American College of Emergency Physicians®

ADVANCING EMERGENCY CARE

Memorandum

To: 2019 Council

From: Dean Wilkerson, JD, MBA, CAE
Executive Director & Council Secretary

Date: October 2, 2019

Subj: Action on 2018 Resolutions

The 2018 Council considered 51 resolutions: 43 were adopted, 5 were not adopted, 3 were referred to the Board of Directors.

The attached report summarizes the actions taken on the 2018 resolutions adopted by the Council and those that were referred to the Board.

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American College of Emergency Physicians®
ADVANCING EMERGENCY CARE

Action on 2018 Council Resolutions

Resolution 1 Commendation for Hans R. House, MD, FACEP

RESOLVED, That the American College of Emergency Physicians commends Hans R. House, MD, FACEP, for his service as an emergency physician, clinical investigator, educator, and leader in a life-long quest dedicated to the advancement of the specialty of emergency medicine.

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

Resolution 2 Commendation for Jay A. Kaplan, MD, FACEP

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

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

Resolution 3 Commendation for Les Kamens

RESOLVED, That the American College of Emergency Physicians bestows with gratitude this commendation to Les Kamens for his dedicated support and service.

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

Resolution 4 Commendation for Rebecca B. Parker, MD, FACEP

RESOLVED, That the American College of Emergency Physicians commends Rebecca B. Parker, MD, FACEP, for her outstanding service, leadership, and commitment to the specialty of emergency medicine and to the College.

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

Resolution 5 Commendation for Eugene Richards

RESOLVED, That the American College of Emergency Physicians bestows with gratitude this commendation to Eugene Richards for capturing the breathtaking moments that comprise the lives and careers of emergency physicians across the United States.

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

Resolution 6 Commendation for John J. Rogers MD, CPE, FACEP

RESOLVED, that the American College of Emergency Physicians recognizes and commends John J. Rogers, MD, CPE, FACEP, for his lifetime of outstanding and selfless service, leadership, and commitment to the College, the specialty of emergency medicine, and the patients in the communities which we serve.

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

Resolution 7 In Memory of Lawrence Scott Linder, MD, FACEP

RESOLVED, That the American College of Emergency Physicians and the Maryland Chapter hereby acknowledge the many contributions that Lawrence Scott Linder, MD, FACEP, made 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 his wife, Jeanette Linder, MD, his daughter, Kaylie, our condolences and gratitude for Dr. Linder's trailblazing leadership and service to the specialty of emergency medicine and to the patients and physicians of Maryland and the United States.

Action: A framed resolution was prepared for Dr. Linder's family.

Resolution 8 In Memory of Kevin Rodgers, MD, FAAEM, FACEP

RESOLVED, That the American College of Emergency Physicians extends to the family of Kevin Rodgers, MD, FACEP, FAAEM, his friends, and his colleagues our condolences and our immense gratitude for his tireless service to his residents, his students, and the countless patients globally who will continue to benefit from his incredible life spent in service to others.

Action: A framed resolution was prepared for Dr. Rodgers' family.

Resolution 9 American College of Osteopathic Emergency Physicians Councillor Allocation – Bylaws Amendment

RESOLVED, That the ACEP Bylaws Article VIII – Council be amended to read:

The Council is an assembly of members representing ACEP's chartered chapters, sections, the Emergency Medicine Residents' Association (EMRA), the **American College of Osteopathic Emergency Physicians (ACOEP),** Association of Academic Chairs in Emergency Medicine (AACEM), the Council of Emergency Medicine Residency Directors (CORD), and the Society for Academic Emergency Medicine (SAEM). These component bodies, also known as sponsoring bodies, shall elect or appoint councillors to terms not to exceed three years. Any limitations on consecutive terms are the prerogative of the sponsoring body.

Section 1 — Composition of the Council

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 membership rolls of the College on December 31 of the preceding year. 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.

An organization currently serving as, or seeking representation as, a component body of the Council must meet, and continue to meet, the criteria stated in the College Manual. These criteria do not apply to chapters or sections of the College.

EMRA shall be entitled to eight councillors, each of whom shall be a candidate or regular member of the College, as representative of all of the members of EMRA.

ACOEP shall be entitled to one councillor, who shall be a regular member of the College, as representative of all of the members of ACOEP.

AACEM shall be entitled to one councillor, who shall be a regular member of the College, as representative of all of the members of AACEM.

CORD shall be entitled to one councillor, who shall be a regular member of the College, as representative of all of the members of CORD.

SAEM shall be entitled to one councillor, who shall be a regular member of the College, as representative of all of the members of SAEM.

Each chartered section shall be entitled to one councillor as representative of all of the members of such chartered section if the number of section dues-paying and complimentary candidate members meets the minimum number established by the Board of Directors for the charter of that section based on the membership rolls of the College on December 31 of the preceding year.

A councillor representing one component body may not simultaneously represent another component body as a councillor or alternate councillor.

Each component body shall also elect or appoint alternate councillors who will be empowered to assume the rights and obligations of the sponsoring body's councillor at Council meetings at which such councillor is not available to participate. An alternate councillor representing one component body may not simultaneously represent another component body as a councillor or alternate councillor.

Councillors shall be certified by their sponsoring body to the Council secretary on a date no less than 60 days before the annual meeting.

Action: The Bylaws were updated. A comparison of ACEP and ACOEP membership lists was conducted in February 2019. The ACOEP list contained 5,260 names and of that list, 1,978 were also ACEP members (approximately 38%). However, 476 of those were medical students, which means that 1,502 (approximately 28%) were physician members who were also ACEP members. A manual search on each non-member name was also conducted to ensure that the names were not missed when the computerized comparison was conducted. Per ACEP's College Manual, Criteria for Eligibility and Approval of Organizations Seeking Representation in the Council (item E.), "a majority of the

organization's physician members are ACEP members," which means that ACOEP is not eligible to have a seat in 2019 Council.

Resolution 13 Growth of the ACEP Council

RESOLVED, That the Council direct the Council officers 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 addressing the size of the Council and the relative allocation of councillors.

Action: A task force was appointed. The task force provided their report to the Council Steering Committee in May 2019. The Steering Committee recommended that the report and the options developed by the task serve as the topic of the Town Hall Meeting during the 2019 Council meeting. The Council Officers approved the recommendation.

Resolution 14 Diversity of ACEP Councillors

RESOLVED, That ACEP strongly encourage its chapters to appoint and mentor councillors and alternate councillors that represent the diversity of their membership, including, but not limited to, residents, fellows, and young physician members.

Action: Assigned to Chapter & State Relations staff to remind chapter presidents and chapter executives about this resolution. On March 27, 2019, a notice was sent to chapters reminding them of the adopted resolution.

Resolution 16 No More Emergency Physician Suicides

RESOLVED, That ACEP study the unique, specialty-specific factors leading to depression and suicide in emergency physicians; and be it further

RESOLVED, That ACEP formulate an action plan to address contributory factors leading to depression and suicide unique to our specialty and provide a report of these findings to the 2019 Council.

Action: Assigned to the Well-Being Committee to work with the Academic Affairs Committee (for resident perspective), and the Wellness Section.

The committee is working on the action plan and additional background information, including:

- Reviewing the ICPH 2017 qualitative paper of stories told by survivors of suicide.
- Considering distributing a quantitative survey (+/- space for participants to provide contact information for semi-structured interviews) to attendees of the *ACEP19* didactic session "Physician Do No Harm – A Comprehensive Look at Physician Suicide Workshop." This session will be held on Monday, October 28, 2019
- Developed content and resources for distribution during National Suicide Awareness week, September 8-14, 2019.

The ACEP website includes links to suicide prevention resources:

https://www.acep.org/how-we-serve/sections/wellness/suicide-prevention-awareness/
https://www.acep.org/life-as-a-physician/wellness/wellness/wellness-week-articles/physician-suicide/
https://www.acep.org/patient-care/smart-phrases/suicide-prevention/

The committee will continue to work on this objective in the 2019-20 committee year.

Resolution 18 Reducing Physician Barriers to Mental Health Care (as amended)

RESOLVED, That ACEP work with partner organizations to promote a culture where physician mental health issues can be addressed proactively, confidentially, and supportively, without fear of retribution; and be it further

RESOLVED, That ACEP work with the American Medical Association, Federation of State Medical Boards, and the American Psychiatric Association to encourage those state medical boards that request a broad report of mental health information on licensure application forms to end this practice unless there is a current diagnosis that causes physician impairment or poses a potential risk of harm to patients; and be it further

RESOLVED, That ACEP work with ACEP chapters to encourage those state medical boards that inquire about both the physical and mental health of applicants to use the language recommended by the Federation of State Medical Boards: "Are you currently suffering from any condition for which you are not being appropriately treated that impairs your judgment or that would otherwise adversely affect your ability to practice medicine in a competent, ethical and professional manner?"

Action: The AMA, FSMB and APA have issued formal guidelines opposing expansive questions about mental health. In June 2018, the AMA amended its policy on "Access to Confidential Health Services for Medical Students and Physicians." The policy states in part, "Our AMA will urge state medical boards to refrain from asking applicants

about past history of mental health or substance use disorder diagnosis or treatment, and only focus on current impairment by mental illness or addiction, and to accept "safe haven" non-reporting for physicians seeking licensure or relicensure who are undergoing treatment for mental health or addiction issues, to help ensure confidentiality of such treatment for the individual physician while providing assurance of patient safety."

Assigned third resolved to Chapter & State Relations staff to disseminate information to chapters in states where the medical licensure application is not compliant with the FSMB preferred language and request changes to the application. Develop a template letter for use by those chapters.

Assigned to Well-Being Committee to work with the Emergency Medicine Practice Committee and determine if ACEP's "Physician Impairment" policy statement needs to be revised or if a new a policy statement is needed to address physician mental health. The committees will continue to work on the revised policy statement during the 2019-20 committee year.

On July 10, 2019, information was distributed to chapters: 1) background document briefly explaining the issue and offering talking points; 2) template letter to be used to request state medical board to make changes consistent with the FSMB language if they are using inappropriate questions; and 3) template letter be used to request hospital administrators to alter their credentialing application and process.

Resolution 19 Reduction of Scholarly Activity Requirements by the ACGME (as amended)

RESOLVED, That ACEP reaffirms its position on the importance of scholarship as well as protected clinical hours for our core faculty to teach our residents and will advocate with the Accreditation Council for Graduate Medical Education to preserve core faculty teaching and academic time, including support of scientifically rigorous research and education that improves the patient care in emergency medicine; and be it further

RESOLVED, That ACEP develop model policy language on the importance of scholarship and the need for supported core faculty teaching and academic time, which training programs can access and present to hospital systems as evidence for the need for financial support for scholarly activity and protected teaching academic time; and be it further

RESOLVED, That ACEP explore additional ways to provide financial support to residency and training programs to protect core faculty in carrying out scholarly activities; and be it further

RESOLVED, That ACEP work with the Council of Emergency Medicine Residency Directors and the Society for Academic Emergency Medicine to establish initiatives and processes to ensure all areas of scholarship teaching time and academic time are supported; and be it further

RESOLVED, That ACEP provide a statement to the Accreditation Council for Graduate Medical Education to request that accreditation requirements for scholarship and protected clinical time for teaching be explicit to ensure institutional and program funding support is directed toward these activities.

Action: Assigned to the Academic Affairs Committee.

On November 6, 2018, ACEP sent a letter to the ACCME commenting on the proposed changes to the Common Requirements Section VI as a follow up to the letter sent on March 21, 2018. The Academic Affairs Committee collaborated with eleven emergency medicine organizations to develop a manuscript and joint policy statement calling for core faculty protected time. The manuscript is under consideration for publication by a peer-reviewed journal. The Board of Directors approved the joint policy statement "Compensated Time for Faculty Academic Administration and Teaching Involvement" in June 2019. Work on this resolution will continue as the changes to the ACGME Common Program Requirements are implemented across programs.

On September 30, 2019, the ACGME announced that it was "important to preserve the ability of individual Review Committees to develop requirements regarding support for core faculty members based on the unique needs of the specialty." The decisions of the individual review committees still need to be reviewed, but it appears that protected time for faculty has been salvaged based on this announcement.

Resolution 20 Verification of Training

RESOLVED, That ACEP work with stakeholders including the Federation of American Hospitals (FAH), American Hospital Association (AHA), and others as appropriate, to develop a standardized and streamlined application process for hospital credentialing; and be it further

RESOLVED, That ACEP support the development of a standardized verification of training form for hospital credentialing and be it further

RESOLVED, That ACEP support the development of a standardized peer reference form for hospital credentialing; and be it further

RESOLVED, That ACEP support the development of a standardized verification of employment form for hospital credentialing; and be it further

RESOLVED, That ACEP support the development of a standardized employment application for board eligible or board certified emergency physicians for hospital credentialing.

Action: Assigned to the Emergency Medicine Practice Committee.

Available information on standardized methods for verification of training were compiled. The National Association of Medical Staff Services (NAMSS) and American Medical Association staff were contacted. It was identified that a standardized form, the "Verification of Graduate Medical Education Training Form" was drafted in 2016 and updated in 2017. For 2016 and future graduates, this form is completed one time by the program director at the completion of internship, residency or fellowship. One form is to be completed for each program completed. The completed, signed form is then included in the trainee's file for verification when requested in the future. NAMSS continues to work with stakeholders on this issue and have identified blockchain technology as a potential way forward to verify and share credentialing information. Data elements have been defined and forms have been developed to standardize the process but, there is still significant work to be done to develop mechanisms to share and verify credentialing data. Although the College could potentially participate in the ongoing stakeholder process if invited to do so, this is an issue that must be addressed by the House of Medicine at large and not emergency physicians alone. The Board approved the committee's recommendation to take no further action on the resolution in June 2019.

Resolution 21 Adequate Resources for "Safe Discharge" Requirements (as amended)

RESOLVED, That ACEP oppose any "safe discharge" mandates and believes that a discharge from the emergency department is a clinical decision of the emergency physician; and be it further

RESOLVED, That ACEP oppose local, state, and federal mandates on discharge requirements.

Action: This resolution is a policy statement. Assigned to the Emergency Medicine Practice Committee to review and provide a recommendation on whether additional information is needed to include in the policy statement. In June 2019, the Board of Directors approved the policy statement, "Safe Discharge from the Emergency Department."

Assigned to Public Affairs staff for federal advocacy initiatives and to the State Legislative/Regulatory Committee to assist chapters with state advocacy initiatives.

The State Legislative/Regulatory Committee has compiled materials that will be distributed to chapters prior to *ACEP19*.

Resolution 22 Addressing Mental Health Treatment Barriers Created by the Medicaid IMD Exclusion (as amended)

RESOLVED, That ACEP inform members about the Medicaid Institutions for Mental Diseases Exclusion and its impact on ED psychiatric patients; and be it further

RESOLVED, That ACEP continue to work through legislation or regulation to repeal the Medicaid Institutions for Mental Diseases Exclusion; and be it further

RESOLVED, That ACEP support Medicaid waiver demonstration applications that seek to receive federal financial participation for Institutions for Mental Diseases services provided to Medicaid beneficiaries.

Action: Assigned to Public Affairs staff for federal advocacy initiatives and to Chapter & State Relations staff to develop information for distribution to chapters.

On November 13, 2018, CMS sent a letter to State Medicaid directors that included a new demonstration opportunity for states to treat adults and children with serious mental illnesses. Specifically, states can apply for a Medicaid Section 1115 waiver to receive matching federal funds for short-term residential treatment services in an IMD. This policy broadens the ability for states to work around the current Medicaid IMD exclusion. Before this announcement, CMS only allowed states to waive the Medicaid IMD exclusion for patients with substance abuse disorders. This information was sent to ACEP chapters encouraging members to explore this opportunity.

ACEP's Legislative & Regulatory Priorities for the First Session of the 116th Congress include "seek permanent repeal of the Medicaid IMD exclusion." ACEP has supported eliminating the IMD exclusion for many years. Partial repeal of the IMD exclusion was achieved in the 2018 "Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) Act" (H.R. 6). The provision temporarily repeals the IMD Exclusion for fiscal years 2019-2023 and allows states to file state plan amendments (SPAs) to receive federal funding for services rendered at an IMD for up to 30 days or residential substance use disorder treatment annually per beneficiary (between the ages of 21-64). ACEP has long advocated for the full repeal of the IMD exclusion and will continue to work with Congress on this priority.

Resolution 23 Advocating for CMS Policy Restraint to Avoid Restricting Quality Emergency Care (as amended)

RESOLVED, That ACEP request that any CMS policies restricting the administration of rapid sequence intubation drugs in the emergency department, under the direction of emergency physicians or by EMS physicians, be revised or revoked as soon as possible; and be it further

RESOLVED, That ACEP request that CMS policy reflect the consensus guideline on unscheduled procedural sedation of the American College of Emergency Physicians.

Action: Assigned to Public Affairs staff for regulatory initiatives. CMS has issued clarifying guidance to State Survey Agency Directors on hospital anesthesia/sedation services. In this guidance, CMS states that one physician must oversee anesthesia/sedation services in the hospital. However, as long as one physician is overseeing the program, the hospital can use multiple policies and guidelines. The guidelines clearly state that hospitals may follow the guidelines of specialty organizations (specifically citing ACEP's clinical policies) and that emergency physicians are "uniquely qualified" to administer all levels of sedation "from moderate to deep to general." The guidance does not dictate which guidelines hospitals must use. ACEP distributed a membership communication highlighting this guidance and included the policy statement "Procedural Sedation in the Emergency Department." ACEP has developed resources for emergency physicians to help them educate their hospitals about the CMS guidelines and advocate for policies that allow emergency physicians to deliver anesthesia and sedation.

Resolution 24 ED Copayments for Medicaid Beneficiaries

RESOLVED, That ACEP oppose imposition of copays for Medicaid beneficiaries seeking care in the ED; and be it further

RESOLVED, That ACEP submit a resolution to the American Medical Association House of Delegates to oppose imposition of copays for Medicaid beneficiaries seeking care in the ED.

Action: Assigned to Public Affairs staff for federal advocacy initiatives. The first resolved is a policy statement. Assigned to the State Legislative/Regulatory Committee to review and provide a recommendation on whether additional information is needed to include in the policy statement. The recommendation will be submitted to the Board in October 2019.

The AMA Section Council on Emergency Medicine submitted a resolution to the AMA in November 2018. The AMA decided to reaffirm its existing policies, which many believed already support this position. On February 26, 2019, ACEP sent a letter to the AMA requesting to engage in a dialogue to discuss how the AMA can operationalize advocacy efforts to help in the fight against state attempts to impose and expand copayment requirements on Medicaid patients seeking emergency care, whether the copayments required are for all Medicaid patient visits or just those that a state deems to be non-emergent. On March 20, 2019, ACEP received a response from the AMA indicating that AMA Advocacy staff are willing to work with ACEP on this issue. ACEP and AMA staff have agreed to coordinate efforts to oppose any future attempts by states to impose Medicaid co-pays for "non-emergent" ED use.

Resolution 25 Funding for Medication Assisted Treatment Programs (as amended)

RESOLVED, That ACEP pursues legislation for federal and state appropriation funding and/or grants for purposes of initiating and sustaining medication assisted treatment programs in emergency departments with provided funding for start-up, training, and robust community resources for appropriate patient follow up.

Action: Assigned to Public Affairs for federal advocacy initiatives. Assigned to Chapter & State Relations staff to assist chapters with state advocacy initiatives. The Preventing Overdoses While in Emergency Rooms (POWER) Act was enacted and addresses this resolution. Assigned to the State Legislative/Regulatory Committee to develop model state legislation for chapters to use to access the funding.

- The Preventing Overdoses While in Emergency Rooms (POWER) Act (H.R. 5176 – McKinley/Doyle; S. 2610 – Capito/Murphy)
    - Provides grants to establish policies and procedures for initiating Medication-Assisted Treatment (MAT) in the emergency department, and to develop best practices to provide a "warm handoff" to appropriate community resources and providers to keep patients engaged in treatment. MAT is a proven medical treatment that can relieve withdrawal symptoms and psychological cravings of opioid use disorder.
    - Studies show success for this model – after one month, 78 percent of patients remained in addiction treatment programs with ED-initiated MAT, compared to 37 percent when given only a simple referral in the ED to treatment in the community.

The State Legislative/Regulatory Committee has collected considerable information and will continue to work on this resolution in the 2019-20 committee year.

Resolution 26 Funding of Substance Use Intervention and Treatment Programs (as amended)

RESOLVED, ACEP advocate for federal and state appropriations and/or federal and state grants for use in fully funding substance abuse intervention programs that are accessible seven days a week and 24 hours each day and will be initiated in emergency departments; and be it further

RESOLVED, That ACEP advocate for federal and state funding for substance abuse intervention programs that will be fully accessible and utilizable to their full potential by all patients regardless of insurance status or ability to pay.

Action: The Preventing Overdoses While in Emergency Rooms (POWER) Act was enacted and addresses this resolution. The legislation provides grants to establish policies and procedures for initiating Medication-Assisted Treatment (MAT) in the emergency department and to develop best practices to provide a "warm handoff" to appropriate community resources and providers to keep patients engaged in treatment.

Assigned to the State Legislative/Regulatory Committee to develop model state legislation for chapters to use to access the funding.

The State Legislative/Regulatory Committee has collected considerable information and will continue to work on this resolution in the 2019-20 committee year.

Resolution 28 Inclusion of Methadone in State Drug and Prescription Databases

RESOLVED, That ACEP adds to its legislative agenda to advocate for an end to the prohibition and corresponding inclusion of Methadone in state and federal prescription databases.

Action: Concerns were raised about the advisability of adding this to ACEP's legislative agenda because it may have unintended consequences and may violate patient confidentiality. The Board discussed the concerns that were raised and decided to adopt the resolution. Assigned to the Ethics Committee to work with Medical-Legal Committee and the State Legislative/Regulatory Committee to review and provide a recommendation to the Board. The Ethics Committee will provide a recommendation to the Board in October 2019.

Resolution 29 Insurance Collection of Patient Financial Responsibility (as amended)

RESOLVED, That ACEP add to its legislative and regulatory agenda to advocate for bills and policy changes that would require healthcare insurance companies to pay the professional fee directly to the clinician and subsequently collect whatever patient responsibility remains according to the specific healthcare plan directly from the patient; and be it further

RESOLVED, That ACEP creates an information paper and/or legislative toolkit to assist members in advocating for applicable changes to state insurance laws; and be it further

RESOLVED, That ACEP advocates for a federal law requiring healthcare insurance companies to pay the professional fee directly to the clinician and subsequently the insurance company may collect whatever remaining patient responsibility is required according to the specific healthcare plan directly from the patient.

Action: Assigned first and third resolveds to Public Affairs staff for federal advocacy initiatives and to Chapter & State Relations staff to assist chapters with state advocacy initiatives. Assigned second resolved to the State Legislative/Regulatory Committee.

The State Legislative/Regulatory Committee has begun developing an information paper and their work will continue in the 2019-20 committee year.

Resolution 30 Naloxone Layperson Training

RESOLVED, That ACEP supports state chapters in drafting and advocating for state legislation to recommend naloxone training in schools; and be it further

RESOLVED, That ACEP works with national advocacy and capacity-building organizations to advocate for increased naloxone training by laypersons.

Action: Assigned first resolved to the State Legislative/Regulatory Committee. Assigned second resolved to Public Affairs staff for federal advocacy initiatives.

ACEP's policy statement, "Naloxone Prescriptions by Emergency Physicians," recognizes the role of bystander use of naloxone in reversing opioid toxicity.

The State Legislative/Regulatory Committee has compiled information that will distributed to chapters prior to *ACEP19.*

Resolution 31 Payment for Opioid Sparing Pain Treatment Alternatives (as amended)

RESOLVED, That ACEP advocate for insurance coverage of opioid sparing therapies without requiring preauthorization or outright denial of these prescribed therapies.

Action: The Alternatives to Opioids (ALTO) in the ED Act was enacted in June 2018 and addresses this resolution. The legislation provides grants to help emergency departments and hospitals implement non-opioid, evidence-based pain management protocols, based on the successful and proven ALTO program developed at St. Joseph's in Paterson, New Jersey. Assigned to the State Legislative/Regulatory Committee to develop model state legislation for chapters to use to access the funding. Their work will be completed prior to *ACEP19* and distributed to chapters.

On June 13, 2019, the House of Representatives approved a bipartisan amendment to provide $10 million for the Alternatives to Opioids (ALTO) in the Emergency Department program that was authorized in the 2018 opioids bill, the *SUPPORT for Patients and Communities Act* (P.L. 115-271). The amendment was offered to the Fiscal Year 2020 Labor/Health and Human Services (L/HHS) appropriations bill. ACEP DC staff worked with Rep. Pascrell's office to ensure the amendment was made in order and passed successfully. ACEP submitted a letter of support from and Rep. Pascrell's office informed submitted ACEP's letter of support for the amendment into the Congressional Record.

The Pain Management & Addiction Medicine Section continues to develop resources on pain management and addiction medicine. ACEP has developed the E-QUAL Network Opioid Initiative, which includes toolkits, webinar series, podcasts, and other resources. The Emergency Medicine Practice Committee and the Public Health & Injury Prevention Committees have developed opioid resources that are available on the ACEP website.

Resolution 32 POLST Forms (as amended)

RESOLVED, That ACEP advocates and assist chapters for broad recognition of POLST, including the use of nationally-recognized, standardized POLST forms; and be it further

RESOLVED, That ACEP supports legislation where states recognize and honor POLST forms from other states; and be it further

RESOLVED, That ACEP encourages appropriate stakeholders (e.g., medical record systems, health information exchanges) to incorporate POLST into their products thus encouraging widespread national availability and adoption.

Action: Assigned first and second resolveds to Chapter & State Relations staff to assist chapters with state advocacy initiatives and promote ACEP's policy statement "Guidelines for Emergency Physicians on the Interpretation of Physician Orders for Life-Sustaining Treatment (POLST)." Assigned third resolved to the Emergency Medicine Informatics Section for a recommendation to the Board.

Several states have incorporated POLST into their health information exchanges. The Office of the National Coordinator for Health Information Technology has prepared some guidance.

The Emergency Medicine Informatics Section provided the following information:

As portable medical orders designed to help future clinicians honor and implement a patient's treatment wishes, the desirability of POLST forms, readily accessible in any emergency setting, is apparent. However, adoption and integration of POLST into electronic medical records (EMRs), and perhaps to a lesser degree Health Information Exchanges (HIEs), is to a large extent not dependent on technical factors. Currently, *"POLST forms are different in each state — the order of the sections or the options within a section may be different — but they cover the same information."* [https://polst.org/about/polst-form-elements/] This variability may impede integration into the ED EMR/HIE workflow as it would require customization of these systems state-by-state. While technically possible, as a matter of course this is impractical from a cost, content management, and maintenance perspective. For example, POLST forms may encompass orders for the patient regarding resuscitation, medical interventions, fluids and nutrition – with dated physician signatures and contact information. However, the granularity of orders between different versions of POLST and even within a single POLST, may differ, creating inconsistent, even conflicting orders. Further, many executed POLST forms are retained in paper form. While technically possible, transforming these paper documents into codified orders would be very difficult (perhaps a manual process). Finally, the format of these orders may differ substantially from other EMR orders and may be internally inconsistent. Links to POLST repositories (assuming they exist in the state) would also require local customization. For example, in Arizona there is an "Arizona Advance Directive Registry" managed by the Secretary of State's Office. It requires manual (paper) process to submit the advance directives and (apparently) also to register for both patients & providers. As a result, at a base level at most, EMR and HIE vendors may only be able to provide a simple web link to such repositories and even that may fail because of a lack of registration. "Widespread national availability and adoption" of POLST is not likely to be enhanced with EMR/HIE integration, and perhaps the opposite: It is unlikely vendors will address POLST integration until there is a critical mass of participation, uniformity of content, and established data integration standards. Recommendations: 1) Initiating POLST in the ED may be a worthwhile initiative but is less dependent on information technological capabilities than other public policy factors. 2) Initial efforts regarding POLST may best be

focused on the first two RESOLVEDS, i.e. state adoption, form standardization, patient adoption, and provider registration or perhaps a uniform federal POLST initiative. 3) Once the above efforts have been accomplished, integration into various IT platforms should be relatively straightforward. 4) In our opinion, from an IT perspective, focusing on the third RESOLVED before accomplishing these other activities may create significant inefficiencies (aka "cart before the horse"). The Board will review the section's information and recommendations at their October 2019 meeting.

Resolution 33 Separation of Migrating Children from Their Caregivers (as amended)

RESOLVED, That ACEP opposes the practice of separating migrating children from their caregivers in the absence of immediate physical or emotional threats to the child's well-being.

Action: This resolution is a policy statement. Assigned to the Public Health & Injury Prevention Committee to work with the Pediatric Emergency Medicine Committee to review and provide a recommendation on whether additional information is needed to include in the policy statement. ACEP issued a press release in June 2018 stating opposition to the "Zero Tolerance" immigration policy.

The Public Health & Injury Prevention Committee developed the policy statement "Separation of Children from Family Guardians" that was approved by the Board in June 2019.

Resolution 34 Violence is a Health Issue

RESOLVED, That ACEP will recognize violence as a health issue addressable through both the medical model of disease and public health interventions; and be it further

RESOLVED, That ACEP will pursue policies, legislation, and funding for health and public-health-based approaches to reduce violence.

Action: ACEP has several policy statements addressing a wide variety of violence related issues and prevention for emergency physicians and patients that address the first resolved. Assigned second resolved to Public Affairs staff for federal advocacy initiatives. Assigned to the Federal Government Affairs Committee to determine whether model legislation should be developed.

ACEP's Legislative & Regulatory Priorities for the First Session of the 116th Congress include "advocate for increased awareness of violence against healthcare workers in the ED and for increased safety measures in the ED.

In March 2019, ACEP sent a letter of support for H.R. 1309: The Workplace Violence Prevention for Health Care and Social Service Workers Act, asking Congress to consider how EDs are staffed to ensure the important provisions of this legislation are implemented appropriately. ACEP's letter requested additional clarity of the legislation's wording to ensure any new federal requirements do not create any unintentional burdens for entities that do not control the health care workplace.

Resources on workplace violence are available on the ACEP website.

The Federal Government Affairs Committee determined that model legislation does not need to be developed at this time. A number of bills exist in the House and Senate to address a wide variety of aspects of violence, including efforts to improve Hospital-based Violence Intervention Programs (HVIPs). Other examples include H.R. 207, the Stop the Violence Act of 2019, to provide grants through the Centers for Disease Control and Prevention (CDC) to support violence prevention efforts, and a similar bill, H.R. 2464, the End the Cycle of Violence Act, to provide grants through the Department of Health and Human Services (HHS) to support violence prevention efforts. Additionally, ACEP has supported several bills, such as legislation to address workplace violence directed toward physicians and health care workers in health care institutions (H.R. 1309, the Workplace Violence Prevention for Health Care and Social Service Workers Act), as well as firearms-safety related legislation such as H.R. 8, the Bipartisan Background Checks Expansion Act to help prevent dangerous individuals from purchasing firearms, and others.

ACEP has partnered with ENA to launch a joint campaign, "No Silence on ED Violence," to combat violence in the emergency department. The campaign will launch at ENA's annual conference in September 2019 and at *ACEP19*. Elements of the campaign will include a standalone website with resources to help members address the problem in their hospitals and advocate for change at the hospital, state, and federal level. Advocacy resources will include materials to support state legislative efforts for chapters and a social media campaign that will seek to engage our joint membership in sharing their stories to help highlight the extent of the problem. A public relations campaign will launch in November 2019 to increase public and media awareness of the issue.

In September 2019, ACEP launched the new comprehensive, public website www.EmergencyPhysicians.org (replacing www.emergencycareforyou) that will provide the latest news, advocacy updates, and public health and safety tips directly from emergency physicians. The site includes information on violence in the ED.

Resolution 36 ACEP Policy Related to Medical Cannabis (as amended)

RESOLVED, That ACEP supports rescheduling of cannabis to facilitate well-controlled studies of cannabis and related cannabinoids for medical use in patients who have serious conditions for which preclinical, anecdotal, or controlled evidence suggests possible efficacy or harm and the application of such results to the understanding and treatment of disease.

Action: This resolution is a policy statement. Assigned to the Emergency Medicine Practice Committee and the Public Health & Injury Prevention Committee to review and provide a recommendation on whether additional information is needed to include in the policy statement. Assigned to the Federal Government Affairs Committee to determine whether model legislation should be developed.

The Emergency Medicine Practice Committee developed the policy statement "Medical Cannabis" that was approved by the Board in June 2019.

The Federal Government Affairs Committee determined that model legislation does not need to be determined at this time. ACEP supported bipartisan legislation (H.R. 3797) that was introduced in the House of Representatives by Rep. Earl Blumenauer (D-OR) on July 17, 2019. The legislation would amend the Controlled Substances Act (CSA) to make marijuana accessible for use by qualified researchers for medical purposes.

Resolution 38 Antimicrobial Stewardship (as amended)

RESOLVED, That ACEP work with relevant stakeholders to educate the public on the health implications of antimicrobial resistance and the importance of antimicrobial stewardship in the emergency department; and be it further

RESOLVED, That ACEP offer education aimed at emergency department clinicians on the hazards of antimicrobial overuse and strategies to prescribe antimicrobials appropriately; and be it further

RESOLVED, That ACEP disseminate an evidence-based resource and/or toolkit for emergency department clinicians to identify and implement clinician-level and system-level opportunities for antimicrobial avoidance.

Action: Assigned first resolved to the Public Relations Committee to develop messaging. The second resolved is addressed through the courses ACEP has already developed: Balancing Antibiotic Stewardship with Sepsis, Uncomplicated Diverticulitis: No More Antibiotics, and Antibiotics for Abscesses. The content for the "Balancing Antibiotic Stewardship with Sepsis" CME was developed as part of ACEP's Emergency Quality Network (E-QUAL) Sepsis Initiative and is also available without need for login through the Sepsis Webinar Series webpage. Additional educational and CME opportunities on antibiotic stewardship are available and can be found on VirtualACEP. There are currently 13 active CME opportunities on antibiotic stewardship recorded at the 2015, 2016, and 2017 annual meetings.

The CDC has released the Core Elements of Hospital Antibiotic Stewardship Programs, an evidence-based antimicrobial stewardship toolkit for hospitals and for long-term care centers. An emergency department specific tool kit, based on CDC funded research and designed by emergency physicians, is in development. Assigned third resolved to the Public Health & Injury Prevention Committee to review the CDC toolkit, determine if ACEP should promote its availability, or if ACEP should develop a resource/toolkit.

Public Relations staff continues to speak with media to promote antibiotic stewardship in the ED. ACEP members were enlisted to author a DocBlog. Additionally, ACEP members have been solicited to write articles on related topics such as the role of antibiotics in treating UTI, promoting emergency thought leadership and clinical expertise in addressing sepsis, injury, inflammation, and other conditions responsibly and appropriately. Additional CDC materials and related items will be included as they become available.

Resolution 39 Care of the Boarded Behavioral Health Patient (as amended)

RESOLVED, That ACEP develop a psychiatric boarding toolkit to help address the following:

- patient handoff and frequency of evaluation while boarding;
- activities of daily living for the boarded patient;
- initiation of mental health treatment while boarding; and
- development of ED psychiatric observational medicine.

Action: Assigned to the Emergency Medicine Practice Committee and to seek input from the Coalition on Psychiatric Emergencies. The committee reviewed work that has already been completed and contacted ACEP chapters and other organizations working on this issue including Project Beta, the National Institute of Mental Health, The Wellbeing Trust, American Association for Emergency Psychiatry, California ACEP, the American Institute of Architecture, and the Veterans Administration. The committee has compiled a list of resources that will be reviewed by the Board in October 2019. The committee will continue communication with the Institute for Healthcare Improvement and the

Wellbeing Trust to review conclusions to disseminate and build on their work in the coming committee year.

The Quality & Patient Safety Committee continues to work on developing a behavioral health toolkit as directed in Amended Resolution 14(16) Development & Application of Dashboard Quality Clinical Data Related to the Management of Behavioral Health Patients in EDs. A literature review has been conducted, references compiled, and the writing phase is underway.

Resolution 40 Care of Individuals with Autism Spectrum Disorder in the Emergency Department

RESOLVED, That ACEP work with relevant stakeholders to develop and disseminate educational materials for emergency physicians on the common conditions that cause individuals with Autism Spectrum Disorder to present to the emergency department, their assessment and management, and best practices in adapting the existing emergency department treatment environment to meet the needs of this population.

Action: Assigned to the Emergency Medicine Practice Committee and to consult with the California Chapter about potential collaboration since one of their members is already working with a committee at UCLA on this issue and has suggested partnering with ACEP. ACEP is also working on the "Serving Safely" grant that is targeted toward improving policing responses to individuals with autism or intellectual developmental disabilities (IDD). ACEP was identified as a partner because of the ED's frequent role in the coordination of treatment and referral for these patients.

The Emergency Medicine Practice Committee and content experts are working on the development of content for a point of care tool that will provide succinct information on autism spectrum disorders (ASD), barriers to care for these patients, best practices for interacting with ASD patients, medical and/or psychiatric conditions that may be present, recommendations for managing agitation, and additional resources on this condition.

Resolution 41 Emergency Department and Emergency Physician Role in the Completion of Death Certificates (as amended)

RESOLVED, That ACEP develop a toolkit to address the emergency physician's role and responsibility for the completion of death certificates for patients who have died in the emergency department under their care.

Action: Assigned to the Emergency Medicine Practice Committee. The committee developed the policy statement "The Role of Emergency Physicians in the Completion of Death Certificates" that was approved by the Board in June 2019.

Resolution 44 Firearm Safety and Injury Prevention Policy Statement (as substituted)

RESOLVED, That ACEP update the Firearm Safety and Injury Prevention Policy to reflect the current state of research and legislation.

Action: Assigned to the Public Health & Injury Prevention Committee and to seek input from the task force that developed the current policy statement.

The committee prepared a revised policy statement that reflected many of the revisions as recommended in the original resolution submitted to the 2018 Council. The draft policy was shared with the January 2013 Firearms Task Force that drafted the current ACEP policy statement "Firearm Safety and Injury Prevention" for their input. Input from the task force was split. Some members of the task force were not in favor of revising the policy statement. It was noted that the resolution calls for updates to the policy that reflect the current state of research and legislation. This was interpreted by some task force members to mean that changes should only be made to the policy if there has been new research or legislation, and since there has been no new research or legislation, no changes should be made to the policy. Other members of the task force provided some recommended changes to the draft. A second draft was prepared based on the initial comments from some of the task force members. Limited comments were received from the task force in response to the second draft. The second draft and the input opposing revisions to the policy statement were shared with the committee. After consideration of the options, the committee supported pursuing revision of the current policy statement. The draft revised policy was reviewed by the Board in June 2019. The Board referred the draft policy back to the committee to provide references where possible to support the proposed changes. The committee will submit the revised policy statement to the Board for review again at their October 2019 meeting.

Resolution 45 Support for Extreme Risk Protection Order to Minimize Harm (as amended)

RESOLVED, That ACEP support extreme risk protection orders legislation at the national level; and be it further.

RESOLVED, That ACEP promote and assist state chapters in the passage of state legislation to enact extreme risk protection orders by creating a toolkit and other appropriate resources to disseminate to state chapters; and be it further

RESOLVED, That ACEP encourage and support further research of the effectiveness and ramifications of extreme risk protection orders (ERPO) and Gun Violence Restraining Orders (GVRO).

Action: Assigned the first and third resolveds to Public Affairs staff for federal advocacy initiatives. Assigned second resolved to the State Legislative/Regulatory Committee.

The State Legislative/Regulatory Committee has compiled considerable information and will continue to work on this resolution in the 2019-20 committee year.

ACEP sent a letter in support of H.R. 1236 the "Extreme Risk Protection Order Act of 2019" on October 1, 2019. The legislation would provide grants to states to implement ERPOs and would also create a federal ERPO program.

Resolution 46 Law Enforcement Information Gathering in the ED Policy Statement (as amended)

RESOLVED, That ACEP revise the policy statement "Law Enforcement Information Gathering in the Emergency Department" to reflect the recent relevant court decisions regarding consent for searches with or without a warrant to provide clarification and guidance to emergency physicians on their ethical and legal obligations on this issue.

Action: Assigned to the Ethics Committee to work with the State Legislative/Regulatory Committee. The Ethics Committee will provide their recommendation to the Board in October 2019.

Resolution 47 Supporting Medication for Opioid Use Disorder (as amended)

RESOLVED, That ACEP work with the Pain Management & Addiction Medicine section to develop guidelines on the initiation of medication for opioid use disorder for appropriate emergency department patients; and be it further

RESOLVED, That ACEP advocate for policy changes that lower the regulatory barriers to initiating medication for opioid use disorder in the emergency department; and be it further

RESOLVED, That ACEP support the expansion of outpatient and inpatient opioid treatment programs and partnership with addiction medicine specialists to improve ED to outpatient care transitions.

Action: Assigned first resolved to the Pain Management & Addiction Medicine Section and the Emergency Medicine Practice Committee. The section is currently working on guidelines. Assigned second resolved to Public Affairs staff for federal advocacy initiatives. The Alternatives to Opioids (ALTO) in the ED Act and the Preventing Overdoses While in Emergency Rooms (POWER) Act were recently enacted and address the third resolved. Assigned to the State Legislative/Regulatory Committee to develop model state legislation for chapters to use to access the funding.

The State Legislative/Regulatory Committee has collected considerable information and will continue to work on this resolution in the 2019-20 committee year.

The Pain Management & Addiction Medicine Section and the Emergency Medicine Practice Committee developed the point-of-care tool BUPE for the use of Buprenorphine in the ED.

On June 13, 2019, the House of Representatives approved a bipartisan amendment to provide $10 million for the Alternatives to Opioids (ALTO) in the Emergency Department program that was authorized in the 2018 opioids bill, the *SUPPORT for Patients and Communities Act* (P.L. 115-271). The amendment was offered to the Fiscal Year 2020 Labor/Health and Human Services (L/HHS) appropriations bill. ACEP DC staff worked with Rep. Pascrell's office to ensure the amendment was made in order and passed successfully. ACEP submitted a letter of support from and Rep. Pascrell's office informed submitted ACEP's letter of support for the amendment into the Congressional Record.

The Pain Management & Addiction Medicine Section continues to develop resources on pain management and addiction medicine. ACEP has developed the E-QUAL Network Opioid Initiative, which includes toolkits, webinar series, podcasts, and other resources. The Emergency Medicine Practice Committee and the Public Health & Injury Prevention Committees have developed opioid resources that are available on the ACEP website.

Resolution 48 Recording in the Emergency Department (as amended)

RESOLVED, That ACEP explore implications, solutions, and education/training to address (audio/video) recording in the emergency department to include surreptitious recording; and be it further

RESOLVED, That ACEP work with other interested parties, such as the American Medical Association and American Hospital Association, to coordinate regulatory and legislative efforts to address the implications of (audio/video) recording in the emergency department.

Action: Assigned first resolved to the Ethics Committee to work with the State Legislative/Regulatory Committee to review the policy statement "Recording Devices in the ED" and determine if any revisions are needed. Assigned second resolved to Public Affairs staff for federal advocacy initiatives.

The Ethics Committee developed the revised policy statement "Audiovisual Recording in the Emergency Department" (replacing the policy statement "Recording Devices in the Emergency Department") that was approved by the Board in June 2019.

Resolution 49 In Memory of C. Christopher King, MD, FACEP

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

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

Action: A framed resolution was prepared for Dr. King's family.

Resolution 50 In Memory of John Emory Campbell, MD, FACEP

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

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

Action: A framed resolution was prepared for Dr. Campbell's family.

Resolution 51 In Memory of Adib Mechrefe, MD, FACEP

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

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

Action: A framed resolution was prepared for Dr. Mechrefe's family.

Council Standing Rules Resolutions

Resolution 11 Codifying the Leadership Development Advisory Committee (as amended)

RESOLVED, That the Council Standing Rules be amended to include a new section titled "Leadership Development Advisory Group" to read:

The Leadership Development Advisory Committee (LDAC) is a Council Committee charged with identifying and mentoring diverse College members to serve in College leadership roles. The LDAC will offer to interested members guidance in opportunities for College leadership and, when applicable, in how to obtain and submit materials necessary for consideration by the Nominating Committee.

Action: The Council Standing Rules were updated.

Resolution 12 Nominating Committee Revision to Promote Diversity

RESOLVED, That the "Nominating Committee" section of the Council Standing Rules be amended to read:

The Nominating Committee shall be charged with developing a slate of candidates for all offices elected by the Council. Among other factors, the committee shall consider activity and involvement in the College, the Council, and component bodies, leadership experience in other organizations or practice institution, candidate diversity, and specific experiential needs of the organization when considering the slate of candidates.

Action: The Council Standing Rules were updated.

Referred Resolutions

Resolution 27 Generic Injectable Drug Shortages

RESOLVED, That ACEP prepare a press release calling for repeal of the group purchasing organization (GPO) safe harbor.

Action: Assigned to Public Affairs staff to review and provide a recommendation to the Board regarding further action on the resolution. The Board will consider further action on this resolution at their October 24, 2019 meeting.

Resolution 35 ACEP Policy Related to Immigration

RESOLVED, That ACEP affirms the right for all patients to access and receive emergency care regardless of country of origin or immigration status; and be it further

RESOLVED, That ACEP encourages emergency departments to establish policies forbidding collaboration between hospital staff and immigration authorities, unless required by signed warrant; and be it further

RESOLVED, That ACEP opposes determination of "public charge" used in determining eligibility for legal entry into the United States or legal permanent residency that would include health benefits or coverage.

Action: The first resolved is addressed by ACEP's policy statement "Delivery of Care to Undocumented Persons." Assigned second resolved to the Medical-Legal Committee to review and provide a recommendation to the Board regarding further action. The third resolved has already been addressed. On December 10, 2018, ACEP sent a letter to the Department of Homeland Security expressing objection to the proposed rule that would change the definition of public charge.

In June 2019, the Board approved the Medical-Legal Committee's recommendation to take no further action on the resolution. The committee noted that policies already exist throughout the health care community to protect patient information, unless disclosure is required by law, and creating additional policy specific to providing information to immigration authorities would essentially be superfluous. Further, the committee noted the Fourth Amendment provides patients with a reasonable expectation of privacy and protects against unreasonable search and HIPAA requires patient information to be protected unless by a court order or in special circumstances not relevant to this issue. The U.S. Immigration and Customs Enforcement Agency also has policy stating that hospitals are included in the definition of "sensitive zones" where access by immigration officials is severely limited except in extraordinary circumstances.

Resolution 42 Expert Witness Testimony

RESOLVED, That ACEP revise the "Expert Witness Guidelines for the Specialty of Emergency Medicine" policy statement to define an expert witness as a person actively engaged in the practice of medicine during the year prior to the initiation of litigation who has the same level or greater training in the same field as the subject of the tort for a majority of their professional time.

Action: Assigned to the Medical-Legal Committee to review and provide a recommendation to the Board regarding further action on the resolution.

In June 2019, the Board approved the Medical-Legal Committee's recommendation to take no further action on the resolution. The committee recognized that the intent of a requirement that experts be actively engaged in the practice of emergency medicine during the preceding year is to ensure their knowledge base is current. However, a one-year requirement would eliminate many qualified experts who recently retired from practice. The requirement would also apply to defense experts, which could have the unintended consequence of limiting the number of qualified experts available to defend emergency physicians. The committee believes the requirement of three years in the current policy statement is appropriate. Concerns were also raised about the requirement that the expert have the same level or greater training than the defendant. A common plaintiff strategy is to try to give more weight to the expert's opinion than the defendant's decision making by using an expert with greater training, such as a physician with a fellowship in infectious disease, ultrasound, etc.