32 States.



RESOLUTION: 50(18)

SUBMITTED BY: Alabama Chapter
Arizona Chapter
California Chapter
Florida College of Emergency Physicians
Illinois College of Emergency Physicians
Missouri College of Emergency Physicians
New York Chapter
Ohio Chapter
Texas College of Emergency Physicians
West Virginia College of Emergency Physicians

SUBJECT: In Memory of John Emory Campbell, MD, FACEP

1 WHEREAS, Emergency Medicine lost a passionate leader, teacher, and visionary when John Emory
2 Campbell, MD, FACEP, passed away on August 29, 2018, at the age of 75; and
3

4 WHEREAS, Dr. Campbell dedicated his life and career to the improvement of emergency medicine and
5 emergency medical services in the State of Alabama and around the world; and
6

7 WHEREAS, Dr. Campbell distinguished himself by serving as the State of Alabama EMS Medical Director
8 for 23 years, and through his efforts, assisted in creating one of the best EMS systems in the country; and
9

10 WHEREAS, Dr. Campbell was known worldwide for his groundbreaking work in developing prehospital
11 trauma education and founding the Basic Trauma Life Support (BTLS) (now International Trauma Life Support)
12 program in 1982, the first course and curriculum dedicated to prehospital trauma assessment and trauma care; and
13

14 WHEREAS, ITLS is now a worldwide organization offering 15 types of trauma courses and teaching more
15 than 30,000 students annually in more than 40 countries across the globe, and Dr. Campbell's work has touched more
16 than 750,000 trauma care providers worldwide and the millions of patients they care for; and
17

18 WHEREAS, Dr. Campbell authored eight editions of the ITLS textbook, which is now a legacy publication in
19 its 36th year of circulation with 14 international translations; and
20

21 WHEREAS, Dr. Campbell's humble servant leadership earned the respect and admiration of all who worked
22 with him locally, nationally, and internationally as he aimed tirelessly to better prehospital emergency care; and
23

24 WHEREAS, Dr. Campbell leaves behind a legacy of unflinching dedication and excellence in trauma care, and
25 will be missed by the thousands of students, instructors, colleagues and friends whose lives he touched, personally and
26 professionally, through the reach of ITLS training and education; therefore, be it
27

28 RESOLVED, That the American College of Emergency Physicians remembers with gratitude and honors the
29 many contributions made by John Emory Campbell MD, FACEP, as one of the leaders in Emergency Medicine and a
30 pioneer of prehospital trauma education; and be it further
31

32 RESOLVED, That the American College of Emergency Physicians extends its condolences to Dr. Campbell's
33 family, friends, and colleagues for his tremendous service to Emergency Medicine and Emergency Medical Services.



RESOLUTION: 51(18)
SUBMITTED BY: Rhode Island Chapter
SUBJECT: In Memory of Adib Mechrefe, MD, FACEP

1 WHEREAS, The specialty of emergency medicine and the Rhode Island Chapter of the American College of
2 Emergency Physicians (RI ACEP) lost a staunch advocate, compassionate physician, dedicated educator, and dear
3 friend and colleague in Adib Mechrefe, MD, FACEP, who passed away on July 30, 2018, at the age of 76; and
4

5 WHEREAS, Dr. Mechrefe was lucky to be surrounded by his loving family and was the beloved husband of
6 Mary (Freij) Mechrefe; and
7

8 WHEREAS, Dr. Mechrefe was born in Damascus, Syria, a son of the late Mtarios and Wahebah Mechrefe,
9 and had lived in Lincoln, Rhode Island for the past 42 years; and
10

11 WHEREAS, Dr. Mechrefe devoted his life to taking care of others and was a general surgeon and emergency
12 medicine specialist who owned Garden City Treatment Center in Cranston, the only privately-owned emergency
13 department licensed by the RI Department of Health, since 1986; and
14

15 WHEREAS, Over his extensive 49-year medical career, Dr. Mechrefe was responsible for treating more than
16 one million patients and was well-loved by all those he encountered in his medical community; and
17

18 WHEREAS, Besides his beloved wife, he is survived by his loving children Anthony Mechrefe, MD, and his
19 wife Etienne; Tanya Gaudio and her husband Janathan; and Tara Cavanagh and her husband Robert; all his dear
20 grandchildren including Yasmine, Lillia, Anthony, Jordan, Samara, Jack, Charles, Henry, and Vivian; and
21

22 WHEREAS, Dr. Mechrefe touched the lives of countless individuals as a physician, role model, mentor,
23 colleague, consultant, friend, and devoted father and husband; therefore, be it
24

25 RESOLVED, That the American College of Emergency Physicians remembers with gratitude and honors the
26 many contributions made by Adib Mechrefe, MD, FACEP, as one of the leaders in emergency medicine and the
27 greater medical community; and be it further
28

29 RESOLVED, That the American College of Emergency Physicians extends to his wife, Mary (Freij) Mechrefe,
30 his family, his friends, and his colleagues our condolences and gratitude for his tremendous service to the specialty of
31 emergency medicine and to the patients and physicians of Rhode Island and the United States.



Late Resolution

RESOLUTION: __(18)

SUBMITTED BY: Utah Chapter

SUBJECT: Scope of Practice for Non-Physician Healthcare Practitioners

1 WHEREAS, There has been a proliferation of non-physician healthcare practitioners, including Physician
2 Assistants, Nurse Practitioners, Nurse Midwives, Certified Registered Nurse Anesthetists, Physical Therapists,
3 Occupational Therapists, Psychologists and others; and
4

5 WHEREAS, Some of these healthcare practitioners can now pursue PhD or other doctorate programs in their
6 field of practice or related fields; and
7

8 WHEREAS, These non-physician healthcare practitioners do not have the same level of education, exposure
9 to clinical training and scope of clinical responsibility compared to physicians; and
10

11 WHEREAS, There is a trend nationally towards these non-physician practitioners seeing and treating patients
12 in an independent or otherwise unsupervised practice setting, potentially putting patients at risk; and
13

14 WHEREAS, There is a disturbing trend for hospitals, the federal government and other healthcare employers
15 to replace physicians with non-physician providers, strictly for financial reasons; and
16

17 WHEREAS, Scope of practice for all medical practitioners is generally determined at the state level, except in
18 federal health care programs; therefore, be it
19

20 RESOLVED, That ACEP investigate current state and federal regulations regarding the ability of non-
21 physicians to practice independently, without appropriate physician supervision; and be it further
22

23 RESOLVED, That ACEP determine if legislation or regulations should be pursued at the state and/or federal
24 levels to assure appropriate physician supervision of non-physician medical care practitioners; and be it further
25

26 RESOLVED, That any potential legislation or regulations proposed as a result of ACEP’s determination
27 regarding appropriate physician supervision of non-physician medical care practitioners would NOT apply to the U.S.
28 Military Medical Care system.

Background

Background was not developed because the resolution was received late.



Late Resolution

RESOLUTION: ___(18)

SUBMITTED BY: Utah Chapter

SUBJECT: Use of the Word “Provider in ACEP Documents and Publications

1 WHEREAS, There has been a trend toward the use of the word “provider” to describe all manner of persons
2 providing medical care to patients, including Physicians, Physician Assistants, Nurse Practitioners, Certified
3 Registered Nurse Anesthetists, Certified Nurse Midwives, and others; and

4
5 WHEREAS, There is a considerable difference in the level of training, years of education, breadth of
6 knowledge, and level of responsibility between physicians and others providing medical services to patients; and

7
8 WHEREAS, Some non-physicians who provide medical services to patients are able to obtain PhD or other
9 Doctorate degrees, and thus use the appellation “Doctor;” and

10
11 WHEREAS, It is often difficult for patients to easily ascertain what level of training and education was
12 achieved by those providing medical services to them; and

13
14 WHEREAS, Referring to all who provide medical services as “Providers” can be confusing to patients, as
15 well as implying an equivalent level of training and expertise; and

16
17 WHEREAS, It is unfair to both non-physicians and physicians to not be recognized for their specific
18 academic achievement; and

19
20 WHEREAS, Other professional groups (i.e., attorneys, architects, accountants, dentists, etc.) generally do not
21 allow those with less stringent training in their field to be referred to by the same appellation; and

22
23 WHEREAS, No member of ACEP worked diligently and sacrificed greatly for several years to graduate from
24 “Provider School;” therefore, be it

25
26 RESOLVED, That the American College of Emergency Physicians in its official publications,
27 announcements, and documents, will consider (whenever possible) limiting or eliminating the use of the word
28 “provider” when referring to physician and non-physician healthcare practitioners, instead referring to them more
29 accurately by the educational degree(s) which they obtained.

Background

Background was not developed because the resolution was received late.



2018 Council Meeting

September 28-30, 2018

Pre-Meeting Events Occur Friday Evening, September 28, 2018, Manchester Grand Hyatt

Grand Hall A-C, Lobby Level

San Diego, CA

TIMED AGENDA

Saturday, September 29, 2018

<i>Continental Breakfast – Grand Hall Foyer, Lobby Level</i>		<i>7:30 am</i>
1. Call to Order	Dr. McManus	8:00 am
A. Meeting Dedication		
B. Pledge of Allegiance		
C. National Anthem		
2. Introductions	Dr. McManus	8:10 am
3. Welcome from CA Chapter President	Dr. Moulin	8:12 am
4. Tellers, Credentials, & Election Committee	Dr. Kessler	8:14 am
A. Credentials Report		
B. Meeting Etiquette		
5. Changes to the Agenda	Dr. McManus	8:16 am
6. Council Meeting Website	Mr. Joy	8:16 am
7. EMF Challenge	Dr. Wilcox	8:21 am
8. NEMPAC Challenge	Dr. Jacoby	8:23 am
9. Review and Acceptance of Minutes	Dr. McManus	8:25 am
A. Council Meeting – October 27-28, 2017		
10. Approval of Steering Committee Actions	Dr. McManus	
A. Steering Committee Meeting – February 6, 2018		
B. Steering Committee Meeting – May 20, 2018		
11. Call for and Presentation of Emergency Resolutions	Dr. McManus	
12. Steering Committee’s Report on Late Resolutions	Dr. McManus	
A. Reference Committee Assignments of Allowed Late Resolutions		
B. Disallowed Late Resolutions		
13. Ratification of President-Elect Election	Dr. McManus	8:30 am
14. Nominating Committee Report	Dr. McManus	8:30 am
A. President-Elect		
1. Slate of Candidates		
2. Call for Floor Nominations		
B. Board of Directors		
1. Slate of Candidates		
2. Call for Floor Nominations		

Saturday, September 29, 2018 (Continued)

15. Candidate Opening Statements	Dr. Katz	
A. President-Elect Candidates (5 minutes each)		8:35 am
B. Board of Directors Candidates (2 minutes each)		8:45 am
16. Reference Committee Assignments	Dr. McManus	9:05 am
BREAK		9:10 am – 9:30 am
17. Reference Committee Hearings –		9:30 am – 12:30 pm
A – Governance & Membership – <i>Harbor A-C, Harbor Tower, 2nd Level</i>		
B – Advocacy & Public Policy – <i>Harbor D-F, Harbor Tower, 2nd Level</i>		
C – Emergency Medicine Practice – <i>Harbor G-I, Harbor Tower, 2nd Level</i>		
Lunch Available – Grand Hall Foyer		11:00 am – 12:30 pm
18. Reference Committee Executive Sessions		12:30 pm – 2:30 pm
A – <i>Harbor A-C, Harbor Tower, 2nd Level</i>		
B – <i>Harbor D-F, Harbor Tower, 2nd Level</i>		
C – <i>Harbor G-I, Harbor Tower, 2nd Level</i>		
BREAK – Return to main Council meeting room – Grand Hall A-C, Lobby Level.		12:30 pm – 12:45 pm
19. Town Hall Meeting – <i>Grand Hall A-C, Lobby Level</i>	Dr. Katz	12:45 pm – 1:45 pm
A. Single Payer: Has the Time Finally Arrived?		
20. Candidate Forum for the President-Elect Candidates – <i>Grand Hall A-C, Lobby Level</i>		2:00 pm – 2:30 pm
BREAK – Return to Reference Committee meeting rooms – Harbor A-I, Harbor Tower, 2nd Level.		2:30 pm – 2:45 pm
21. Candidate Forum for the Board of Directors Candidates – <i>Harbor A-I, Harbor Tower, 2nd Level</i>		2:45 pm – 4:30 pm
<i>Candidates rotate through Reference Committee meeting rooms.</i>		
BREAK – Return to main Council meeting room – Grand Hall A-C, Lobby Level.		4:30 pm – 4:45 pm
22. Speaker’s Report	Dr. McManus	4:45 pm
A. Leadership Development Advisory Group		
B. Board Actions on 2017 Resolutions		
C. Introduction of Honored Guests		
D. Introduction of Council Steering Committee		
E. Introduction of Board of Directors		
23. In Memoriam	Dr. McManus	5:00 pm
A. Reading and Presentation of Memorial Resolutions	Dr. Katz	5:00 pm
<i>Adopt by observing a moment of silence.</i>		
24. ABEM Report	Dr. Muelleman	5:10 pm
25. Secretary-Treasurer’s Report	Dr. Anderson	5:15 pm
26. EMRA Report	Dr. Jarou	5:20 pm
27. EMF Report	Dr. Celeste	5:25 pm
28. NEMPAC Report	Dr. Jacoby	5:30 pm
29. President’s Address	Dr. Kivela	5:35 pm

Candidate Reception • 6:15 pm – 7:15 pm • Seaview, Lobby Level

Sunday, September 30, 2018

Keypad Distribution – Grand Hall Foyer, Lobby Level		7:00 am
Continental Breakfast – Grand Hall Foyer, Lobby Level		7:30 am
1. Call to Order	Dr. McManus	8:00 am
2. Tellers, Credentials, & Elections Committee Report	Dr. Kessler	8:00 am
3. Electronic Voting	Dr. Kessler	8:05 am
A. Keypad Testing/Demographic Data Collection		
4. Executive Directors Report	Mr. Wilkerson	8:30 am
5. Video – How to Submit Amendments Electronically		8:55 am
6. Reference Committee Reports		9:00 am
A. Reference Committee _____		
B. Reference Committee _____		
7. Awards Luncheon – <i>Grand Hall D, Lobby Level</i>		<i>12:00 pm</i>
A. Welcome	Dr. McManus	12:45 pm
1. Recognition of Past Speakers and Past Presidents		
2. Recognition of Chapter Executives		
B. Award Announcements	Dr. Kivela	12:55 pm
1. Wiegenstein Leadership Award		
2. Mills Outstanding Contribution to Emergency Medicine Award		
3. Tintinalli Outstanding Contribution in Education Award		
4. Outstanding Contribution in Research Award		
5. Outstanding Contribution in EMS Award		
6. Policy Pioneer Award		
7. Rorrie Excellence in Health Policy Award		
8. Rupke Legacy Award		
9. Honorary Membership Award		
10. Disaster Medical Sciences Award		
C. Reading and Presentation of Commendation Resolutions	Dr. McManus/Dr. Katz	
D. Council Award Presentations	Dr. McManus	
1. Council Service Milestone Awards – 5, 10, 15, 20, 25, 30, 35+ Year Councillors		
2. Council Teamwork Award		
3. Council Horizon Award		
4. Council Champion Award in Diversity & Inclusion		
5. Council Curmudgeon Award		
6. Council Meritorious Service Award		
8. Luncheon Adjourns – <i>Return to main Council meeting room – Grand Hall A-C, Lobby Level.</i>		<i>1:30 pm</i>
9. Reference Committee Reports Continue		1:45 pm
C. Reference Committee _____		
10. President-Elect’s Address	Dr. Friedman	4:45 pm
11. Installation of President	Dr. Kivela/Dr. Friedman	5:05 pm
12. Elections	Dr. Kessler	5:10 pm
A. Board of Directors		
B. President-Elect		
13. Announcements	Dr. McManus	5:40 pm
14. Adjourn	Dr. McManus	5:45 pm