

2019-20
Final Committee Objectives
Academic Affairs Committee

Chair: Bruce Lo, MD, FACEP

Board Liaison: John T. Finnell, MD, MSc, FACEP

Staff Liaison: Loren Rives, MNA

1. Solicit nominations and recommend recipients for the:
 - a. National Faculty and Junior Faculty Teaching Awards (nominations are approved by the Board)
 - b. Excellence in Bedside Teaching Award (nominations are approved by the Board)
 - c. National Outstanding Medical Student Award (nominations approved by the Board)
 - d. Local Medical Student Awards
2. Review and recommend journal articles, texts, practice guidelines, and important advances relating to ABEM's Lifelong Learning Self-Assessment (LLSA) and emergency medicine practice.
3. Review the following policies per the Policy Sunset Review Process:
 - ACEP Recognized Certifying Bodies in Emergency Medicine

Determine by December 15 if the policies should be reaffirmed, revised, rescinded, or sunsetted. Submit any proposed revisions to the Board for approval by the end of the committee year.

4. Continue collaboration with EMRA to:
 - a. Complete the development of a leadership/business curriculum for medical students and residents.
 - b. Complete the development of a personal financial literacy curriculum for medical students and residents.
5. Provide input to the Well-Being Committee and EMRA to identify and/or develop resources for residents and medical students to address resiliency and coping mechanisms. (Well-Being is the lead committee.)
6. Provide input to the Well-Being Committee (resident perspective) and the Wellness Section to study the unique, specialty-specific factors leading to depression and suicide in emergency physicians and formulate an action plan to address the contributory factors unique to emergency medicine and provide a report of the findings to the 2019 Council as directed in Resolution 16(18) No More Emergency Physician Suicides. (Well-Being is the lead committee.)
7. Develop and provide resources that highlight the benefits of residency programs to the institution, including information on how EM programs are funded and alternative methodologies for funding.
8. Identify aspects of an academic practice that lead to low burnout rates and greater career satisfaction.
9. Develop a guide for writing letters of recommendation for academic promotion. Address how best to encourage diversity and inclusion in emergency medicine in terms of academic promotion.
10. Identify resources and opportunities for returning physicians for focused practice improvement.
11. Explore ways to encourage support of protected time for faculty in residency programs. (Academic Affairs is the lead committee.) See also Amended Resolution 19(18) Reduction of Scholarly Activity Requirements by the ACGME.
12. Develop a list of speakers willing to give Grand Rounds lectures and their lecture topics.
13. Complete development of an information paper that describes the benefits of the academic partnership between the VA and a residency program.

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Audit Committee

Chair: Omar Hammad, MD, FACEP

Board Liaison: Mark S. Rosenberg, DO, MBA, FACEP, Secretary Treasurer

Staff Liaison: Layla Powers, MBA

1. Complete the audit functions of the College.
 - review the audited financial statements with the auditors
 - review the IRS form 990
2. Create a multi-year plan and timeline for monitoring and testing the Cyber Security System.
3. Review the annual 401k audit.

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Awards Committee

Chair: William P. Jaquis, MD, FACEP

Board Liaison: William P. Jaquis, MD, FACEP, President-Elect

Staff Liaison: Sonja Montgomery, CAE

1. Review award nominations and recommend award recipients to the Board of Directors.

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Bylaws Committee

Chair: Larisa M. Traill, MD, FACEP

Board Liaison: Jon Mark Hirshon, MD, MPH, PhD, FACEP, Vice President

Staff Liaison: Leslie Moore, JD

1. Review the national ACEP Bylaws and identify any areas where revision may be appropriate and submit recommendations to the Board of Directors.
2. Review chapter bylaws per the Chapter Bylaws Review Plan. Contact chapter representatives to discuss any suggested changes to the chapter's bylaws.
3. Review and revise as needed the chapter bylaws review and approval process to ensure effectiveness and efficiency. Reassess communications with chapters and educate committee members on best practices to accomplish assigned tasks.
4. Review proposed 2020 Bylaws resolutions to determine if there are conflicts with other portions of the Bylaws. Review proposed 2020 Council Standing Rules and proposed 2020 College Manual resolutions to determine if there are implications for the Bylaws if these resolutions are adopted. Provide comments to the resolution authors as needed.
5. Review 2019 Bylaws amendments adopted by the Council and the Board for potential Bylaws Committee action.
6. Develop best practices for communication with smaller chapters.
7. Identify potential new committee members and increase diversity in the membership of the committee.

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Final Committee Objectives
Bylaws Interpretation Committee

Chair: Elected by Committee Members
Board Liaison: Vice President
Staff Liaison: Leslie Moore, JD

Note: The committee is assigned as needed for definitive interpretation of Articles VIII – Council, IX – Board of Directors, X – Officers/Executive Director, XI – Committees, and XIII – Amendments, of the ACEP Bylaws.

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Clinical Emergency Data Registry Committee

Chair: Abhi Mehrotra, MD, FACEP

Board Liaison: James J. Augustine, MD, FACEP

Staff Liaison: Pawan Goyal, MD

Steering

1. Develop short and long range plans for the registry.
2. Participate in the understanding of existing and future government rules and regulations driving the registry and measures process, related to MACRA, MIPS, and APMs and the impact they have to CEDR and Emergency Medicine.

Measure and Data Validation

3. Develop data acquisition and analytics capabilities to meet the following goals:
 - Design efficient data refinement, process, validation and reliability testing
 - Produce annual reports which summarize statistics and best practices
 - Develop processes that result in cleaned, and deidentified data for research
 - Provide ad hoc responses to government requests
4. Support the quality measure development lifecycle by providing feedback on existing quality measures and supporting testing efforts for new quality measures.
5. Provide feedback on quality measure concepts developed by the Quality & Patient Safety Committee.
6. Support the quality measure requirement in relation to alternative payment models (AACM and AUCM models).
7. Respond to CMS requests and engage with other EM group / registries on specific measures / requests other specialty registries on overlapping measures (ex. Radiology)

Research and Publication

8. Leverage the Clinical Emergency Data Registry (CEDR) data for clinical research by:
 - Developing and implementing a data validation process for CEDR dataset, potentially using an outside vendor. (Data validation process must be established prior to completion of remaining objectives.)
 - Deploying an RFP for research proposals utilizing the CEDR dataset and establishing norms for CEDR dataset use for research.

Education

9. Create educational materials for ACEP members regarding CEDR and federal programs.

Marketing and Member Outreach

10. Provide oversight and update short and long-term CEDR marketing plans.
11. Drive and expand engagement of participant and interested groups through:
 - i. Monitoring and increasing the use of the engaged CEDR user community
 - ii. Publishing a newsletter on a quarterly basis
 - iii. Initiating an annual participant experience survey and user interview to identify areas of strength and weakness in the customer experience.
12. Develop and implement a participant experience improvement plan informed by the survey and interviews to improve the CEDR customer experience.

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Final Committee Objectives
Clinical Policies Committee

Chair: Stephen J. Wolf, MD, FACEP

Board Liaison: Jon Mark Hirshon, MD, PhD, MPH, FACEP

Staff Liaisons: Rhonda Whitson, RHIA, Travis Schulz, MLS, AHIP

1. Monitor clinical policies developed by other organizations, abstract information pertinent to emergency medicine, post the abstraction on the ACEP website, and communicate the information to members through ACEP communications.
2. Review and comment on other organizations' guidelines under development or for which endorsement has been requested, post the endorsement information on the ACEP website, and communicate the information to members through ACEP communications.
3. Provide recommendations for appointments to outside entities requesting member representation on guideline development panels.
4. Continue updating or modification of current clinical policies as necessary:
 - a. Opioids: (Include elements of Amended Resolution 35-15: Create clinical practice guidelines for treatment of patients presenting to the ED in opioid or benzodiazepine withdrawal; and create a practice resource to educate emergency providers about the science of opioid and benzodiazepine addiction.)
 - b. Acute heart failure syndromes
 - c. Mild traumatic brain injury
 - d. Community-acquired pneumonia
 - e. Appendicitis
 - f. Acute blunt trauma
 - g. Asymptomatic elevated blood pressure
 - h. Procedural sedation
 - i. Seizures
 - j. Thoracic aortic dissection
 - k. tPA for acute ischemic stroke
 - l. Pediatric fever
 - m. Transient ischemic attack
5. Develop a new clinical policy on airway management.
6. Serve as a resource to the Quality & Patient Safety Committee to identify performance measures in new and revised clinical policies.
7. Review current clinical policy development in combination with consensus guideline development (e.g., unscheduled sedation consensus guideline).
8. Review the following policies per the Policy Sunset Review Process:
 - Clinical Guidelines Affecting Emergency Medicine Practice

Determine by December 15 if the policies should be reaffirmed, revised, rescinded, or sunsetted. Submit any proposed revisions to the Board for approval by the end of the committee year.

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Clinical Resources Review Committee

Chair: Michael Turturro, MD, FACEP

Board Liaison: Jon Mark Hirshon, MD, PhD, MPH, FACEP

Staff Liaison: Sam Shahid, MBBS, MPH

1. Develop the process and criteria for review and approval of externally funded ACEP products (excluding federal grants), including but not limited to bedside point-of-care tools, toolkits, etc.
2. Develop a process for the Clinical Resources Review Committee operations, including potential consulting groups, such as ACEP expert panels, coalitions, and sections.
3. Review and comment on draft ACEP information papers on clinical topics as needed.
4. Review products developed by other organizations and requesting ACEP's comments.

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Coding & Nomenclature Advisory Committee

Chair: David Friedenson, MD, FACEP

Board Liaison: L. Anthony Cirillo, MD, FACEP

Staff Liaison: David McKenzie, CAE

1. Identify and analyze Medicare, Medicaid, and private payer claims processing policies that deviate from CPT principles and/or documentation guidelines and recommend strategic solutions. Track payer issues such as denials, rates, appeals, and pay for performance. Monitor the Recovery Audit Contractor (RAC), and other audit activities, and react appropriately to issues affecting emergency medicine.
2. Track ICD-10 implementation and continue to provide educational material on ICD-10 for members to aid in their reimbursement. Collaborate with content experts from the Quality & Performance Committee to ensure ACEP measures use appropriate ICD-10-CM/PCS mapping assignments. Continue to monitor the impact of ICD-10 implementation, evaluate the effect on reimbursement, and modify educational materials as needed.
3. Continue to advocate nationally for emergency medicine issues through the AMA CPT process and through possible CMS development of physician or facility documentation guidelines. Monitor efforts for transparency and claims processing edits. Explore development of an ED-specific code, such as using alternative payment models (APMs), for care coordination or transition to the post-acute setting.
4. Identify and develop educational materials such as articles, webinars, and Frequently Asked Questions (FAQs) to provide members with up-to-date information that will facilitate an effective balance between optimal coding and compliance.
5. Explore the development of CPT codes for community paramedicine and mobile integrated health care. Seek input with the EMS Committee and other committees as appropriate. (Coding & Nomenclature Advisory is the lead committee.)
6. Provide input to the Reimbursement Committee to develop a resident guide to billing and coding. Seek input from the Reimbursement Committee and EMRA. (Reimbursement is the lead committee)

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Communications Committee
(formerly the Public Relations Committee)

Chair: Jennifer L. Stankus, MD, JD, FACEP

Board Liaison: Stephen H. Anderson, MD, FACEP

Staff Liaison: Maggie McGillick and Nancy Calaway, CAE

1. Provide subject matter guidance to public relations staff on promoting the specialty of emergency medicine to external audiences, including health care consumers and policymakers, via the media on priority issues including, but not limited to:
 - Surprising billing and related issues such as balance billing, bundling payments and out-of-network payment, etc.;
 - Opioids and acute pain management;
 - Violence in the emergency department;
 - Correcting mischaracterizations around the high cost of emergency care;
 - Mental Health and reducing ED boarding; and
 - Other relevant emergency care issues as they arise.
2. Provide subject matter guidance to communications and marketing staff on promoting the specialty of emergency medicine to internal audiences, including ACEP members and leaders in the emergency medicine field on priority issues including, but not limited to:
 - Workforce issues, including scope of practice of NPs and PAs;
 - Ways to reduce the burden of Electronic Health Records systems and administrative regulations/paperwork;
 - Physician well-being – through both personal and systemic adjustments;
 - ACEP’s benefit to all practice settings and models; and
 - Other relevant emergency physician issues as they arise.
3. Provide technical review and consultation for promoting *Annals of Emergency Medicine*.
4. Unify and amplify the ACEP’s Spokesperson Network to deliver effective messages at the local level.
5. Increase ACEP’s social media presence through platforms including Twitter, Facebook, You Tube, podcasts, etc.
6. Provide input into the implementation of the comprehensive communications and public relations plan, including internal and external messaging.

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Compensation Committee

Chair: Marco Coppola, DO, FACEP
Board Liaison: None
Staff Liaison: Layla Powers, MBA

1. Establish stipends for Board members, Board officers, and Council officers.
2. Monitor compensation trends (stipend and expense reimbursement) for the Board of Directors and officers of other medical specialties to ensure ACEP members are compensated appropriately.

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Final Committee Objectives

Disaster Preparedness & Response Committee

Chair: Marc Rosenthal, DO, FACEP

Board Liaison: Christopher S. Kang, MD, FACEP

Staff Liaison: Pat Elmes, EMT-P

1. Utilize identified national and international organizations active in disaster medical preparedness and response to assure appropriate liaisons and channels of communication with ACEP to seek opportunities to increase collaboration and development of in-time resources available to working ED doctors for when events happen.
2. Explore incorporating an advanced level within the existing Mass Casualty Medical Operations Course, or a separate course using the current course as a prerequisite, to include a pediatric component. Seek input from the Disaster Medicine Section and the Pediatric Emergency Medicine Committee. (Disaster Preparedness & Response Committee is the lead committee).
3. Solicit nominations for the Disaster Medical Sciences Award and recommend the recipient to the Board of Directors.
4. Review and disseminate online disaster and other related training for emergency physicians including a repository for tabletops and an assessment of the use of virtual reality technology in disaster response training.
5. Collaborate with fellowship directors to update the list/database of all disaster fellowships and the similarities or differences. Explore development of a Disaster Medicine board certification.
6. Identify existing groups, such as the National Center for Disaster Public Health (NCDPH), to explore ways to collaborate to collect disaster data and engage members to share data and reports about disaster events.
7. Develop a policy statement that defines the role of physicians who provide management, planning, and care during disasters. Include language that supports physician compensation for EM/EMS physicians with disaster training/experience that participate in efforts to support preparedness for the healthcare system.
8. Explore methods to advocate a greater role of emergency physicians in jurisdictional emergency management at the local level for hospital/community disaster preparedness, planning and operations.
9. Research existing deployment checklists and develop a specific version for emergency physicians who plan to respond to a disaster. Include information such as items to pack, references, research, and actions to take before, during, and after a response mission. Develop a list of recommended courses to consider before participating on a response mission.
10. Provide input to the Education Committee to explore online and other EMS, disaster, and other related training for emergency physicians. (Education is the lead committee.)

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Education Committee

Chair: Ernest E. Wang, MD, FACEP

Board Liaison: Kevin M. Klauer, DO, EJD, FACEP

Staff Liaison: Michelle Byers, CMP, CAE

1. Identify member educational needs based on assessments from a variety of sources, including state and facility CME requirements, board certification requirements, quality measures, test results, activity evaluations, member surveys, ACEP.org search terms and ACGME Milestones.
2. Design, implement, evaluate, and revise educational activities that meet identified needs and enhance ACEP's position as the primary source for state-of-the-art emergency medicine education, including:
 - a. Live and enduring CME activities on the emergency medicine core content designed to reinforce cognitive expertise.
 - b. Alternative educational opportunities such as simulation courses for procedural competencies and skills.
 - c. Mobile and online CME courses and other activities that incorporate new learning technologies.
 - d. Podcasts, social media, FOAMed.
 - e. Performance Improvement-CME activities approved for the ABEM Improvement in Medical Practice requirements; Explore MOC on Mental Health in the ED (Adults and Children); Low Risk Chest Pain; and Charting and Documentation.
 - f. Digital editions of ACEP titles published for a variety of reading devices.
 - g. EMS subspecialty certification prep resources.
 - h. Activities designed to help students, residents, and young physicians during early years of practice.
 - i. Activities specific to the issue of litigation stress.
 - j. Educational products related to the Clinical Emergency Data Registry Learning Collaborative.
 - k. Educational products related to Geriatric Emergency Department Accreditation (GEDA) Learning Collaborative.
 - l. Develop educational products for preventing prescription opioid misuse and addiction
3. Submit a nomination for the 2020 ACEP Award for Outstanding Contribution in Education.
4. Pursue strategic partnerships with publishers and other organizations that contribute to the College's CME mission, goals, and objectives.
5. Develop CME activities for physicians and providers practicing emergency medicine in resource-limited settings.
6. Explore cost-efficient ways to provide education to international emergency physicians. Enhance ACEP's expertise internationally in marketing publications and meetings. Design and implement ACEP International Global Leadership program. Create ACEP Live channel for International members and audience to have access to educational online products. Seek input from the International Emergency Medicine Committee. (Education is the lead committee.)
7. Explore online and other EMS, disaster, and other related training for emergency physicians. Seek input from the EMS Committee and the Disaster Preparedness & Response Committees. (Education is the lead committee.)
8. Maximize the delivery platform for educational products to improve discoverability and access.
9. Increase diversity in the faculty for ACEP educational meetings and education programs. Ensure educational products to include diversity and inclusion throughout offerings and include topics such as unconscious bias in clinical care and practice management.
10. Provide input to the Well-Being Committee to complete development of interactive tutorials on resiliency strategies for members as part of Wellness Week activities and explore the possibility of providing CME. (Well-Being is the lead committee.)
11. Provide input to the Pediatric Emergency Medicine Committee to develop a simulation-based consensus curriculum for pediatric emergency medicine, in collaboration with other organizations and for open access. (Pediatric Emergency Medicine is the lead committee.)

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12. Provide input to the National/Chapter Relations Committee to develop resources to address the needs of small and medium sized chapters that were identified by the 2019 chapter services survey. (National/Chapter Relations is the lead committee.)
13. Implement and evaluate a research plenary session during *ACEP19*. Seek input from the Research Committee to (Education is the lead committee.)
14. Prioritize educational needs of members with the changing ABEM recertification exam. Re-position PEER products to fulfill board review requirements for those taking the initial qualifying exam and those seeking continuing certification through the new MyEMCert model and to maintain market share in an increasingly competitive Board prep market.
15. Publish Strauss and Mayer 2nd edition of Management of the ED.
16. Develop new podcast strategies, featuring Young Physicians Section-developed content.
17. Implement SimCourse in FY 2019-20.

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Emergency Medicine Practice Committee

Chair: Daniel Freess, MD, FACEP

Board Liaison: Alison J. Haddock, MD, FACEP

Staff Liaison: Margaret Montgomery, RN, MSN

1. Review the following policies per the Policy Sunset Review Process:
 - a. Cultural Awareness and Emergency Care
 - b. Deferral of Care After Medical Screening of Emergency Department Patients
 - c. Emergency Department Patient Advocate Role and Training
 - d. Emergency Department Planning and Resource Guidelines
 - e. Emergency Medicine Telemedicine
 - f. Freestanding Emergency Departments
 - g. Guidelines Regarding the Role of Physician Assistants and Advanced Practice Registered Nurses in the ED
 - h. Management of the Patient with the Complaint of Sexual Assault
 - i. Recognition of Subspecialty Boards in Emergency Medicine
 - j. Retail-Based Clinics
 - k. Third-Party Payers and Emergency Medical Care
 - l. Use of Patient Restraints
 - m. Use of the Title “Doctor” in the Clinical Setting

Determine by December 15 if the policies should be reaffirmed, revised, rescinded, or sunsetted. Submit any proposed revisions to the Board for approval by the end of the committee year.

2. Develop a policy statement addressing the responsibility of the medical director in the development of clinical provider staffing models that reflect the role of the physician as the medical team leader.
3. Develop a policy statement on the availability of food and beverage for clinical providers while working in the ED.
4. Review the results of The Joint Commission survey on onerous standards and develop resources and a communication plan to share the results with members.
5. Develop an “ED Boarding Toolkit,” a step-by-step guide to ways directors dealing with boarding can work practically with other concerned parties in their hospital system to improve operational flow.
6. Solicit nominations for the 2020 Community Emergency Medicine Award and Innovation in Practice Award and recommend recipients to the Board of Directors.
7. Provide input to the Well-Being Committee and determine if ACEP’s “Physician Impairment” should be revised to incorporate Amended Resolution 18(18) Reducing Physician Barriers to Mental Health Care or if a new policy statement is needed to address physician mental health and to aid in reducing physician barriers to mental health care. (Well-Being is the lead committee.)
8. Compile resources to support examples effective family leave practices, policies and procedures and provide input to the Well-Being Committee to develop an information paper on best practices regarding paid parental leave for emergency physicians as directed in Amended Resolution 36(17) Maternity and Paternity Leave. (Well-Being is the lead committee.)
9. Develop a policy statement on the role of the emergency physician in acute trauma management.
10. Identify additional resources or educational materials for emergency physicians on the care of patients with Autism Spectrum Disorder who present to the ED. (Resolution 40-18 Care of Individuals with Autism Spectrum Disorder in the ED).
11. Develop a psychiatric boarding toolkit to address care of the boarded behavioral health patient as directed in Amended Resolution 39(18) Care of the Boarded Behavioral Health Patient. Seek input from the Coalition on Psychiatric Emergencies. (EM Practice is the lead committee.)

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EMS Committee

Chair: Julio R. Lairet, DO, FACEP

Board Liaison: Debra G. Perina, MD, FACEP

Staff Liaison: Rick Murray, EMT-P

1. Develop resources and guidelines for EMS medical directors on topics such as Mobile Integrated Healthcare (MIH) and Community Paramedicine (CP) programs and collaborate with NAEMSP and related stakeholders as needed.
2. Collaborate with stakeholders involved in changes to current controlled substances regulations (e.g., DEA regulations) and develop educational resources related to any new DEA regulations for EMS medical directors.
3. Develop resources for EMS medical directors regarding the new CMS Triage, Treat, and Transport (ET3) demonstration project.
4. Develop resources to promote and support the subspecialty of EMS medicine and the roles of the EMS medical director, such as EMS medical director reimbursement and the need for specific EMS training and experience. Collaborate with NAEMSP and related stakeholders as needed.
5. Develop EMS resources for assessing and treating pediatric patients. Collaborate with AAP, NAEMSP, ENA, the Pediatric Emergency Medicine Committee, and other stakeholders. (EMS is the lead committee.)
6. Develop a repository of documents for EMS medical directors to share, such as protocols, medical direction agreements, etc. Collaborate with the EMS Section. (EMS Committee is the lead)
7. Provide input to the Education Committee to explore online and other EMS, disaster, and other related training for emergency physicians. (Education is the lead committee.)
8. Submit a nomination for the 2020 ACEP Outstanding Contribution in EMS Award. Coordinate with the EMS Section and the Air Medical Transport Section.
9. Develop EMS and related course proposals and submit to the Educational Meetings Subcommittee for consideration by August 1, 2020 (for ACEP2021).
10. Develop resources for EMS medical directors for use in the oversight of EMS personnel such as Clinical Managers and QI/QA Managers.
11. Review the following policies per the Policy Sunset Review Process:
 - A Culture of Safety in EMS Systems

Determine by December 15 if the policies should be reaffirmed, revised, rescinded, or sunsetted. Submit any proposed revisions to the Board for approval by the end of the committee year.
12. Continue the work of the High Threat Casualty Care Task Force (HTCCTF):
 - create a high-threat incident database, standardized data-gathering tool, and support the creation of data-gathering rapid response to enable rapid dissemination of lessons-learned
 - develop and disseminate best practices for translation of military lessons learned, consistent with Mission Zero.
 - develop and disseminate resources related to recovery from high-threat incidents.
13. Provide input to the Coding and Nomenclature Advisory Committee (CNAC) to explore the development of and use of CPT codes for EMS medical director reimbursement for community paramedicine and mobile integrated healthcare programs as well as on-line and off-line EMS medical direction. (Coding & Nomenclature is the lead committee).

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Ethics Committee

Chair: Raquel Schears, MD, FACEP

Board Liaison: Christopher S. Kang, MD, FACEP

Staff Liaison: Leslie Moore, JD

1. Identify and develop educational opportunities and materials on ethics issues, including at least three articles for ACEP publications including:
 - Ethical issues of inter-professional relationships in the ED.
 - Ethical issues in social media and protecting the privacy and security of Emergency Physicians in the ED.
 - Ethical role of Emergency Physicians in the training of Physician Assistants and Nurse Practitioners.
 - Hospital ethics committee and their relationship in Emergency Medicine (due to urgent need of intervention).
 - Ethical implications of expanding EM residency programs and spots.
 - Ethical obligations to provide maternal and parental leave benefits.
2. Review the *Policy Compendium of the Code of Ethics for Emergency Physicians* and recommend needed revisions to the Board of Directors.
3. Review ethics complaints and provide recommendations to the Board of Directors.
4. Develop the following information papers:
 - ethical issues stemming from medicine/healthcare becoming more business-centric and consumer oriented, and the impact on the dynamics and integrity of the patient-physician relationship
 - ethics of using Artificial Intelligence (AI) in emergency medicine
 - ethics concerning 100% RVU compensation
 - ethical issues in access to emergency care for undocumented immigrants
5. Review the following policies per the Policy Sunset Review Process:
 - ACEP Business Arrangements
 - Animal Use in Research
 - Collective Bargaining, Work Stoppages, and Slowdowns
 - Ethical Issues at the End of Life
 - Fictitious Patients
 - Reporting of Medical Errors

Determine by December 15 if the policies should be reaffirmed, revised, rescinded, or sunsetted. Submit any proposed revisions to the Board for approval by the end of the committee year.
6. Review and revise the policy statement “Use of Social Media by Emergency Physicians” to include the practice of “doxxing.”
7. Develop a policy statement regarding ethical and practical guidance for emergency physician care of family members, friends, colleagues, and self.
8. Provide input to the Federal Government Affairs committee to develop draft legislation for the 116th Congress to address ED-specific end-of-life issues. (Federal Government Affairs is the lead committee.)
9. Survey members to identify PTSD and stress-related disorders among emergency physicians. Develop resources to assist members with PTSD and stress-related disorders. Seek input from the Well-Being Committee. (Ethics is the lead committee.)
10. Review the “Expert Witness Guidelines for the Specialty of Emergency Medicine” policy statement and determine if revisions are needed or develop a new policy statement to explicitly oppose cross-specialty testimony for the standard of care. Seek input from the Medical-Legal Committee. (Ethics is the lead committee.)

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Federal Government Affairs Committee

Chair: Carlton Heine, MD, FACEP

Board Liaison: William P. Jaquis, MD, FACEP, President-Elect

Staff Liaison: Laura Wooster, MPH

1. Analyze and recommend legislative and regulatory priorities for the Second Session of the 116th Congress.
2. Develop strategies to expand the 9-1-1 Advocacy Network. Encourage committee members to meet with their congressional representatives either locally or on Capitol Hill.
3. Develop a legislative and/or regulator strategy to address the growing drug shortage issue at the federal level.
4. Develop draft legislation for the 116th Congress to address ED-specific end-of-life issues. Collaborate with content experts from the Ethics Committee and State Legislative/Regulatory Committee. (Federal Government Affairs is the lead committee.)
5. Develop a legislative and/or regulatory strategy to facilitate and require Indian Health Service data-sharing with prescription drug monitoring programs.
6. Identify new opportunities to work with federal agencies, including the Veterans Administration, Department of Defense, Indian Health Services, etc.
7. Develop and assess potential innovative approaches to improving the way care is delivered and reimbursed in rural areas, with the goal of improving patient access to emergency department services in these areas. Collaborate with content experts from other committees and task forces as needed.
8. Develop and assess potential legislative ideas to address firearm safety and injury prevention.
9. Develop recommendations for federal legislative and/or regulatory strategies to ensure telemedicine can advance emergency medicine and protect the practice environment for emergency physicians and quality of care for patients.
10. Develop an annual report to all ACEP members regarding advocacy work done on behalf of emergency medicine.
11. Monitor and respond to federal legislative action related to out of network billing. Collaborate with content experts from the ACEP-EDPMA Joint Task Force, Reimbursement Committee, and State Legislative/Regulatory Committee. (Federal Government Affairs is the lead committee.)
12. Review the following policy per the Policy Sunset Review Process:
 - Worldwide Nuclear Disarmament
 - Health Care Cost Assignment by Taxes

Determine by December 15 if the policies should be reaffirmed, revised, rescinded, or sunsetted. Submit any proposed revisions to the Board for approval by the end of the committee year.

13. Review Resolution 34(18) Violence is a Health Issue, determine whether model legislation should be developed, and provide a recommendation to the Board of Directors.
14. Support advocacy efforts on rescheduling of cannabis to facilitate well-controlled studies of cannabis and related cannabinoids for medical use in patients as directed in Amended Resolution 36(18) ACEP Policy Related to Medical Cannabis.

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Finance Committee

Chair: Gary Starr, MD, MBA, FACEP

Vice Chair: Josh Moskovitz, MD, MBA, MPH, FACEP

Board Liaison: Mark S. Rosenberg, DO, MBA, FACEP, Secretary-Treasurer

Staff Liaison: Layla Powers, MBA

1. Perform duties as delineated in the *Compendium of Financial Policies and Operational Guidelines*, including:
 - Cash flow analysis
 - Review the annual college budget and three year financial projections and make recommendations to the Board.
 - Review the financial status of the College monthly.
 - Consider budget modifications and make recommendations to the Board.
 - Review and monitor expenses for the Clinical Emergency Data Registry
 - Review strategic initiative project requests for funding and provide recommendations to the Board. Monitor financial performance of projects that have been initiated.
2. Review the *Compendium of Financial Policies and Operational Guidelines* and provide recommendation to the Board for any necessary revisions.
3. Conduct an annual review of contributions made by ACEP to affiliated organizations.
4. Review and report on return on investment and/or performance for all projects in Strategic Projects Initiatives (SPI) and evaluate new projects that meet the criteria for the SPI.

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Health Innovation Technology Committee

Chair: Nicholas Genes, MD, FACEP

Board Liaison: J.T. Finnell, MD, FACEP

Staff Liaison: Pawan Goyal, MD

1. Develop a plan to insert ACEP at the center of health information/innovation policy development & management, using data-driven advocacy and leveraging new technologies to improve emergency care delivery and patient outcomes.
2. Create an infrastructure for collaboration with health information/innovation stakeholders, other medical organizations (e.g. AMA, AHHA, ANA, etc.) & industry partners.
3. Participate in national committees and leadership organizations that direct the application of health care information technology and policy.
4. Assess the current health information/innovation policy environment, with a focus on overcoming barriers toward data democratization.
5. Explore avenues to foster distributed health technologies.
6. Develop and maintain a list of necessary criteria toward achieving efficient, effective, and usable information technology in the ED.
7. Develop work products related to health information/innovation policies, standards, implementation, certification criteria, benchmarks and similar issues, as well as the adoption, usability, and safety of health information technology solutions that advances the electronic access, exchange, and use of health information for ACEP members.
8. Develop and disseminate information for education and training in informatics and health information technology for emergency physicians. Collaborate with EMRA to develop resources for medical students and residents about informatics subspecialty certification and opportunities after EM residency
9. Provide resources for members regarding best practices for decision support and clinical documentation.
10. Develop a resource for medical students and residents about Informatics subspecialty certification and opportunities after EM residency. Collaborate with EMRA.

2019-20
Final Committee Objectives

International Emergency Medicine

Chair: Christian Arbelaez, MD, FACEP

Board Liaison: Paul Kivela, MD, FACEP, Immediate Past President

Staff Liaison: Faeza Faruq

1. Review ACEP's policies on violence in the ED, determine if a new or revised policy statement is needed to address violence in the ED internationally, and provide a recommendation to the Board of Directors.
2. Identify ways to increase membership and attendance at Scientific Assembly
3. Identify ways to make ACEP products and resources more readily available to international members.
4. Identify and address the educational needs of international emergency physicians.
5. Identify and cultivate relationships with other national and international emergency medicine organizations, societies, NGOs, and governmental entities.
6. Oversee and direct the ACEP International Ambassador Program and Ambassador Conference to better understand emergency care, models, and activities in each country.
7. Work with the International Emergency Medicine Section Leadership to implement priority tactics and programming.

2019-20
Final Committee Objectives
Medical-Legal Committee

Chair: Rade Vukmir, MD, FACEP

Board Liaison: Kevin M. Klauer, DO, EJD, FACEP

Staff Liaison: Craig Price, CAE

1. Review, update, and provide information to members on medical legal matters that impact the administrative and clinical practice of emergency medicine.
 2. Participate in the review of new clinical policies and provide information on potential medical-legal issues.
 3. Explore new opportunities to deter inaccurate expert witness testimony and promote awareness and utilization of ACEP resources designed to curtail egregious testimony.
 4. Develop recommendations to protect digital communications between physicians and advance practice providers so that constructive feedback given by physicians when signing charts completed by advance practice providers is not discoverable.
 5. Explore opportunities and strategies to enhance the protection of electronic health records data from discovery.
 6. Develop a policy statement, or revise existing ACEP policy, to address patients or family members recording or live-streaming care without consent in the emergency department.
 7. Review the medical-legal resources on the ACEP website and update as needed.
 8. Develop curricula for emergency medicine residents on medical-legal issues.
 9. Review the following policies per the Policy Sunset Review Process:
 - Responsibility for Admitted Patients
- Determine by December 15 if the policies should be reaffirmed, revised, rescinded, or sunsetted. Submit any proposed revisions to the Board for approval by the end of the committee year.*
10. Develop an information paper that explains the standards members should expect from expert witnesses, including that expert witnesses should adhere to ACEP's "Expert Witness Guidelines for the Specialty of Emergency Medicine" policy statement and sign the reaffirmation statement.
 11. Review and update the Standard of Care Review Process.
 12. Review comments submitted by members on the policy statement "Interpretation of EMTALA in Medical Malpractice Litigation" and determine if revisions are needed.

2019-20
Final Committee Objectives

Membership Committee

Chair: Aychut Kamat, MD, FACEP

Board Liaison: Gillian R. Schmitz, MD, FACEP

Staff Liaison: Jana Nelson

1. Work with staff to review potential membership models and recommend viable options and a timeline for consideration by the Board of Directors.
2. Identify ways to improve relationships with residents, particularly those transitioning to full ACEP membership.
3. Explore ways to engage younger physicians, with particular emphasis on first six years, including more efficient, targeted communication and educational offerings.
4. Make recommendations for enhancing social media and online presence. Provide input for content development of the membership recruitment, renewal, and benefit sections of ACEP.org.
5. Analyze membership retention among growing population of semi-retired, retired and Life members and make recommendations for enhancing status and benefits.
6. Develop recommendations for acquisition efforts towards ABEM-certified non-members.
7. Recommend avenues to promote engaged to special interest groups and sections that are topic specific.
8. Section Governance
 - a. Oversee the annual section grant process and recommend grant recipients to the Board of Directors.
 - b. Select recipients of the annual section awards for recommendation to the Board of Directors.
 - c. Review requests for formation of new sections and provide recommendations to the Board of Directors.
 - d. Review rules for section membership compliance and make recommendations for changes as needed.
 - e. Revise the Section Grant Criteria, as needed, to reflect current priorities of the college as recommended by the Board of Directors.
9. Serve as a resource in the development of a group and residency portal to facilitate administrative efficiency for group enrollment of multiple members.
10. Explore ways to retain emergency physicians who are transitioning to non-traditional work settings engaged in the College.
11. Provide input to the National/Chapter Relations Committee to develop resources to address the needs of small and medium sized chapters that were identified by the 2019 chapter services survey. (National/Chapter Relations is the lead committee.)

2019-20
Final Committee Objectives

National/Chapter Relations Committee

Chair:-Mark Notash, MD, FACEP

Board Liaison: Gillian R. Schmitz, MD, FACEP

Staff Liaison: Maude Hancock

1. Solicit nominations for the Diane K. Bollman Chapter Advocate Award and recommend recipient(s) to the Board of Directors.
2. Analyze the results of the 2019 annual chapter survey. Develop and promote chapter resources and best practices in cultivating current and future leaders.
3. Develop resources to address the needs of small and medium sized chapters. Seek input from the Education Committee and Membership Committee. (National/Chapter Relations is the lead committee.)
4. Explore mentoring and collaboration opportunities between regionally paired/grouped large, medium, and small chapters.

2019-20
Final Committee Objectives

Pediatric Emergency Medicine Committee

Chair: Ann Dietrich, MD, FACEP

Board Liaison: Debra G. Perina, MD, FACEP

Staff Liaison: Sam Shahid, MBBS, MPH

1. Develop a policy statement on the role and responsibilities of emergency medicine providers in the initial management of acute pediatric mental health emergencies.
2. Develop the following information papers:
 - role of telemedicine in pediatric emergency care and in support of community emergency departments. Seek input from the Emergency Telehealth Section. (Pediatric Emergency Medicine is the lead committee)
3. Support the Pediatric Readiness Project and assist in developing resources to promote ED preparedness.
4. Work with the EMSC Innovation & Improvement Center (EIIC) to:
 - Ensure ACEP is recognized as a full partner of the EIIC.
 - Create its leadership and policy infrastructure and to develop strategies to optimize resource utilization between general emergency medicine and pediatric emergency medicine.
 - Ensure ongoing collaboration with the committee and the ACEP grant-funded staff from EIIC.
5. Collaborate with the American College of Radiology to provide pediatric content expertise in generating recommendations for radiographic tests in the emergency management of children.
6. Collaborate with the American Academy of Pediatrics and the Emergency Nurses Association (ENA) to develop a policy statement to optimize pediatric safety in the emergency care setting.
7. Work with the American Academy of Pediatrics to develop new and review current technical report papers and policy statements as needed.
8. Review the following policies per the Policy Sunset Review Process:
 - Patient and Family Centered Care of Children in the Emergency Department

Determine by December 15 if the policy should be reaffirmed, revised, rescinded, or sunsetted. Submit any proposed revisions to the Board for approval by the end of the committee year.
9. Develop an open access simulation-based consensus curriculum for pediatric emergency medicine, in collaboration with other organizations and stakeholders. Seek input from the Education Committee, Simulation Subcommittee, and the Pediatric Emergency Medicine Section. (Pediatric Emergency Medicine is the lead committee.)
10. Provide input to the Disaster Preparedness & Response Committee to refine the Mass Casualty Medical Operations Management Course to include pediatric disaster education. (Disaster Preparedness & Response is the lead committee.)
11. Provide input to the EMS Committee, in collaboration with AAP, NAEMSP, ENA, and other stakeholders, to develop resources for assessing pediatric readiness of EMS systems and pediatric medication dosing. (EMS is the lead committee.)
12. Develop resources to encourage emergency medicine residents to enter pediatric emergency medicine.
13. Complete development of a joint policy statement with the American Academy of Pediatrics and the Pediatric Surgery Society on trauma imaging in the pediatric patient population according to existing guidelines and decreasing unnecessary radiation in pediatric trauma patients.
14. Complete development of a policy statement on the use of antitussive medications, specifically opiate-containing antitussives, and their utility in the treatment of pediatric patients.

2019-20
Final Committee Objectives

15. Develop a policy statement on the importance of scheduled vaccinations. Seek input from the Public Health & Injury Prevention Committee. (Pediatric Emergency Medicine is the lead committee.)
16. Provide input to the Public Health & Injury Prevention Committee to develop a policy statement on antimicrobial stewardship. (Public Health & Injury Prevention is the lead committee.)
17. Complete development of the following information papers:
 - Antibiotic stewardship in pediatric emergency care.
 - Opioid crises in children and adolescents.
 - Alternatives to opioids in management of acute pain in pediatric emergency care (including non-pharmacologic).

2019-20
Final Committee Objectives
Public Health & Injury Prevention Committee

Chair: Alan Heins, MD, FACEP

Board Liaison: James J. Augustine, MD, FACEP

Staff Liaison: Margaret Montgomery, RN, MSN

1. Review the following policies per the Policy Sunset Review Process:
 - 911 Caller Good Samaritan Laws
 - Emergency Care Electronic Data Collection and Exchange
 - HIV Testing and Screening in the Emergency Department
 - Role of the Emergency Physician in Injury Prevention and Control for Adult and Pediatric Patients

Determine by December 15 if the policies should be reaffirmed, revised, rescinded, or sunsetted. Submit any proposed revisions to the Board for approval by the end of the committee year.

2. Develop a policy statement on Adult Mental Health Emergencies.
3. Review smoking cessation materials on the ACEP website and consider the development of a policy statement, PREP, and/or resources on smoking cessation.
4. Review the “Human Trafficking” policy statement and revise to include reference to children.
5. Provide input to the Quality & Patient Safety Committee to develop an antimicrobial stewardship toolkit as directed in Amended Resolution 38(18) Antimicrobial Stewardship. (Quality & Patient Safety is the lead committee.)
6. Develop an information paper on the stigma associated with substance use and mental health disorders.
7. Develop talking points or “smart phrases” for discharge summaries and/or educational resources on public health and injury prevention issues.
8. Collaborate with the Epidemic Expert Panel to explore development of best practices for treating patients with flu or flu-like illness that meet sepsis guidelines during the flu season.
9. Provide input to the Pediatric Emergency Medicine Committee to develop a policy statement on the importance of scheduled vaccinations. (Pediatric Emergency Medicine is the lead committee.)
10. Develop a policy statement on antimicrobial stewardship. Seek input from the Pediatric Emergency Medicine Committee. (Public Health & Injury Prevention is the lead committee.)

2019-20
Final Committee Objectives
Quality & Patient Safety Committee

Chair: Richard Griffey, MD, FACEP
Vice Chair: Keith Kocher, MD, FACEP
Board Liaison: Aisha T. Liferidge, MD, MPH, FACEP
Staff Liaison: Pawan Goyal, MD

Measure Lifecycle Management

1. Create and initiate a workflow with the Clinical Emergency Data Registry Committee for future quality measure development efforts.
2. Manage the quality measure lifecycle at ACEP by:
 - a. Creating, prioritizing, and suggesting quality measure concepts that align with the CMS Meaningful Measures Initiative to the CEDR Data Validation Sub-Committee for development, testing, and implementation of new quality measures.
 - b. Performing maintenance on current ACEP measures and working with staff and vendors and make improvements or recommending measures for retirement.
3. Educate members in quality measurement to develop new leaders for the quality measure development program.
4. Assist with the quality measure lifecycle on behalf of external organizations by monitoring quality initiatives and commenting on behalf of ACEP on the appropriateness of quality measures that impact the practice of emergency medicine, the emergency department, and the reimbursement of emergency physicians.

Nominations

5. Nominate emergency physicians to represent ACEP to internal and external bodies that are developing quality measures that have relevance to the practice of emergency care.

Clinical Policies and Federal Review

6. Comment on the quality provisions of the Inpatient Prospective Payment System (IPPS), Outpatient Prospective Payment System (OPPS), the Physician Fee Schedule (PFS), Medicare Access and CHIP Reauthorization Act (MACRA)
7. Educate members regarding implementation and best practices for quality measures and federal quality measurement programs.

Patient Safety

8. Complete development of 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 the ED.
9. Collect candidate quality improvement projects and develop improvement tools. Develop emergency medicine-specific improvement activities for the QPP program.
10. Develop an antimicrobial stewardship toolkit as directed in Amended Resolution 38(18) Antimicrobial Stewardship. Seek input from the Public Health Committee. (Quality & Patient Safety is the lead committee.)

Choosing Wisely

11. Conduct periodic evidence-based literature reviews to existing Choosing Wisely recommendations.
12. Promote ACEP within the Choosing Wisely Champion program.

Measures Technical Expert Panel (TEP)

13. Utilize the Technical Expert Panel to provide oversight and feedback on new quality measures recommended for development.
14. Provide feedback on quality measures submitted from the Clinical Emergency Data Registry Measure and Data Validation Subcommittee and identify quality measures to recommend to the Board.

2019-20
Final Committee Objectives
Reimbursement Committee

Chair: Heather Marshall, MD, FACEP

Board Liaison: L. Anthony Cirillo, MD, FACEP

Staff Liaison: David McKenzie, CAE

1. Identify and analyze the governmental reimbursement environment as it pertains to emergency medicine and assist in positioning the College appropriately on issues of importance. Concentrate on audit activity and payment policies throughout the Medicare system.
2. Continue to identify and analyze reimbursement challenges that impact emergency medicine and recommend strategic solutions. Continue to monitor private payer practices such as balance billing and fair payment, and challenge health plan claim bundling practices. Track out of network payments and payer mix shifts based on the ACA and databases such as FAIR Health.
3. Continue to support the efforts of the liaisons to the AMA RBRVS process, and advocate for improvement of work, practice expense, and malpractice relative values. Participate in any episode of care development activity in that venue.
4. Identify and develop educational materials such as articles, webinars, and Frequently Asked Questions (FAQs) to provide members with practical information on developing reimbursement trends. Develop specific content for residents and young physicians. Create tools to assist medical students with documentation that facilitate the integration of the medical student's documentation in the medical record with the supervision of the attending physician.
5. Develop a strategy for emergency medicine to be represented in alternate payment models, including episodes and population health, to prepare for the transition from fee-for-service reimbursement to value-based reimbursement. Provide analysis of new payment models for emergency physician services that may replace or supplement the predominant fee for service model and offer advice on how ACEP members should prepare for these new models (ACOs, bundled payment, value-based reimbursement, etc.) Seek input from the Alternative Payment Models Task Force. Expand the AUCM analysis to other payers.
6. Monitor Medicaid reforms at the state level and provide resources as appropriate. Explore developing a model to implement the AUCM framework at the state level for Medicaid payors. Seek input from the State Legislative/Regulatory Committee to coordinate with state chapter stakeholders in drafting the implementation process. (Reimbursement is the lead committee).
7. Provide input to the Federal Government Affairs Committee to develop a regulatory and/or legislative strategy to encourage the use of appropriate alternatives to Emergency Department copays in State Medicaid waiver applications that embrace the prudent layperson concept. (Federal Government Affairs is the lead committee.)
8. Provide input to the Federal Government Affairs Committee in developing a proactive federal-level strategy on out-of-network/balance billing, including consideration of introducing federal legislation. (Federal Government Affairs is the lead committee.)
9. Provide input to the State Legislative/Regulatory Committee and the out-of-network/balance billing "strike team" leaders to provide expertise and resources to states addressing balance billing/out-of-network legislation. (State Legislative/Regulatory is the lead committee).
10. Develop a resident guide to billing and coding. Obtain input from the Coding & Nomenclature Committee and EMRA. (Reimbursement is the lead committee).

2019-20
Final Committee Objectives

Research Committee

Chair: Manish Shah, MD, FACEP

Board Liaison: John T. Finnell, MD, MSc, FACEP

Staff Liaison: Loren Rives, MNA

General Research Committee Objectives

1. Submit a nomination for the 2020 ACEP Award for Outstanding Contribution in Research.
2. Collaborate with the American College of Osteopathic Emergency Physicians (ACOEP) to identify strategies and resources to assist emergency medicine residency programs in meeting scholarly activity requirements for faculty and residents.
3. In collaboration with SAEM's Research Committee, review and submit responses to the NIH's requests for information (RFIs).
4. Support the development of community-based research and researchers.
5. Explore ways to develop and strengthen the emergency medicine EM research network for multicenter clinical studies.
6. Identify priority topics for a focal EMF grant.
7. Develop a consensus process that includes the opinions of Research Committee members, EMF and research leaders, and membership more broadly, to identify strategies for future research support and development.

Research Forum Subcommittee

8. Implement, advance and improve the 2020 *Research Forum* meeting
9. Select recipients for medical students, residents, young investigators, and best paper awards.
10. Highlight basic science and senior researchers during Research Forum.
11. Identify emergency medicine research that results in innovative practice changes and promote the research at ACEP's annual meeting.

Scientific Review Subcommittee

12. Assist EMF with funding opportunities.
13. Explore potential collaborations with other specialty groups for grants.
14. Review grant proposals for EMF and recommend applicant funding and provide on-going monitoring of funded grant progress reports.
15. Expand the pool of EMF grant reviewers through development of a junior faculty mentorship program and establishment of a list of pre-approved ad hoc reviewers.
16. Initiate a standardized process for EMF grant reviewer development.
17. Identify potential areas of further targeted research that are of interest to members.
18. Review the EMF grant portfolio with a specific focus on pipeline (i.e., training and development) awards and revise as needed.
19. Engage new reviewers and develop a mentoring plan for new reviewers.

2019-20
Final Committee Objectives

State Legislative/Regulatory Committee

Chair: Danyelle Redden, MD, MPH, FACEP

Board Liaison: Alison J. Haddock, MD, FACEP

Staff Liaison: Harry Monroe

1. Monitor Medicaid payment reforms at the state level and provide resources as appropriate. Seek input from the Reimbursement Committee to explore opportunities to advocate for alternative payment models for Medicaid. (State Legislative/Regulatory is the lead committee.)
2. Draft model state legislation that can be used by chapters to advocate for the prudent layperson standard in light of recent practices by commercial and government payers that deny or reduce payment based retrospectively on diagnosis. Collaborate with the Emergency Department Practice Management Association.
3. Provide input to the Reimbursement Committee and the out-of-network/balance billing “strike team” leaders to provide expertise and resources to states addressing balance billing/out of network legislation. (State Legislative/Regulatory is the lead committee.)
4. Develop a regulatory and/or legislative strategy to encourage the use of appropriate alternatives to Emergency Department copays in State Medicaid waiver applications that embrace the prudent layperson concept.
5. Research and summarize best practices by states working to overcome barriers to the provision of new treatments and modalities that reduce, when appropriate, the use of opioid medications.
6. Research and provide at least two case studies of states and/or regions that have developed and implemented successful programs for addressing the boarding of psychiatric patients.
7. Develop model state legislation for chapters to use to access funding related to the Preventing Overdoses While in the Emergency Rooms (POWER) Act and to address Amended Resolution 25(18) Funding for Medication Assisted Treatment Programs, Amended Resolution 26(18) Funding of Substance Use Intervention and Treatment Programs, and Amended Resolution 47(18) Supporting Medication for Opioid Use Disorder.
8. Develop a toolkit and other resources to assist chapters in the passage of state legislation to enact extreme risk protection orders as directed in Amended Resolution 45(18) Support for Extreme Risk Protection Order to Minimize Harm.
9. Monitor legislative and regulatory efforts by nurse practitioners and physician assistants to expand their scope of practice in emergency medicine in a way that is inconsistent with ACEP policy and develop resources to assist state chapter advocacy on this issue.
10. Review and update resources related to qualifications of expert witnesses in medical liability cases. Create a toolkit of resources for chapter to use in advocating for reforms.
11. Promote and administer the state public policy grant program.
12. Submit a nomination for the 2020 Rorrie Health Policy Award.
13. Submit a nomination for the 2020 Policy Pioneer Award.
14. Monitor Medicaid reforms at the state level and provide resources as appropriate. Explore developing a model to implement the AUCM framework at the state level for Medicaid payors. Provide input to the Reimbursement Committee to coordinate with state chapter stakeholders in drafting the implementation process. (Reimbursement is the lead committee).
15. Develop resources for chapters on fundraising for advocacy initiatives.

2019-20
Final Committee Objectives

16. Provide input to the Federal Government Affairs committee to develop draft legislation for the 116th Congress to address ED-specific end-of-life issues. (Federal Government Affairs is the lead committee.)
17. Monitor and respond to federal legislative action related to out of network billing. Collaborate with content experts from the ACEP-EDPMA Joint Task Force, Reimbursement Committee, and State Legislative/Regulatory Committee. (Federal Government Affairs is the lead committee.)
18. Complete development of an information paper and/or legislative toolkit to assist members in advocating for applicable changes to state insurance laws as directed in Amended Resolution 29(18) Insurance Collection of Patient Financial Responsibility.

2019-20
Final Committee Objectives

Well-Being Committee

Chair: Arlene Chung, MD, FACEP

Board Liaison: Debra G. Perina, MD, FACEP

Staff Liaison: Kelly Peasley

1. Implement the Wellness Week program for emergency physicians and providers to encourage personal and professional wellness strategies. Explore wellness training tactics for residents and young physicians. Strive for a 30% participation rate of all ACEP members.
2. Complete development of interactive tutorials on resiliency strategies for members as part of Wellness Week activities and explore the possibility of providing CME. Seek input from the Education Committee. (Well-Being is the lead committee.)
3. Compile and disseminate information on the “joys” (professional and personal satisfaction) of practicing emergency medicine. Incorporate ideas of well-being and wellness into a sustainable platform beyond wellness week. Refine campaigns for a culture change for emergency physicians to focus on the positive accomplishments in the ED.
4. Update the “Being Well in Emergency Medicine: ACEP’s Guide to Investing in Yourself.”
5. Analyze emergency departments with higher and lower physician and nurse turnover and examine characteristics of the department and individuals that may have a positive or negative effect on wellness.
6. Develop a series of articles for submission to *ACEP Now*, including how to improve being well in emergency medicine and bringing “joy” to practice.
7. Enhance activities in the Wellness Center based on learnings and recommendations from 2019.
8. Identify exemplary practices that promote wellness. Seek input from the Emergency Nurses Association, the Society for Emergency Medicine Physician Assistants, and the American Academy of Nurse Practitioners to.
9. Conduct outreach with international emergency medicine organizations to share ideas and opportunities for collaboration. Investigate the potential for working with the International Federation of Emergency Medicine to develop international working groups focused on well-being in emergency medicine. Seek input from the International Emergency Medicine Committee. (Well-Being is the lead committee.)
10. Discover exemplary practices that contribute to wellness in emergency medicine and disseminate the information to all EDs in the U.S.
11. Continue collaboration with EMRA and the Academic Affairs Committee to identify and/or develop resources for residents and medical students to address resiliency and coping mechanisms. (Well-Being is the lead committee.)
12. Complete an information paper on best practices regarding paid parental leave for emergency physicians as directed in Amended Resolution 36(17) Maternity and Paternity Leave. Work with the Emergency Medicine Practice Committee. (Well-Being is the lead committee.)
13. Review ACEP’s current resources and develop additional resources as needed to address interruption of clinical emergency medicine practice as directed in Resolution 51(17) Retirement or Interruption of Clinical Emergency Medicine Practice.
14. Review the following policies per the Policy Sunset Review Process:
 - Physician Impairment (Obtain input from the Emergency Medicine Practice Committee. Review Amended Resolution 18(18) Reducing Physician Barriers to Mental Health Care and determine if a new policy statement is needed to address physician mental health and to aid in reducing physician barriers to mental health care.)
 - Support for Nursing Mothers

2019-20
Final Committee Objectives

Determine by December 15 if the policies should be reaffirmed, revised, rescinded, or sunsetted. Submit any proposed revisions to the Board for approval by the end of the committee year.

15. Study the unique, specialty-specific factors leading to depression and suicide in emergency physicians and formulate an action plan to address the contributory factors unique to emergency medicine and provide a report of the findings as directed in Resolution 16(18) No More Emergency Physician Suicides. Seek input from the Academic Affairs Committee (resident perspective) and the Wellness Section. (Well-Being is the lead committee.)
16. Identify other organizations engaged in wellness and evaluate for potential collaborative efforts.
17. Provide input to the Ethics Committee on a survey members to identify PTSD and stress-related disorders among emergency physicians and develop resources to assist members with PTSD and stress-related disorders. (Ethics is the lead committee.)