Council Meeting
October 29-30, 2018
Manchester Grand Hyatt Hotel
San Diego, CA

Minutes

The 47th annual meeting of the Council of the American College of Emergency Physicians was called to order at 8:00 am, Saturday, September 29, 2018, by Speaker John G. McManus, Jr., MD, MBA, FACEP.

Seated at the head table were: John G. McManus, Jr., MD, MBA, FACEP, speaker; Gary R. Katz, MD, MBA, FACEP, vice speaker; Dean Wilkerson, JD, MBA, CAE, Council secretary and executive director; and Jim Slaughter, JD, parliamentarian.

Dr. McManus provided a meeting dedication and announced the Navy Medical Center San Diego to present colors. Dr. McManus then led the Council in reciting the Pledge of Allegiance and singing the National Anthem.

Peter Fahrney, MD, FACEP, Council Speaker 1974-75, addressed the Council.

Dr. McManus introduced ACEP's Parliamentarian Jim Slaughter, JD, CPP, and ACEP's Executive Director Dean Wilkerson, JD, MBA, CAE. He then welcomed new councillors, new alternate councillors, first time attendees, and guests.

Chi Perlroth, MD, FACEP, president of the California Chapter, welcomed councillors and other meeting attendees.

Chad Kessler, MD, FACEP, chair of the Tellers, Credentials, & Elections Committee, reported that 380 councillors of the 421 eligible for seating had been credentialed. A roll call was not conducted because limited access to the Council floor was monitored by the committee.

Eric Joy provided an overview of the Council meeting Web site and other technology enhancements.

David Wilcox, MD, FACEP, addressed the Council regarding the Emergency Medicine Foundation (EMF) Challenge.

Peter Jacoby, MD, FACEP, addressed the Council regarding the National Emergency Medicine Political Action Committee (NEMPAC) Challenge.

The following members were credentialed by the Tellers, Credentials, & Elections Committee for seating at the 2018 Council meeting:

ALABAMA CHAPTER	Melissa Wysong Costello, MD, FACEP Muhammad N Husainy, DO, FACEP Annalise Sorrentino, MD, FACEP
ALASKA CHAPTER	Nathan P. Peimann, MD, FACEP
ARIZONA CHAPTER	Patricia A Bayless, MD, FACEP Bradley A Dreifuss, MD, FACEP Paul A. Kozak, MD, FACEP J. Scott Lowry, MD, FACEP Wendy A Lucid, MD, FACEP Michael E Sheehy, DO, FACEP

	Casey R Solem, MD, FACEP Nicholas F Vasquez, MD, FACEP
ARKANSAS CHAPTER	J Shane Hardin, MD, PhD Brian L. Hohertz, MD, FACEP
AACEM	Gabor David Kelen, MD, FACEP
CALIFORNIA CHAPTER	Rodney W Borger, MD, FACEP Andrea M. Brault, MD, FACEP Adam P. Dougherty, MD Carrieann E Drenten, MD, FACEP Irv E Edwards, MD, FACEP Jorge A Fernandez, MD, Marc Allan Futernick, MD, FACEP Michael Gertz, MD, FACEP Douglas Everett Gibson, MD, FACEP Vikant Gulati, MD, FACEP Samantha Jeppsen, MD Kevin M Jones, DO, FACEP John Thomas Ludlow, MD, FACEP William K Mallon, MD, FACEP Aimee K Moulin, MD, FACEP Leslie Mukau, MD, FACEP Karen Murrell, MD, MBA, FACEP Valerie C Norton, MD, FACEP Luke J. Palmisano, MD, MBA, FACEP Bing S. Pao, MD, FACEP Mitesh Patel, MD Chi Lee Perlroth, MD, FACEP Vivian Reyes, MD, FACEP Peter Erik Sokolove, MD, FACEP Melanie T. Stanzer, DO Lawrence M Stock, MD, FACEP Thomas Jerome Sugarman, MD, FACEP Patrick Um, MD, FACEP Andrea M Wagner, MD, FACEP Lori D Winston, MD, FACEP
COLORADO CHAPTER	Nathaniel T Hibbs, DO, FACEP Douglas M Hill, DO, FACEP Christopher David Johnston, MD Kevin W McGarvey, MD Carla Elizabeth Murphy, DO, FACEP Eric B Olsen, MD, FACEP Donald E Stader, MD, FACEP Erik J Verzemnieks, MD
CONNECTICUT CHAPTER	Thomas A Brunell, MD, FACEP Spencer J Cross, MD, Daniel Freess, MD, FACEP Elizabeth Schiller, MD, FACEP Gregory L Shangold, MD, FACEP David E Wilcox, MD, FACEP
CORD	Saadia Akhtar, MD, FACEP

DELAWARE CHAPTER	Kathryn Groner, MD, FACEP John T Powell, MD, MHCDS, FACEP
DISTRICT OF COLUMBIA CHAPTER	Jessica Galarraga, MD, MPH Danya Khoujah, MBBS, FACEP Rita A Manfredi-Shutler, MD, FACEP Natasha N Powell, MD, MPH, FACEP
EMRA	Nida F Degesys, MD Zachary Joseph Jarou, MD Alicia Mikolaycik Kurtz, MD Omar Z Maniya, MD, MBA Eric McDonald, MD Shehni Nadeem, MD Scott H Pasichow, MD, MPH Rachel Solnick, MD
FLORIDA CHAPTER	Andrew I Bern, MD, FACEP Damian E. Carabello, MD, FACEP Jordan GR Celeste, MD, FACEP Amy Ruben Conley, MD, FACEP Jay L Falk, MD, FACEP Kelly Gray-Eurom, MD, MMM, FACEP Larry Allen Hobbs, MD, FACEP Steven B Kailes, MD, FACEP Michael Lozano, MD, FACEP Rene S. Mack, MD, FACEP Kristin McCabe-Kline, MD, FACEP Ryan T McKenna, DO, FACEP Ashley Booth Norse, MD, FACEP Ernest Page, II, MD, FACEP Sanjay Pattani, MD, FACEP Russell D Radtke, MD Danyelle Redden, MD, MPH, FACEP Todd L Slesinger, MD, FACEP Joseph Adrian Tyndall, MD, FACEP L Kendall Webb, MD, FACEP
GEORGIA CHAPTER	Matthew R Astin, MD, FACEP James Joseph Dugal, MD, FACEP(E) Matthew Taylor Keadey, MD, FACEP Jeffrey F Linzer, Sr, MD, FACEP Matthew Lyon, MD, FACEP D. W. Chip Pettigrew, III, MD, FACEP Stephen A Shiver, MD, FACEP James L Smith, Jr, MD, FACEP Matthew J Watson, MD, FACEP
GOVT SERVICES CHAPTER	James David Barry, MD, FACEP Adam O Burgess, MD Marco Coppola, DO, FACEP Kyle E Couperus, MD Alan Thomas Flanigan, MD Roderick Fontenette, MD, FACEP Melissa L Givens, MD, FACEP Antonia Helbling, MD Alan Jeffrey Hirshberg, MD, MPH, FACEP Chad Kessler, MD, MHPE, FACEP

	Julio Rafael Lairet, DO, FACEP Linda L Lawrence, MD, FACEP David S McClellan, MD, FACEP Torree M McGowan, MD, FACEP Nadia M Pearson, DO, FACEP
HAWAII CHAPTER	Carolyn Annerud, MD, FACEP Mark Baker, MD, FACEP
IDAHO CHAPTER	Nathan R Andrew, MD, FACEP Ken John Gramyk, MD, FACEP
ILLINOIS CHAPTER	Amit D Arwindekar, MD, FACEP Christine Babcock, MD, FACEP Cai Glushak, MD, FACEP John W Hafner, MD, FACEP George Z Hevesy, MD, FACEP Jason A Kegg, MD, FACEP Janet Lin, MD, FACEP Valerie Jean Phillips, MD, FACEP Henry Pitzele, MD, FACEP Yanina Purim-Shem-Tov, MD, FACEP William P Sullivan, DO, FACEP Ernest Enjen Wang, MD, FACEP Deborah E Weber, MD, FACEP
INDIANA CHAPTER	Michael D Bishop, MD, FACEP(E) Timothy A Burrell, MD, MBA, FACEP John T Finnell, II, MD, FACEP Gina Teresa Huhnke, MD, FACEP Christian Ross, MD, FACEP James L Shoemaker, Jr, MD, FACEP Lindsay M. Weaver, MD, FACEP
IOWA CHAPTER	Chris Buresh, MD, FACEP Ryan M Dowden, MD, FACEP Hans Roberts House, MD, FACEP
KANSAS CHAPTER	Dennis Michael Allin, MD, FACEP John F McMaster, MD, FACEP Jeffrey G Norvell, MD MBA, FACEP
KENTUCKY CHAPTER	David Wesley Brewer, MD, FACEP Melissa Platt, MD, FACEP Hugh W. Shoff, MD, FACEP Ryan Stanton, MD, FACEP
LOUISIANA CHAPTER	James B Aiken, MD, MHA, FACEP Jon Michael Cuba, MD, FACEP Phillip Luke LeBas, MD, FACEP Mark Rice, MD, FACEP Michael D Smith, MD, MBA, CPE, FACEP
MAINE CHAPTER	Thomas C Dancoes, DO, FACEP Garreth C Debiegun, MD, FACEP Charles F Pattavina, MD, FACEP

MARYLAND CHAPTER	Arjun S Chanmugam, MD, FACEP Richard J Ferraro, MD, FACEP Kyle Fischer, MD Kerry Forrestal, MD, FACEP David A Hexter, MD, FACEP Kathleen D Keeffe, MD, FACEP Michael Adam Silverman, MD, FACEP Theresa E Tassey, MD
MASSACHUSETTS CHAPTER	Brien Alfred Barnewolt, MD, FACEP Kate Burke, MD, FACEP Stephen K Epstein, MD, MPP, FACEP Kathleen Kerrigan, MD, FACEP Melisa W Lai-Becker, MD, FACEP Matthew B Mostofi, DO, FACEP Mark D Pearlmutter, MD, FACEP Brian Sutton, MD Joseph C Tennyson, MD, FACEP Scott G Weiner, MD, FACEP
MICHIGAN CHAPTER	Michael J Baker, MD, FACEP Nicholas Dyc, MD, FACEP Gregory Gafni-Pappas, DO, FACEP Rami R Khoury, MD, FACEP Warren F Lanphear, MD, FACEP Robert T Malinowski, MD, FACEP Jacob Manteuffel, MD, FACEP Emily M Mills, MD, FACEP James C Mitchiner, MD, MPH, FACEP Kevin Monfette, MD, FACEP Diana Nordlund, DO, JD, FACEP, FACEP David T Overton, MD, FACEP Paul R Pomeroy, Jr, MD, FACEP Luke Christopher Saski, MD, FACEP Larisa May Traill, MD, FACEP Bradley J Uren, MD, FACEP Gregory Link Walker, MD, FACEP Bradford L Walters, MD, FACEP Mildred J Willy, MD, FACEP James Michael Ziadeh, MD, FACEP
MINNESOTA CHAPTER	William G Heegaard, MD, FACEP David A Milbrandt, MD, FACEP David Nestler, MD, MS, FACEP Lane Patten, MD, FACEP Gary C Starr, MD, FACEP Thomas E Wyatt, MD, FACEP Andrew R Zinkel, MD, FACEP
MISSISSIPPI CHAPTER	Jonathan S Jones, MD, FACEP Sherry D Turner, DO
MISSOURI CHAPTER	Sabina A Braithwaite, MD, FACEP Douglas Mark Char, MD, FACEP Jonathan Heidt, MD, MHA, FACEP Louis D Jamtgaard, MD Robert F Poirier, Jr., MD, MBA, FACEP Evan Schwarz, MD, FACEP

MONTANA CHAPTER	Harry Eugene Sibold, MD, FACEP
NEBRASKA CHAPTER	Renee Engler, MD, FACEP Benjamin L Fago, MD, FACEP
NEVADA CHAPTER	John Dietrich Anderson, MD, FACEP Jason R Grabert, MD, FACEP Gregory Alan Juhl, MD, FACEP
NEW HAMPSHIRE CHAPTER	Reed Brozen, MD, FACEP Sarah Garlan Johansen, MD, FACEP
NEW JERSEY CHAPTER	Jenice Baker, MD, FACEP Thomas A Brabson, DO, FACEP Robert M Eisenstein, MD, FACEP William Basil Felegi, DO, FACEP Rachelle Ann Greenman, MD, FACEP Steven M Hochman, MD, FACEP Marjory E Langer, MD, FACEP Nilesh Patel, DO Michael Ruzek, DO
NEW MEXICO CHAPTER	Heather Anne Marshall, MD, FACEP Tony B Salazar, MD, FACEP
NEW YORK CHAPTER	Theodore Albright, MD Brahim Ardolic, MD, FACEP Nicole Berwald, MD, FACEP Robert Bramante, MD, FACEP Jeremy T Cushman, MD, FACEP Michael W Dailey, MD, FACEP Jason Zemmel D'Amore, MD, FACEP Mathew Foley, MD, FACEP Abbas Husain, MD, FACEP Marc P Kanter, MD, FACEP Stuart Gary Kessler, MD, FACEP Penelope Chun Lema, MD, FACEP Mary E McLean, MD Laura D Melville, MD Joshua B Moskovitz, MD, MBA, MPH, FACEP Nestor B Nestor, MD, FACEP William F Paolo, MD, FACEP Mikhail Podlog, DO Louise A Prince, MD, FACEP Jennifer Pugh, MD, FACEP Jeffrey S Rabrich, DO, FACEP Christopher C Raio, MD, FACEP Gary S Rudolph, MD, FACEP Livia M Santiago-Rosado, MD, FACEP Virgil W Smaltz, MD, MPA, FACEP Asa "Peter" Viccellio, MD, FACEP Luis Carols Zapata, MD, FACEP Joseph A Zito, MD, FACEP
NORTH CAROLINA CHAPTER	Gregory J Cannon, MD, FACEP Jennifer Casaletto, MD, FACEP Charles W Henrichs, III, MD, FACEP Jeffrey Allen Klein, MD, FACEP

	Thomas Lee Mason, MD, FACEP Eric E Maur, MD, FACEP Abhishek Mehrotra, MD, MBA, FACEP Bret Nicks, MD, MHA, FACEP Sankalp Puri, MD, FACEP David Matthew Sullivan, MD, FACEP Michael J Utecht, MD, FACEP
NORTH DAKOTA CHAPTER	Kevin Scott Mickelson, MD, FACEP
OHIO CHAPTER	Eileen F Baker, MD, FACEP Dan Charles Breece, DO, FACEP John Casey, DO, MA, FACEP Purva Grover, MD, FACEP Erika Charlotte Kube, MD, FACEP Thomas W Lukens, MD, PhD, FACEP John L Lyman, MD, FACEP Catherine Anna Marco, MD, FACEP Daniel R Martin, MD, FACEP Michael McCrea, MD, FACEP Onyeka Otugo, MD John R Queen, MD, FACEP Ryan Squier, MD, FACEP Travis Ulmer, MD, FACEP Nicole Ann Veitinger, DO, FACEP
OKLAHOMA CHAPTER	Cecilia Guthrie, MD, FACEP Jeffrey Michael Goodloe, MD, FACEP James Raymond Kennedye, MD, MPH, FACEP W Craig Sanford, Jr., MD, FACEP
OREGON CHAPTER	Samuel H Kim, MD Joshua Lupton, MD John C Moorhead, MD, FACEP Carl Seger, MD, FACEP Michelle, R Shaw, MD, FACEP
PENNSYLVANIA CHAPTER	Smeet R Bhimani, DO Erik Blutinger, MD, MSc Merle Andrea Carter, MD, FACEP Ankur A Doshi, MD, FACEP Maria Koenig Guyette, MD, FACEP Ronald V Hall, MD Richard Hamilton, MD, FACEP Marilyn Joan Heine, MD, FACEP Scott Jason Korvek, MD, FACEP Chadd K Kraus, DO, DrPH, MPH, FACEP Jennifer R Marin, MD, MSc Dhimitri Nikolla, DO Shawn M Quinn, DO, FACEP Meaghan L Reid, MD Anna Schwartz, MD, FACEP Michael A Turturro, MD, FACEP Arvind Venkat, MD, FACEP
PUERTO RICO CHAPTER	Miguel F Agrait Gonzalez, MD Jesus M Perez, MD

RHODE ISLAND CHAPTER	L. Anthony Cirillo, MD, FACEP Achyut B Kamat, MD, FACEP Jessica Smith, MD, FACEP
SAEM	Kathleen J Clem, MD, FACEP
SOUTH CAROLINA CHAPTER	Matthew D Bitner, MD, FACEP Thomas H Coleman, MD, FACEP Stephen AD Grant MD, FACEP Allison Leigh Harvey, MD, FACEP Christina Millhouse, MD, FACEP
SOUTH DAKOTA CHAPTER	Scott Gregory VanKeulen, MD, FACEP
TENNESSEE CHAPTER	Sanford H Herman, MD, FACEP Kenneth L Holbert, MD, FACEP Thomas R Mitchell, MD, FACEP Matthew Neal, MD Sullivan K. Smith, MD, FACEP
TEXAS CHAPTER	Sara Andrabi, MD Carrie de Moor, MD, FACEP Justin W Fairless, DO, FACEP Angela Siler Fisher, MD, FACEP Diana L Fite, MD, FACEP Juan Francisco Fitz, MD, FACEP Andrea L Green, MD, FACEP Robert D Greenberg, MD, FACEP Robert Hancock, Jr, DO, FACEP Justin P Hensley, MD, FACEP Doug Jeffrey, MD, FACEP Heidi C Knowles, MD, FACEP Laura N Medford-Davis, MD Heather S Owen, MD, FACEP Daniel Eugene Peckenpaugh, MD, FACEP R Lynn Rea, MD, FACEP Richard Dean Robinson, MD, FACEP Nicholas P Steinour, MD, FACEP Gerad A Troutman, MD, FACEP Hemant H Vankawala, MD, FACEP James M Williams, DO, FACEP Sandra Williams, DO, FACEP
UTAH CHAPTER	Jim V Antinori, MD, FACEP Bennion D Buchanan, MD, FACEP Kathleen marie Lawliss, MD, FACEP David Brent Mabey, MD
VERMONT CHAPTER	Alexandra Nicole Thran, MD, FACEP
VIRGINIA CHAPTER	Catherine Agustiady-Becker, DO Trisha Danielle Anest, MD Irina Fox Brennan, MD, PhD Kenneth Hickey, MD, FACEP Sarah Klemencic, MD, FACEP David Matthew Kruse, MD, FACEP Bruce M Lo, MD, FACEP Todd Parker, MD, FACEP

	Joran Sequeira, MD Sara F Sutherland, MD, MBA, FACEP
WASHINGTON CHAPTER	Cameron Ross Buck, MD, FACEP Carlton E Heine, MD, PhD, FACEP Catharine R Keay, MD, FACEP Nathaniel R Schlicher, MD, JD, FACEP Patrick Solari, MD, FACEP Jennifer L Stankus, MD, JD, FACEP Susan Amy Stern, MD Liam Yore, MD, FACEP
WEST VIRGINIA CHAPTER	Frederick C Blum, MD, FACEP Adam Thomas Crawford, DO Christopher S Goode, MD, FACEP
WISCONSIN CHAPTER	William D Falco, MD, MS, FACEP William C Haselow, MD, FACEP Lisa J Maurer, MD, FACEP Jeffrey J Pothof, MD, FACEP Robert Sands Redwood, MD, FACEP Michael Dean Repplinger, MD, PhD, FACEP
WYOMING CHAPTER	Daniela S Gerard, MD, PhD, FACEP

Sections of Membership

AIR MEDICAL TRANSPORT	Henderson D McGinnis, MD, FACEP
AMER ASSOC OF WOMEN EMER PHYSICIANS	E Lea Walters, MD, FACEP
CAREERS IN EMERGENCY MEDICINE	Constance J Doyle, MD, FACEP
CRITICAL CARE MEDICINE	Ani Aydin, MD, FACEP
CRUISE SHIP MEDICINE	Sydney W Schneidman, MD, FACEP
DEMOCRATIC GROUP PRACTICE	David F Tulsiak, MD, FACEP
DISASTER MEDICINE	David Wayne Callaway, MD, FACEP
DUAL TRAINING	Carissa J Tyo, MD, FACEP
EMERGENCY MEDICAL INFORMATICS	Jeffrey A Nielson, MD, FACEP
EMS-PREHOSPITAL CARE	Maia Dorsett, MD
EMER MED PRAC MGMT & HEALTH POLICY	Heather Ann Heaton, MD, FACEP
EMERGENCY MEDICINE RESEARCH	James Ross Miner, MD, FACEP
EMERGENCY MEDICINE WORKFORCE	Donald L. Lum, MD, FACEP
EMERGENCY ULTRASOUND	Chris Bryczkowski, MD, FACEP
EVENT MEDICINE	Mark Robert Sochor, MD, FACEP
FREESTANDING EMEGENCY CENTERS	David C Ernst, MD, FACEP

GERIATRIC EMERGENCY MEDICINE	Teresita M Hogan, MD, FACEP
INTERNATIONAL EMERGENCY MEDICINE	Elizabeth L DeVos, MD, FACEP
MEDICAL DIRECTORS	Johnny L. Sy, DO, FACEP
MEDICAL HUMANITIES	Seth Collings Hawkins, MD, FACEP
OBSERVATION SERVICES	Sharon E Mace, MD, FACEP
PAIN MANAGEMENT	Alexis M LaPietra, DO, FACEP
PALLIATIVE MEDICINE	Eric D Isaacs, MD, FACEP
PEDIATRIC EMERGENCY MEDICINE	Eric R Schmitt, MD, MPH, FACEP
QUALITY IMPROVEMENT & PATIENT SAFETY	Brian Sharp, MD, FACEP
RURAL EMERGENCY MEDICINE	Darrell L Carter, MD, FACEP
SOCIAL EMERGENCY MEDICINE	Harrison Alter, MD, FACEP
SPORTS MEDICINE	Jolie C Holschen, MD, FACEP
TACTICAL EMERGENCY MEDICINE	James Phillips, MD
TELEMEDICINE	Edward A Shaheen, MD, FACEP
TOXICOLOGY	Jennifer Hannum, MD, FACEP
TRAUMA & INJURY PREVENTION	Gregory Luke Larkin, MD, MPH, FACEP
UNDERSEA & HYPERBARIC MEDICINE	Robert W Sanders, MD, FACEP
WELLNESS	Laura H McPeake, MD, FACEP
WILDERNESS MEDICINE	Susanne J Spano, MD, FACEP
YOUNG PHYSICIANS	Hilary E Fairbrother, MD, FACEP

In addition to the credentialed councillors, the following past leaders attended all or part of the Council meeting and were not serving as councillors:

Past Presidents

Robert K. Anzinger, MD, FACEP (NC)
Nancy J. Auer, MD, FACEP (WA)
Larry A. Bedard, MD, FACEP (CA)
Fredrick Blum, MD, FACEP (WV)
Brooks F. Bock, MD, FACEP (CO)
Michael L. Carius, MD, FACEP (CT)
Angela F. Gardner, MD, FACEP (TX)
Michael J. Gerardi, MD, FACEP (NJ)
Gregory L. Henry, MD, FACEP (MI)
J. Brian Hancock, MD, FACEP (MI)
Gregory L. Henry, MD, FACEP (MI)
Nicholas J. Jouriles, MD, FACEP (OH)
Jay A. Kaplan, MD, FACEP (LA)
Brian F. Keaton, MD, FACEP (OH)
Linda L. Lawrence, MD, FACEP (GS)
John B. McCabe, MD, FACEP (NY)
George Molzen, MD, FACEP (NM)
Michael T. Rapp, MD, FACEP (VA)
Alex M. Rosenau, DO, FACEP (PA)
Andrew Sama, MD, FACEP (NY)
Robert W. Schafermeyer MD, FACEP (NC)
Sandra M. Schneider, MD, FACEP (TX)
David C. Seaberg, MD, CPE, FACEP (OH)
Richard L. Stennes, MD, MBA, FACEP (CA)
Robert E. Suter, DO, MPH, FACEP (TX)

Past Speakers

Michael J. Bresler, MD, FACEP (CA)
James M. Cusick, MD, FACEP (CO)
Mark L. DeBard, MD, FACEP (OH)
Peter M. Fahrney, MD, FACEP (VA)
Peter J. Jacoby, MD, FACEP (CT)
Kevin M. Klauer, DO, FACEP (OH)
John R. Lumpkin, MD, FACEP (NJ)
Bruce MacLeod, MD, FACEP (PA)
Todd B. Taylor, MD, FACEP (TN)
Arlo F. Weltge, MD, MPH, FACEP (TX)
Dennis C. Whitehead, MD, FACEP (MI)

Past Chairs of the Board

John D. Bibb, MD, FACEP (CA)
Cherri D. Hobgood, MD, FACEP (IN)
Ramon W. Johnson, MD, FACEP (CA)
Robert E. O'Connor, MD, MPH, FACEP (VA)
John J. Rogers, MD, CPE, FACEP (GA)
David P. Sklar, MD, FACEP (NM)

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The Council Standing Rules were distributed to the councillors prior to the meeting and were not read aloud. The rules are listed as distributed.

Council Standing Rules

Preamble

These Council Standing Rules serve as an operational guide and description for how the Council conducts its business at the annual meeting and throughout the year in accordance with the College Bylaws, the College Manual, and standing tradition.

Alternate Councillors

A properly credentialed alternate councillor may substitute for a designated councillor not seated on the Council meeting floor. Substitutions between designated councillors and alternates may only take place once debate and voting on the current motion under consideration has been completed.

If the number of alternate councillors is insufficient to fill all councillor positions for a particular chapter, section, or EMRA, then a member of that sponsoring body may be seated as a councillor pro-tem by either the concurrence of an officer of the sponsoring body or upon written request to the Council secretary with a majority vote of the Council. Disputes regarding the assignment of councillor pro-tem positions will be decided by the speaker.

Amendments to Council Standing Rules

These rules shall be amended by a majority vote using the formal Council resolution process outlined herein and become effective immediately upon adoption. Suspension of these Council Standing Rules requires a two-thirds vote.

Announcements

Proposed announcements to the Council must be submitted by the author to the Council secretary, or to the speaker. The speaker will have sole discretion as to the propriety of announcements. Announcements of general interest to members of the Council, at the discretion of the speaker, may be made from the podium. Only announcements germane to the business of the Council or the College will be permitted.

Appeals of Decisions from the Chair

A two-thirds vote is required to override a ruling by the chair.

Board of Directors Seating

Members of the Board of Directors will be seated on the floor of the Council and are granted full floor privileges except the right to vote.

Campaign Rules

Rules governing campaigns for election of the president-elect, Board of Directors, and Council officers shall be developed by the Steering Committee and reviewed on an annual basis. Candidates, councillors, chapters, and sections, etc. are responsible for abiding by the campaign rules.

Cellular Phones, Pagers, and Computers

Cellular phones, pagers, and computers must be kept in "quiet" mode during the Council meeting. Talking on cellular phones is prohibited in Council meeting rooms. Use of computers for Council business during the meeting is encouraged, but not appropriate for other unrelated activities.

Councillor Allocation for Sections of Membership

To be eligible to seat a credentialed councillor, a section must have 100 dues-paying members, or the minimum number established by the Board of Directors, on December 31 preceding the annual meeting. Section councillors must be certified by the section by notifying the Council secretary at least 60 days before the annual meeting.

Councillor Seating

Councillor seating will be grouped by chapter and the location rotated year to year in an equitable manner.

Credentialing and Proper Identification

To facilitate identification and seating, councillors are required to wear a name badge with a ribbon indicating councillor or alternate status. Individuals without such identification will be denied admission to the Council floor. Voting status will be designated by possession of a councillor voting card issued at the time of credentialing by the Tellers, Credentials and Elections Committee. College members and guests must also wear proper identification for admission to the Council meeting room and reference committees.

The Tellers, Credentials and Elections Committee, at a minimum, will report the number of credentialed councillors at the beginning of each Council session. This number is used as the denominator in determining a two-thirds vote necessary to adopt a Bylaws amendment.

Debate

Councillors, members of the Board of Directors, past presidents, past speakers, and past chairs of the Board wishing to debate should proceed to a designated microphone. As a courtesy, once recognized to speak, each person should identify themselves, their affiliation (i.e., chapter, section, Board, past president, past speaker, past chair, etc.), and whether they are speaking "for" or "against" the motion.

Debate should not exceed two minutes for each recognized individual unless special permission has been granted. Participants should refrain from speaking again on the same issue until all others wishing to speak have had the opportunity to do so.

In accordance with parliamentary procedure, the individual speaking may only be interrupted for the following reasons: 1) point of personal privilege; 2) motion to reconsider; 3) appeal; 4) point of order; 5) parliamentary inquiry; 6) withdraw a motion; or 7) division of assembly. All other motions must wait their turn and be recognized by the chair.

Seated councillors or alternate councillors have full privileges of the floor. Upon written request and at the discretion of the chair, alternate councillors not currently seated, and other individuals may be recognized and address the Council. Such requests must be made in writing prior to debate on that issue and should include the individual's name, organization affiliation, issue to be addressed, and the rationale for speaking to the Council.

Distribution of Printed or Other Material During the Annual Meeting

The speaker will have sole discretion to authorize the distribution of printed or other material on the Council floor during the annual meeting. Such authorization must be obtained in advance.

Election Procedures

Elections of the president-elect, Board of Directors, and Council officers shall be by a majority vote of councillors voting. Voting shall be by written or electronic ballot. There shall be no write-in voting.
When voting electronically, the names of all candidates for a particular office will be projected at the same time. Thirty (30) seconds will be allowed for each ballot. Councillors may change votes only during the allotted time. The computer will accept the last vote or group of votes selected before voting is closed. When voting with paper ballots, the chair of the Tellers, Credentials, and Elections Committee will determine the best procedure for the election process.

Councillors must vote for the number of candidates equal to the number of available positions for each ballot. A councillor's individual ballot shall be considered invalid if there are greater or fewer votes on the ballot than is required. The total number of valid and invalid individual ballots will be used for purposes of determining the denominator for a majority of those voting.

The total valid votes for each candidate will be tallied and candidates who receive a majority of votes cast

shall be elected. If more candidates receive a majority vote than the number of positions available, the candidates with the highest number of votes will be elected. When one or more vacancies still exist, elected candidates and their respective positions are removed and all non-elected candidates remain on the ballot for the subsequent vote. If no candidate is elected on any ballot, the candidate with the lowest number of valid votes is removed from subsequent ballots. In the event of a tire for the lowest number of valid votes on a ballot in which no candidate is elected, a run-off will be held to determine which candidate is removed from subsequent ballots. This procedure will be repeated until a candidate receives the required majority vote* for each open position.

*NOTE: If at any time, the total number of invalid individual ballots added to any candidate's total valid votes would change which candidate is elected or removed, then only those candidates not affected by this discrepancy will be elected. If open positions remain, a subsequent vote will be held to include all remaining candidates from that round of voting.

The chair of the Tellers, Credentials, and Elections Committee will make the final determination as to the validity of each ballot. Upon completion of the voting and verification of votes for all candidates, the Tellers, Credentials, and Elections Committee chair will report the results to the speaker.

Within 24 hours after the close of the annual Council meeting, the Chair of the Tellers, Credentials, and Elections Committee shall present to the Council Secretary a written report of the results of all elections. This report shall include the number of credentialed councillors, the slate of candidates, and the number of open positions for each round of voting, the number of valid and invalid ballots cast in each round of voting, the number needed to elect and the number of valid votes cast per candidate in each round of voting, and verification of the final results of the elections. This written report shall be considered a privileged and confidential document of the College. However, when there is a serious concern that the results of the election are not accurate, the Speaker has discretion to disclose the results to provide the Council an assurance that the elections are valid. Individual candidates may request and receive their own total number of votes and the vote totals of the other candidates without attribution.

Limiting Debate

A motion to limit debate on any item of business before the Council may be made by any councillor who has been granted the floor and who has not debated the issue just prior to making that motion. This motion requires a second, is not debatable, and must be adopted by a two-thirds vote. ***See also Debate and Voting Immediately.***

Nominating Committee

The Nominating Committee shall be charged with developing a slate of candidates for all offices elected by the Council. Among other factors, the committees shall consider activity and involvement in the College, the Council, and chapter or sections when considering the slate of candidates.

Nominations

A report from the Nominating Committee will be presented at the opening session of the Annual Council Meeting. The floor will then be open for additional nominations by any credentialed councillor, member of the Board of Directors, past president, past speaker, or past chair of the Board, after which nominations will be closed and shall not be reopened.

A prospective floor candidate or an individual who intends to nominate a candidate from the floor may make this intent known in advance by notifying the Council secretary in writing. Upon receipt of this notification, the candidate becomes a "declared floor candidate" and has all the rights and responsibilities of committee nominated candidates. ***See also Election Procedures.***

Parliamentary Procedure

The current edition of *Sturgis, Standard Code of Parliamentary Procedure* will govern the Council, except where superseded by these Council Standing Rules, the College Manual, and/or the Bylaws. ***See also Personal Privilege and Voting Immediately.***

Past Presidents, Past Speakers, and Past Chairs of the Board Seating

Past presidents, past speakers, and past chairs of the Board of the College are invited to sit with their respective chapter delegations, must wear appropriate identification, and are granted full floor privileges except the right to vote unless otherwise eligible as a credentialed councillor.

Personal Privilege

Any councillor may call for a "point of personal privilege" at any time even if it interrupts the current person speaking. This procedure is intended for uses such as asking a question for clarification, asking the person speaking to talk louder, or to make a request for personal comfort. Use of "personal privilege" to interject debate is out of order.

Policy Review

The Council Steering Committee will report annually to the Council the results of a periodic review of non-Bylaws resolutions adopted by the Council and approved by the Board of Directors.

Reference Committees

Resolutions meeting the filing and transmittal requirements in these Standing Rules will be assigned by the speaker to a Reference Committee for deliberation and recommendation to the Council. Reference Committee meetings are open to all members of the College, its committees, and invited guests.

Reference Committees will hear as much testimony for its assigned resolutions as is necessary or practical and then adjourn to executive session to prepare recommendations for each resolution in a written Reference Committee Report.

A Reference Committee may recommend that a resolution:

A) **Be Adopted or Not Be Adopted:** In this case, the speaker shall state the resolution, which is then the subject for debate and action by the Council.

B) **Be Amended or Substituted:** In this case, the speaker shall state the resolution as amended or substituted, which is then the subject for debate and action by the Council.

C) **Be Referred:** In this case, the speaker shall state the motion to refer. Debate on a Reference Committee's motion to refer may go fully into the merits of the resolution. If the motion to refer is defeated, the speaker shall state the original resolution.

Other information regarding the conduct of Reference Committees is contained in the Councillor Handbook.

Reports

Committee and officer reports to be included in the Council minutes must be submitted in writing to the Council secretary. Authors of reports who petition or are requested to address the Council should note that the purpose of these presentations are to elaborate on the facts and findings of the written report and to allow for questions. Debate on relevant issues may occur subsequent to the report presentation.

Resolutions

"Resolutions" are considered formal motions that if adopted by a majority vote of the Council and ratified by the Board of Directors become official College policy. Resolutions pertaining only to the Council Standing Rules do not require Board ratification and become effective immediately upon adoption. Resolutions pertaining to the College Bylaws (Bylaws resolutions) require adoption by a two-thirds vote of credentialed councillors and subsequently a two-thirds vote of the Board of Directors.

Resolutions must be submitted in writing by at least two members or by chapters, sections, committees, or the Board of Directors. A letter of endorsement from the sponsoring body is required if submitted by a chapter, section, or committee.

All motions for substantive amendments to resolutions must be submitted in writing through the electronic means provided to the Council during the annual meeting, with the exception of technical difficulties preventing such electronic submission, signed by the author, and presented to the Council prior to being considered. When appropriate, amendments will be distributed or projected for viewing.

Background information, including financial analysis, will be prepared by staff on all resolutions submitted on or before 90 days prior to the annual meeting.

• Regular Non-Bylaws Resolutions

Non-Bylaws resolutions submitted on or before 90 days prior to the annual meeting are known as "regular resolutions" and will be referred to an appropriate Reference Committee for consideration at the annual meeting.

Regular resolutions may be modified or withdrawn by the author(s) up to 45 days prior to the annual meeting. After such time, revisions will follow the usual amendment process and may be withdrawn only with consent of the Council at the annual meeting. As determined by the speaker, extensive revisions during the 90 to 45 day window that appear to alter the original intent of a regular resolution or that would render the background information meaningless will be considered as "Late Resolutions."

• Bylaws Resolutions

Bylaws resolutions must be submitted on or before 90 days prior to the annual meeting and will be referred to an appropriate Reference Committee for consideration at the annual meeting. The Bylaws Committee, up to 45 days prior to the Council meeting, with the consent of the author(s), may make changes to Bylaws resolutions insofar as such changes would clarify the intent or circumvent conflicts with other portions of the Bylaws.

Bylaws resolutions may be modified or withdrawn by the author(s) up to 45 days prior to the annual meeting.

After such time, revisions will follow the usual amendment process and may be withdrawn only with consent of the Council at the annual meeting. As determined by the speaker, revisions during the 90 to 45 day window that appear to alter the original intent of a Bylaws resolution, or are otherwise considered to be out of order under parliamentary authority, will not be permitted.

• Late Resolutions

Resolutions submitted after the 90-day submission deadline, but at least 24 hours prior to the beginning of the annual meeting are known as "late resolutions." These late resolutions are considered by the Steering Committee at its meeting on the evening prior to the opening of the annual meeting. The Steering Committee is empowered to decide whether a late submission is justified due to events that occurred after the filing deadline. An author of the late resolution shall be given an opportunity to inform the Steering Committee why the late submission was justified. If a majority of the Steering Committee votes to accept a late resolution, it will be presented to the Council at its opening session and assigned to a Reference Committee. If the Steering Committee votes unfavorably and rejects a late resolution, the reason for such action shall be reported to the Council at its opening session. The Council does not consider rejected late resolutions. The Steering Committee's decision to reject a late resolution may be appealed to the Council. When a rejected late resolution is appealed, the Speaker will state the reason(s) for the ruling on the late resolution and without debate, the ruling may be overridden by a two-thirds vote.

• Emergency Resolutions

Emergency resolutions are resolutions that do not qualify as "regular" or "late" resolutions. They are limited to substantive issues that because of their acute nature could not have been anticipated prior to the annual meeting or resolutions of commendation that become appropriate during the course of the Council meeting. Resolutions not meeting these criteria may be ruled out of order by the speaker. Should this ruling be appealed, the speaker will state the reason(s) for ruling the emergency resolution out of order and without debate, the ruling may only be overridden by a two-thirds vote. ***See also Appeals of Decisions from the Chair.***

Emergency resolutions must be submitted in writing, signed by at least two members, and presented to the Council secretary. The author of the resolution, when recognized by the chair, may give a one-minute summary of the emergency resolution to enable the Council to determine its merits. Without debate, a simple majority vote of the councillors present and voting is required to accept the emergency resolution for floor debate and action. If an emergency resolution is introduced prior to the beginning of the Reference Committee hearings, it shall upon acceptance by the Council be referred to the appropriate Reference Committee. If an emergency resolution is introduced and accepted after the Reference Committee hearings, the resolution shall be debated on the floor of the Council at a time chosen by the speaker.

Smoking Policy

Smoking is not permitted in any College venue.

Unanimous Consent Agenda

A "Unanimous Consent Agenda" is a list of resolutions with a waiver of debate and may include items that meet one of the following criteria as determined by the Reference Committee:

1. Non-controversial in nature
2. Generated little or no debate during the Reference Committee
3. Clear consensus of opinion (either pro or con) was expressed at Reference Committee

Bylaws resolutions and resolutions that require substantive amendments shall not be placed on a Unanimous Consent Agenda.

A Unanimous Consent Agenda will be listed at the beginning of the Reference Committee report along with the committee's recommendation for adoption, referral, or defeat for each resolution listed. A request for extraction of any resolution from a Unanimous Consent Agenda by any credentialed councillor is in order at the beginning of the Reference Committee report. Thereafter, the remaining items on the Unanimous Consent Agenda will be approved unanimously en bloc without discussion. The Reference Committee reports will then proceed in the usual manner with any extracted resolution(s) debated at an appropriate time during that report.

Voting Immediately

A motion to "vote immediately" may be made by any councillor who has been granted the floor. This motion requires a second, is not debatable, and must be adopted by two-thirds of the councillors voting.
Councillors are out of order who move to "vote immediately" during or immediately following their presentation of testimony on that motion. The motion to "vote immediately" applies only to the immediately pending matter, therefore, motions to "vote immediately on all pending matters" is out of order.

The opportunity for testimony on both sides of the issue, for and against, must be presented before the motion to "vote immediately" will be considered in order. ***See also Debate and Limiting Debate.***

Voting on Resolutions and Motions

Voting may be accomplished by an electronic voting system, voting cards, standing or voice vote at the discretion of the speaker. Numerical results of electronic votes and standing votes on resolutions and motions will be presented before proceeding to the next issue.

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The councillors reviewed and accepted the minutes of the October 27-28, 2017, Council meeting and approved the actions of the Steering Committee taken at their February 6, 2018, and May 20, 2018, meetings.

Dr. McManus called for submission of emergency resolutions. None were submitted.

Dr. McManus reported that five late resolutions were received and reviewed by the Steering Committee. Three memorial resolutions were accepted by the Steering Committee. Memorial resolutions are not assigned to a Reference Committee for testimony. The other two late resolutions were not accepted for submission to the Council. Dr. McManus stated the reason the late resolutions were rejected.

Dr. McManus reminded the Council that John Rogers, MD, FACEP, was elected last year as president-elect and he resigned from the position on June 26, 2018. The Board of Directors and the Council officers, in accordance with the Bylaws, elected Vidor Friedman, MD, FACEP, as president-elect for the remainder of the unexpired term from among the members of the Board, subject to ratification by the Council. There were no objections and Dr. Friedman's election was ratified.

Dr. McManus presented the Nominating Committee report. Two members were nominated for President-Elect: Jon Mark Hirshon, MD, PhD, MPH, FACEP, and William P. Jaquis, MD, FACEP. Dr. McManus called for floor nominations. There were no floor nominees. The nominations were then closed.

Nine members were nominated for four positions on the Board of Directors: L. Anthony Cirillo, MD, FACEP; Kathleen J. Clem, MD, FACEP; Francis L. Counselman, MD, FACEP, John T. (JT) Finnell, MD, FACEP; Jeffrey M. Goodloe, MD, FACEP; Christopher S. Kang, MD, FACEP; Michael McCrea, MD, FACEP; Mark S. Rosenberg, DO, FACEP; and Thomas J. Sugarman, MD, FACEP. Dr. McManus called for floor nominations. There were no floor nominees. The nominations were then closed.

Dr. Katz explained the Candidate Forum procedures. The candidates then made their opening statements to the Council.

The Council viewed a brief about the book "Bring 'em All," which was published to commemorate ACEP's 50th Anniversary. Dr. McManus informed the Council that the book is available for purchase in the Council meeting room foyer near councillor credentialing.

The Council recessed at 9:33 am for the Reference Committee hearings. The resolutions considered by the 2018 Council appear below as submitted.

2018 Council Resolutions

RESOLUTION 1

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.

RESOLUTION 2

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.

RESOLUTION 3

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

RESOLUTION 4

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.

RESOLUTION 5

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.

RESOLUTION 6

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.

RESOLUTION 7

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.

RESOLUTION 8

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.

RESOLUTION 9

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.

RESOLUTION 10

RESOLVED, That the ACEP College Manual, VI. Criteria for Eligibility & Approval of Organizations Seeking Representation in the Council be amended to read:

Organizations that seek representation as a component body in the Council of the American College of Emergency Physicians (ACEP) must meet, and continue to meet, **at least eight (8) of** the following criteria:

A. Non-profit.
B. Impacts the practice of emergency medicine, the goals of ACEP, and represents a unique contribution to emergency medicine that is not already represented in the Council.
C. Not in conflict with the Bylaws and policies of ACEP.
D. Physicians comprise the majority of the voting membership of the organization.
E. A majority of the organization's physician members are ACEP members.
F. **The organization supports major ACEP initiatives, such as the Emergency Medicine Action Fund.**
~~F.~~**G.** Established, stable, and in existence for at least 5 years prior to requesting representation in the ACEP Council.
~~G.~~**H.** National in scope, membership not restricted geographically, and members from a majority of the states. If international, the organization must have a U.S. branch or chapter in compliance with these guidelines.
~~H.~~**I.** Seek representation as a component body through the submission of a Bylaws amendment.

The College will audit these component bodies every two years to ensure continued compliance with these guidelines.

RESOLUTION 11

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

"The Leadership Development Advisory Group (LDAG) shall be charged with identifying and mentoring diverse College members to serve in College leadership roles. The LDAG 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."

RESOLUTION 12

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."

RESOLUITON 13

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 limiting the size of the Council and the relative allocation of councillors.

RESOLUTION 14

RESOLVED, That ACEP strongly encourage its chapters to appoint and mentor councillors and alternate councillors that represent the diversity of their membership, including candidate physician and young physician members.

RESOLUTION 15

RESOLVED, That ACEP, and any affiliated corporations, shall work in a timely and fiscally responsible manner, to the extent allowed by their legal and fiduciary duties, to end all financial investments or relationships (divestment) with companies that generate the majority of their income from the exploration for, production of, transportation of, or sale of fossil fuels; and be it further

RESOLVED, That ACEP shall, when fiscally responsible, choose for its commercial relationships vendors, suppliers, and corporations that have demonstrated environmental sustainability practices that seek to minimize their fossil fuels consumption; and be it further

RESOLVED, That ACEP shall support efforts of emergency physicians, state chapters, the Emergency Medicine Foundation, and other health professional associations to proceed with divestment, including to support continuing medical education, and to inform our patients, the public, legislators, and government policy makers about the health consequences of burning fossil fuels.

RESOLUTION 16

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.

RESOLUTION 17

RESOLVED, That ACEP acknowledges the unique role that workplace factors, as well as departmental and institutional culture play in physician suicides, and that ACEP believes that physician suicides should be treated as sentinel events that should be investigated through internal and confidential review to better understand workplace systems, processes, and culture that can be changed to reduce the probability of future events; and be it further

RESOLVED, That ACEP work with partner organizations, including the American Medical Association, the American Hospital Association, and the National Academy of Medicine to advocate for the adoption of policies that consider physician suicides as sentinel events.

RESOLUTION 18

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 petition state medical boards to end the practice of requesting a broad report of mental health information on licensure application forms 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 state medical boards to amend their questions about both the physical and mental health of applicants to use the language recommended by the American Psychiatric Association: “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?”

RESOLUTION 19

RESOLVED, That ACEP reaffirms its position on the importance of scholarship and will advocate aggressively 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

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 be it further

RESOLVED, That ACEP explore additional ways to provide financial support to residency and training programs 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 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 be explicit to ensure institutional and program funding support is directed toward these activities.

RESOLUTION 20

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.

RESOLUTION 21

RESOLVED, That ACEP support advocacy to assure that adequate financial, community resources, and patient supports are included in proposed local, state, or federal policies dictating criteria for safe patient discharge from the emergency department.

RESOLUTION 22

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

RESOLVED, That ACEP 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.

RESOLUTION 23

RESOLVED, That ACEP request that any CMS policies effectively restricting the administration of rapid sequence intubation drugs by RNs or EMS providers be revised or revoked as soon as possible; and be it further

RESOLVED, That ACEP advocate for CMS to not promulgate policies, rules, or regulations that dictate or restrict emergency physicians, nurses, or EMS providers from providing quality emergency care to our patients.

RESOLUTION 24

RESOLVED, That ACEP opposes 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.

RESOLUTION 25

RESOLVED, That ACEP seek federal and state appropriation funding and/or grants for purposes of initiating buprenorphine-naloxone treatment programs in emergency departments with provided funding for start-up, training, and appropriate patient follow up.

RESOLUTION 26

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 fully potential by all patients regardless of insurance status or ability to self-pay and that a pre-determined share of cost be covered by insurers to offset the cost to the government.

RESOLUTION 27

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

RESOLUTION 28

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

RESOLUTION 29

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 provider and subsequently collect whatever patient responsibility remains according to the specific healthcare plan directly from the patient; and be it further

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

RESOLUTION 30

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

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

RESOLUTION 31

RESOLVED, That ACEP advocate for mandated guidelines for insurance coverage of opioid sparing therapies, be they medications such as lidocaine patches and NSAID topical creams, and/or physical therapy without requiring preauthorization or outright denial of these prescribed therapies.

RESOLUTION 32

RESOLVED, That ACEP advocate and assist chapters for broad recognition of POLST; and be it further

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

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

RESOLUTION 33

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; and be it further

RESOLVED, That ACEP give priority to supporting families and protecting the health and well-being of the migrating children within those families where the children have been removed; and be it further

RESOLVED, That ACEP work with appropriate authorities to encourage and facilitate the reunification of separated migrating children with their caregivers immediately.

RESOLUTION 34

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.

RESOLUTION 35

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.

RESOLUTION 36

RESOLVED, That ACEP align with and adopt as ACEP policy the following relevant sections of the American Medical Association's Policy: "Cannabis and Cannabinoid Research H-95.952":

> (1) ACEP supports further adequate and well-controlled studies of marijuana and related cannabinoids in patients who have serious conditions for which preclinical, anecdotal, or controlled evidence suggests possible efficacy and the application of such results to the understanding and treatment of disease.
> (2) ACEP supports that marijuana's status as a federal schedule I controlled substance be reviewed with the goal of facilitating the conduct of clinical research and development of cannabinoid-based medicines, and alternate delivery methods. This should not be viewed as an endorsement of state-based medical cannabis programs, the legalization of marijuana, or that scientific evidence on the therapeutic use of cannabis meets the current standards for a prescription drug product.

RESOLUTION 37

RESOLVED, That ACEP align with and adopt as ACEP policy the following relevant section of the American Medical Association's Policy: "Cannabis and Cannabinoid Research H-95.952":

> ACEP urges legislatures to delay initiating the legalization of cannabis for recreational use until further research is completed on the public health, medical, economic, and social consequences of its use; and be it further

RESOLVED, That ACEP align with and adopt as ACEP policy the following relevant sections of the American Medical Association's Policy: "Cannabis Legalization for Recreational Use H-95.924":

> ACEP believes that the sale of cannabis for recreational use should not be legalized; and discourages cannabis use, especially by persons vulnerable to the drug's effects and in high-risk populations such as youth, pregnant women, and women who are breastfeeding.

RESOLUTION 38

RESOLVED, That ACEP issue a public statement on the public 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 providers 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 providers to identify and implement provider-level and system-level opportunities for antimicrobial avoidance.

RESOLUTION 39

RESOLVED, That ACEP develop a toolkit to help physicians at the bedside address the following:

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

RESOLUTION 40

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.

RESOLUTION 41

RESOLVED, That ACEP develop a policy statement addressing the emergency department and the emergency physician role and responsibility for the completion of death certificates for patients who have died in the emergency department under their care.

RESOLUTION 42

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.

RESOLUTION 43

RESOLVED, That in order to help contain costs and improve the lives of the lowest paid health care workers, that ACEP study whether the income of the lowest paid health care workers is not to be below some pre-fixed fraction of the highest income for health care executives and physicians and to determine if such a policy would be beneficial to society and serve as an important example for other industries.

RESOLUTION 44

RESOLVED, That ACEP amend its firearm policy to emphasize the importance of research in firearm injury; clarify the range of firearm injuries that ought be subject to greater research; emphasize the role of suicide in the U.S. firearm injury landscape; and contain specific language clarifying that after-market modifications to firearms should qualify as subject to ACEP policy; and be it further

RESOLVED, That ACEP's policy statement "Firearm Safety and Injury Prevention" be amended to read:

The American College of Emergency Physicians abhors the current level of intentional and accidental firearm injuries ~~and finds that it poses a threat to the health and safety of the public~~. **and deaths in the United States of America. We believe that firearm injuries are a public health concern, and one that is particularly relevant to us as the first physicians to treat its victims. This pertains not only to mass shootings, which often attract media attention, but also to the much larger number of persons who are injured or killed in daily incidents of interpersonal violence, and to suicidal patients who reach for a firearm. Above all, we support research into firearm violence and strive to promote policy that is evidence-based.**

ACEP supports legislative, regulatory, and public health efforts that:

- Encourage ~~the change of societal norms that glorify a culture of violence to one of social civility~~; **research into the societal norms that contribute to violence, including media that glorify violence;**
- **Eliminate real and implied legal and financial barriers to research into firearm safety and violence prevention in the public and private arena. Encourage private funding for firearm safety and injury prevention research as a complement to public funding but not a replacement for it;**
- Investigate the effect ~~of socioeconomic and other cultural risk factors on firearm injury and provide public and private funding for firearm safety and injury prevention research;~~ **of the social determinants of health on patterns of firearm injury, such as the influence of poverty, the relationship between communities and law enforcement, and the role of firearms in intimate partner violence;**
- Create a confidential national firearm injury research registry while encouraging states to establish a uniform approach to tracking and recording **all U.S.** firearm related injuries, **regardless of the circumstances leading to the event, including personal defense, officer-involved, and line-of-duty injuries among law enforcement and EMS personnel;**
- Promote access to effective, affordable, and sustainable mental health services **for our patients, such that suicidal patients with access to firearms would have timely mental health intervention;**
- ~~Protect the duty of physicians and encourage health care provider discussions with patients on firearm safety;~~ **Recognizing that guns have the highest suicide case fatality rate, protect the duty of physicians to discuss firearm safety with patients, with particular emphasis on lethal means counseling in patients with suicidal ideation;**
- Promote **research in, and** the development of technology that increases firearm safety;
- Support universal background checks for firearm transactions **and transfers**;
- Require the enforcement of existing laws and support new legislation that prevents high risk and prohibited individuals from obtaining firearms by any means;

- Restrict the sale and ownership of weapons, munitions, and large capacity magazines that are designed for military or law enforcement use, **as well as after-market modifications that increase the lethality of otherwise legal weapons.**

RESOLUTION 45

RESOLVED, That ACEP amend its "Firearm Safety and Injury Prevention" policy statement to support extreme risk protection orders; and be it further

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 research of the effectiveness and ramifications of extreme risk protection orders (ERPO) and Gun Violence Restraining Orders (GVRO).

RESOLUTION 46

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

RESOLUTION 47

RESOLVED, That ACEP promotes the use of medication for opioid use disorder, where clinically appropriate, for emergency department patients with opioid use disorder; and be it further

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

RESOLVED, That ACEP advocates 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 until barriers to initiating medication for opioid use disorder in the emergency department are lowered, ACEP partners with the Substance Abuse and Mental Health Services Administration (SAMSHA) to create training that fulfills the existing requirement for 8-hour buprenorphine training while being more relevant to the emergency department context; and be it further

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

RESOLUTION 48

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

RESOLUTION 49 *(This late resolution was accepted by the Council.)*

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.

RESOLUTION 50 *(This late resolution was accepted by the Council.)*

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.

RESOLUTION 51 *(This late resolution was accepted by the Council.)*

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.

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Commendation and memorial resolutions were not assigned to reference committees.

Resolutions 9-20 were referred to Reference Committee A. J. David Barry, MD, FACEP, chaired Reference Committee A and other members were: Nida Degesys, MD; Andrea L. Green, MD, FACEP; Muhammad N. Husainy, DO, FACEP; James L. Shoemaker, Jr., MD, FACEP; Larisa M. Traill, MD, FACEP; Leslie Moore, JD; and Maude Surprenant Hancock.

Resolutions 21-35 were assigned to Reference Committee B. Kristin B. McCabe-Kline, MD, FACEP, chaired Reference Committee B and other members were: Justin W. Fairless, DO, FACEP; Chadd K. Kraus, DO, DrPH, MPH, FACEP; Diana Nordlund, DO, JD, FACEP; Livia M. Santiago-Rosado, MD, FACEP; Liam T. Yore, MD, FACEP; Ryan McBride, MPP; and Harry Monroe.

Resolutions 36-48 were referred to Reference Committee C. Michael D. Smith, MD, MBA, CPE, FACEP, chaired Reference Committee C and other members were: Melissa W. Costello, MD, FACEP; Carrie de Moor, MD, FACEP; William D. Falco, MD, MS, FACEP; Daniel Freess MD, FACEP; Nicole A. Veitinger, DO, FACEP; Margaret Montgomery, RN, MSN; Travis Schulz, MLS, AHIP; and Sam Shahid, MBBS, MPH.

At 12:45 pm a Town Hall Meeting was convened. The topic was "Single Payer: Has the Time Finally Arrived?" Michael J. Gerardi, MD, FACEP, served as the moderator and the discussants were James C. Mitchiner, MD, MPH, FACEP, and Todd B. Taylor, MD, FACEP.

The Candidate Forum for the president-elect candidates began at 2:00 pm with the president-elect candidates in the main Council meeting room. The Candidate Forum for the Board of Directors candidates began at 2:45 pm with candidates rotating through each of the Reference Committee meeting rooms.

At 4:45 pm the Council reconvened in the main Council meeting room to hear reports and the reading and presentation of the memorial resolutions.

Dr. McManus addressed the Council and then introduced the Steering Committee and the Board of Directors.

Dr. McManus reviewed the procedure for the adoption of the 2018 memorial resolution. The Council reviewed the list of members who have passed away since the last Council meeting. Dr. McManus then presented framed memorial resolutions to the colleagues of John E. Campbell, MD, FACEP; C. Christopher King, MD, FACEP; Lawrence S. Linder, MD, FACEP; and Kevin Rodgers, MD, FACEP. The Council honored the memory of those who passed away since the last Council meeting 2018 and adopted the memorial resolutions by observing a moment of silence.

Dr. McManus announced that the commendation resolutions would be presented during the Council luncheon on Sunday, September 30, 2018.

Robert L. Muelleman, MD, FACEP, president of the American Board of Emergency Medicine, addressed the Council.

Stephen H. Anderson, MD, FACEP, presented the secretary-treasurer's report.

Zachary Jarou, MD, addressed the Council regarding the activities of the Emergency Medicine Residents' Association.

Jordan GR Celeste, MD, FACEP, addressed the Council regarding the activities of the Emergency Medicine Foundation.

Peter Jacoby, MD, FACEP, addressed the Council regarding the activities of NEMPAC and the 911 Network.

Paul D. Kivela, MD, MBA, FACEP, president, addressed the Council. He reflected on his past year as ACEP president and highlighted the successes of the College.

The Council recessed at 6:30 pm pm for the candidate reception and reconvened at 8:02 am on Sunday, September 30, 2018.

Dr. Kessler reported that 414 councillors of the 421 eligible for seating had been credentialed. He then introduced the members of the Tellers, Credentials, & Elections Committee, reviewed the electronic voting procedures, and conducted a test of the keypads using demographic and survey questions.

Mr. Wilkerson, executive director and Council secretary, addressed the Council.

The Council viewed a video orientation on submitting resolution amendments electronically.

REFERENCE COMMITTEE B

Dr. McCabe-Kline presented the report of Reference Committee B. *(Refer to the original resolutions as submitted for the text of the resolutions that were not amended or substituted.)*

The committee recommended the following resolutions by unanimous consent:

For adoption: Amended Resolution 21, Amended Resolution 22, Amended Resolution 23, Resolution 24, Amended Resolution 25, Amended Resolution 26, Resolution 30, Amended Resolution 31, Amended Resolution 32, Amended Resolution 33, and Resolution 34.

For referral: Resolution 27, Resolution 28, and Resolution 35

Amended Resolution 21, Resolution 24, Amended Resolution 33, Resolution 27, Resolution 28, and Resolution 35 were extracted. The Council adopted the remaining resolutions as recommended for unanimous consent without objection.

AMENDED RESOLUTION 22

RESOLVED, THAT ACEP ~~ISSUE A STATEMENT TO~~ 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.

AMENDED RESOLUTION 23

RESOLVED, THAT ACEP REQUEST THAT ANY CMS POLICIES ~~EFFECTIVELY~~ RESTRICTING THE ADMINISTRATION OF RAPID SEQUENCE INTUBATION DRUGS **IN THE EMERGENCY DEPARTMENT, UNDER THE DIRECTION OF EMERGENCY PHYSICIANS OR** BY ~~RNS OR~~ EMS ~~PROVIDERS~~ **PHYSICIANS** BE REVISED OR REVOKED AS SOON AS POSSIBLE; AND BE IT FURTHER

RESOLVED, THAT ACEP ~~ADVOCATE FOR CMS TO NOT PROMULGATE POLICIES, RULES, OR REGULATIONS THAT DICTATE OR RESTRICT EMERGENCY PHYSICIANS, NURSES, OR EMS PROVIDERS FROM PROVIDING QUALITY EMERGENCY CARE TO OUR PATIENTS.~~ **REQUEST THAT CMS POLICY REFLECT THE CONSENSUS GUIDELINE ON UNSCHEDULED PROCEDURAL SEDATION OF THE AMERICAN COLLEGE OF EMERGENCY PHYSICIANS.**

AMENDED RESOLUTION 25

RESOLVED, THAT ACEP ~~SEEK~~ **PURSUES LEGISLATION FOR** FEDERAL AND STATE APPROPRIATION FUNDING AND/OR GRANTS FOR PURPOSES OF INITIATING ~~BUPRENORPHINE-NALOXONE~~ **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.

AMENDED RESOLUTION 26

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 FULLY POTENTIAL BY ALL PATIENTS REGARDLESS OF INSURANCE STATUS OR ABILITY TO ~~SELF-PAY AND THAT A PRE-DETERMINED SHARE OF COST BE COVERED BY INSURERS TO OFFSET THE COST TO THE GOVERNMENT~~ **PAY**.

AMENDED RESOLUTION 31

RESOLVED, THAT ACEP ADVOCATES FOR ~~MANDATED GUIDELINES~~ INSURANCE COVERAGE OF OPIOID SPARING THERAPIES**,**~~; BE THEY MEDICATIONS SUCH AS LIDOCAINE PATCHES AND NSAID TOPICAL CREAMS, AND/OR PHYSICAL THERAPY~~ WITHOUT REQUIRING PREAUTHORIZATION OR OUTRIGHT DENIAL OF THESE PRESCRIBED THERAPIES.

AMENDED RESOLUTION 32

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.

The committee recommended that Amended Resolution 21 be adopted.

It was moved THAT AMENDED RESOLUTION 21 BE ADOPTED.

RESOLVED, THAT ACEP SUPPORTS ADVOCACY **AND ENGAGEMENT OF STAKEHOLDERS** TO ASSURE THAT ADEQUATE FINANCIAL **RESOURCES**, COMMUNITY RESOURCES, AND PATIENT SUPPORTS ARE INCLUDED IN PROPOSED LOCAL, STATE, OR FEDERAL POLICIES DICTATING CRITERIA FOR SAFE PATIENT DISCHARGE FROM THE EMERGENCY DEPARTMENT, **AND THAT THESE POLICIES TAKE INTO ACCOUNT SOCIAL DETERMINANTS OF HEALTH; AND BE IT FURTHER**

RESOLVED, THAT ACEP AFFIRMS THAT ANY SAFE DISCHARGE MANDATE THAT DOES NOT PROVIDE FOR THE NECESSARY FINANCIAL RESOURCES, COMMUNITY RESOURCES, AND PATIENT SUPPORTS RISKS UNINTENDED CONSEQUENCES THAT ADVERSELY IMPACT PATIENT SAFETY.

It was moved THAT THE FIRST RESOLVED BE AMENDED BY ADDITION OF THE WORDS “ANY EMERGENCY DEPARTMENT” BEFORE THE WORD “SAFE,” THAT THE WORD “PATIENT” BEFORE THE WORD “DISCHARGE” BE DELETED, THAT THE SECOND RESOLVED BE AMENDED BY ADDING THE WORD “MANDATED” BEFORE THE WORD “SAFE,” THE WORD “CONCEPT” BE ADDED AFTER THE WORD “DISCHARGE,” THE WORD “MANDATE” BE DELETED AFTER THE WORD “DISCHARGE,” AND THE WORD “SUPPORTS” BE CHANGED TO “SUPPORT.” The motion was adopted.

It was moved THAT THE RESOLUTION BE AMENDED TO READ:

RESOLVED, THAT ACEP SUPPORT ADVOCACY AND ENGAGEMENT OF STAKEHOLDERS TO ASSURE A ROBUST SAFETY NET WITH ADEQUATE FINANCIAL RESOURCES AND COMMUNITY RESOURCES TO SUPPORT PATIENTS ON DISCHARGE; AND BE IT FURTHER
RESOLVED, THAT ACEP OPPOSE LOCAL, STATE, AND FEDERAL MANDATES ON DISCHARGE REQUIREMENTS. The motion was adopted.

It was moved THAT THE RESOLUTION BE AMENDED BY SUBSTITUTION TO READ:

RESOLVED, THAT ACEP OPPOSES ANDY "SAFE DISCHARGE" MANDATES AND BELIEVES THAT DISCHARGE FROM THE ED IS A CLINICAL DECISION OF THE EMERGENCY PHYSICIAN; AND BE IT FURTHER
RESOLVED, THAT ACEP OPPOSE LOCAL, STATE, AND FEDERAL MANDATES ON DISCHARGE REQUIREMENTS.

It was MOVED THAT AMENDED RESOLUTION 21 BE REFERRED TO THE BOARD OF DIRECTORS. The motion was not adopted.

The amended main motion was then voted on and adopted.

The committee recommended that Resolution 24 be adopted.

It was moved THAT RESOLUTION 24 BE ADOPTED.

It was moved THAT THE WORDS "IMPOSITION OF" IN THE FIRST RESOLVED BE REPLACED WITH THE WORD "PROHIBITIVE." The motion was not adopted.

The main motion was then voted on and adopted.

The committee recommended that Resolution 27 be referred to the Board of Directors.

It was moved THAT RESOLUTION 27 BE ADOPTED.

It was moved THAT RESOLUTION 27 BE REFERRED TO THE BOARD OF DIRECTORS. The motion was adopted.

The committee recommended that Resolution 28 be referred to the Board of Directors.

It was moved THAT RESOLUTION 28 BE ADOPTED. The motion was adopted.

The committee recommended that Resolution 29 be adopted.

It was moved THAT RESOLUTION 29 BE ADOPTED.

There was no objection to replacing the "provider" with the word "clinician." The motion was then voted on and adopted.

The committee recommended that Amended Resolution 33 be adopted.

It was moved THAT AMENDED RESOLUTION 33 BE ADOPTED:

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.~~; AND BE IT FURTHER~~
~~RESOLVED, THAT ACEP GIVE PRIORITY TO SUPPORTING FAMILIES AND PROTECTING THE HEALTH AND WELL-BEING OF THE MIGRATING CHILDREN WITHIN THOSE FAMILIES WHERE THE CHILDREN HAVE BEEN REMOVED; AND BE IT FURTHER~~

~~RESOLVED, THAT ACEP WORK WITH APPROPRIATE AUTHORITIES TO ENCOURAGE AND FACILITATE THE REUNIFICATION OF SEPARATED MIGRATING CHILDREN WITH THEIR CAREGIVERS IMMEDIATELY.~~

It was moved THAT THE WORD "CAREGIVERS" BE REPLACED WITH THE WORD "PARENTS." The motion was not adopted.

It was moved THAT THE RESOLUTION BE REFERRED TO THE BOARD OF DIRECTORS. The motion was not adopted.

It was moved THAT THE RESOLUTION BE AMENDED BY ADDITION OF A SECOND RESOLVED TO READ:

RESOLVED, THAT ACEP SUPPORT EMERGENCY PHYSICIANS WHO PROTECT THE HEALTH AND WELL-BEING OF MIGRATING CHILDREN SEPARATED FROM THEIR FAMILIES. The motion was not adopted.

The main motion was then voted on and adopted.

The committee recommended that Resolution 35 be referred to the Board of Directors.

It was moved THAT RESOLUTION 35 BE ADOPTED.

It was moved THAT RESOLUTION BE REFERRED TO THE BOARD OF DIRECTORS. The motion was adopted.

REFERENCE COMMITTEE C

Dr. Smith presented the report of Reference Committee C. *(Refer to the original resolutions as submitted for the text of the resolutions that were not amended or substituted.)*

The committee recommended the following resolutions by unanimous consent:

For adoption: Amended Resolution 38, Amended Resolution 39, Resolution 40, Amended Resolution 41, Substitute Resolution 44, Amended Resolution 45, Amended Resolution 46, Amended Resolution 47, and Amended Resolution 48.

Not for adoption: Resolution 43.

For referral: Resolution 42.

Amended Resolution 41 and Amended Resolution 47 were extracted. The Council adopted the remaining resolutions as recommended for unanimous consent without objection.

AMENDED RESOLUTION 38

RESOLVED, THAT ACEP ~~ISSUE A PUBLIC STATEMENT~~ **WORK WITH RELEVANT STAKEHOLDERS TO EDUCATE THE PUBLIC** ON THE ~~PUBLIC~~ 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 ~~PROVIDERS~~ **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 ~~PROVIDERS~~ **CLINICIANS** TO IDENTIFY AND IMPLEMENT CLINICIAN-LEVEL AND SYSTEM-LEVEL OPPORTUNITIES FOR ANTIMICROBIAL AVOIDANCE.

AMENDED RESOLUTION 39

RESOLVED, THAT ACEP DEVELOP A **PSYCHIATRIC BOARDING** TOOLKIT TO HELP ~~PHYSICIANS AT THE BEDSIDE~~ ADDRESS THE FOLLOWING:

- PATIENT HANDOFF AND FREQUENCY OF EVALUATION WHILE BOARDING;
- ACTIVITIES OF DAILY LIVING FOR THE BOARDED PATIENT; ~~AND~~
- INITIATION OF MENTAL HEALTH TREATMENT WHILE BOARDING; **AND**
- **DEVELOPMENT OF ED PSYCHIATRIC OBSERVATIONAL MEDICINE.**

SUBSTITUTE RESOLUTION 44

RESOLVED, THAT ACEP UPDATE THE FIREARM SAFETY AND INJURY PREVENTION POLICY TO REFLECT THE CURRENT STATE OF RESEARCH AND LEGISLATION.

AMENDED RESOLUTION 45

~~RESOLVED, THAT ACEP AMEND ITS "FIREARM SAFETY AND INJURY PREVENTION" POLICY STATEMENT TO SUPPORT EXTREME RISK PROTECTION ORDERS; AND BE IT FURTHER~~

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).

AMENDED RESOLUTION 46

RESOLVED, THAT ACEP REVISE THE POLICY STATEMENT "LAW ENFORCEMENT INFORMATION GATHERING IN THE EMERGENCY DEPARTMENT" TO ~~TAKE INTO ACCOUNT~~ **REFLECT** THE RECENT RELEVANT COURT DECISIONS REGARDING CONSENT FOR SEARCHES WITH OR WITHOUT A WARRANT ~~IN INVESTIGATIONS OF DRIVING UNDER THE INFLUENCE~~ TO PROVIDE CLARIFICATION AND GUIDANCE TO EMERGENCY PHYSICIANS ON THEIR ETHICAL AND LEGAL OBLIGATIONS ON THIS ISSUE.

AMENDED RESOLUTION 48 (with revised title ~~Surreptitious~~ Recording in the Emergency Department)

RESOLVED, THAT ACEP EXPLORE IMPLICATIONS, SOLUTIONS, AND EDUCATION/TRAINING TO ADDRESS ~~SURREPTITIOUS~~ (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 ~~SURREPTITIOUS~~ (AUDIO/VIDEO) RECORDING IN THE EMERGENCY DEPARTMENT.

The committee recommended that Amended Resolution 36 be adopted.

It was moved THAT AMENDED RESOLUTION 36 BE ADOPTED:

RESOLVED, ~~THAT ACEP ALIGN WITH AND ADOPT AS ACEP POLICY THE FOLLOWING RELEVANT SECTIONS OF THE AMERICAN MEDICAL ASSOCIATION'S POLICY: "CANNABIS AND CANNABINOID RESEARCH H-95.952":~~

~~(1) ACEP SUPPORTS FURTHER ADEQUATE AND~~ **THAT ACEP SUPPORTS** WELL-CONTROLLED STUDIES OF MARIJUANA 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.

~~(2) ACEP SUPPORTS THAT MARIJUANA'S STATUS AS A FEDERAL SCHEDULE I CONTROLLED SUBSTANCE BE REVIEWED WITH THE GOAL OF FACILITATING THE CONDUCT OF CLINICAL RESEARCH AND DEVELOPMENT OF CANNABINOID-BASED MEDICINES, AND ALTERNATE DELIVERY METHODS. THIS SHOULD NOT BE VIEWED AS AN ENDORSEMENT OF STATE-BASED MEDICAL CANNABIS PROGRAMS, THE LEGALIZATION OF MARIJUANA, OR THAT SCIENTIFIC EVIDENCE ON THE THERAPEUTIC USE OF CANNABIS MEETS THE CURRENT STANDARDS FOR A PRESCRIPTION DRUG PRODUCT.~~

It was moved THAT THE RESOLUTION BE AMENDED BY ADDITION OF A LAST SENTENCE TO READ:

THIS SHOULD NOT BE VIEWED AS AN ENDORSEMENT OF STATE-BASED MEDICAL CANNABIS PROGRAMS, THE LEGALIZATION OF MARIJUANA, OR THAT SCIENTIFIC EVIDENCE ON THE THERAPEUTIC USE OF CANNABIS MEETS THE CURRENT STANDARDS FOR A PRESCRIPTION DRUG PRODUCT. The motion was not adopted.

It was moved THAT THE RESOLUTION BE AMENDED BY SUBSTITUTION TO READ:

RESOLVED, THAT ACEP SUPPORTS RESCHEDULING OF MARIJUANA TO FACILITATE WELL-CONTROLLED STUDIES OF MARIJUANA 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.

It was moved THAT THE WORDS "OR HARM" BE DELETED. The motion was not adopted.

The motion was then voted on and adopted.

There was consensus to replace the word "marijuana" with the word "cannabis." The amended main motion was then voted on and adopted.

The committee recommended that Amended Resolution 37 be adopted.

It was moved THAT AMENDED RESOLUTION 37 BE ADOPTED:

RESOLVED, ~~THAT ACEP ALIGN WITH AND ADOPT AS ACEP POLICY THE FOLLOWING RELEVANT SECTION OF THE AMERICAN MEDICAL ASSOCIATION'S POLICY: "CANNABIS AND CANNABINOID RESEARCH H-95.952":~~

ACEP URGES LEGISLATURES TO DELAY ~~INITIATING THE~~ **NEW** LEGALIZATION OF CANNABIS FOR RECREATIONAL USE UNTIL ~~FURTHER~~ RESEARCH IS ~~COMPLETED~~ **AVAILABLE** ON THE PUBLIC HEALTH, MEDICAL, ECONOMIC, AND SOCIAL CONSEQUENCES OF ITS USE; AND BE IT FURTHER

RESOLVED, ~~THAT ACEP ALIGN WITH AND ADOPT AS ACEP POLICY THE FOLLOWING RELEVANT SECTIONS OF THE AMERICAN MEDICAL ASSOCIATION'S POLICY: "CANNABIS LEGALIZATION FOR RECREATIONAL USE H-95.924":~~

ACEP ~~BELIEVES THAT THE SALE OF CANNABIS FOR RECREATIONAL USE SHOULD NOT BE LEGALIZED; AND~~ DISCOURAGES CANNABIS USE~~, ESPECIALLY BY PERSONS VULNERABLE TO THE DRUG'S EFFECTS AND~~ IN HIGH-RISK POPULATIONS SUCH AS YOUTH, PREGNANT WOMEN, AND WOMEN WHO ARE BREASTFEEDING.

It was moved THE RESOLUTION BE AMENDED BY SUBSTITUTION TO READ:

ACEP DISCOURAGES RECREATIONAL CANNABIS USE AND URGES THE PUBLIC AND LEGISLATURES TO DELAY LEGALIATION OR DECRIMINALIZATION OF CANNABIS FOR RECREATIONAL USE UNTIL RESEARCH IS AVAILABLE ON THE PUBLIC HEALTH, MEDICAL, ECONOMIC, AND SOCIAL CONSEQUENCES OF ITS USE. The motion was not adopted.

It was moved THAT THE WORD "FURTHER" BE RETAINED. The motion was not adopted.

It was moved THAT EACH RESOLVED BE VOTED ON SEPARATELY. The motion was not adopted.

The main motion was then voted on and was not adopted.

The Council recessed at 12:00 pm for the awards luncheon and reconvened at 1:45 pm on Sunday, September 30, 2018.

The committee recommended that Amended Resolution 41 be adopted.

It was moved THAT AMENDED RESOLTUION 41 BE ADOPTED.

RESOLVED, THAT ACEP DEVELOP A ~~POLICY STATEMENT~~ **TOOLKIT TO** ADDRESS~~ING THE EMERGENCY DEPARTMENT AND~~ 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.

It was moved THAT THE RESOLUTION BE AMENDED BY SUBSTITUTION OF THE ORIGINAL RESOLUTION. The motion was not adopted.

The main motion was then voted on and adopted.

The committee recommended that Amended Resolution 47 be adopted.

It was moved THAT AMENDED RESOLUTION BE ADOPTED:

~~RESOLVED, THAT ACEP PROMOTES THE USE OF MEDICATION FOR OPIOID USE DISORDER, WHERE CLINICALLY APPROPRIATE, FOR EMERGENCY DEPARTMENT PATIENTS WITH OPIOID USE DISORDER; AND BE IT FURTHER~~

RESOLVED, THAT ACEP WORKS WITH THE PAIN MANAGEMENT & ADDICTION MEDICINE SECTION TO DEVELOP A ~~CLINICAL POLICY~~ **GUIDELINE** ON THE INITIATION OF MEDICATION FOR OPIOID USE DISORDER FOR **APPROPRIATE** EMERGENCY DEPARTMENT PATIENTS; AND BE IT FURTHER

RESOLVED, THAT ACEP ADVOCATES 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 UNTIL BARRIERS TO INITIATING MEDICATION FOR OPIOID USE DISORDER IN THE EMERGENCY DEPARTMENT ARE LOWERED, ACEP PARTNERS WITH THE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMSHA) TO CREATE TRAINING THAT FULFILLS THE EXISTING REQUIREMENT FOR 8 HOUR BUPRENORPHINE TRAINING WHILE BEING MORE RELEVANT TO THE EMERGENCY DEPARTMENT CONTEXT; AND BE IT FURTHER~~

RESOLVED, THAT ACEP SUPPORTS THE EXPANSION OF OUTPATIENT OPIOID TREATMENT PROGRAMS AND PARTNERSHIP WITH ADDICTION MEDICINE SPECIALISTS TO IMPROVE ED TO OUTPATIENT CARE TRANSITIONS.

It was moved THAT THE WORDS "AND INPATIENT" BE ADDED BEFORE THE WORD "OPIOID" IN THE THIRD RESOLVED. The motion was adopted.

The amended main motion was then voted on and adopted.

REFERENCE COMMITTEE A

Dr. Barry presented the report of Reference Committee A. *(Refer to the original resolutions as submitted for the text of the resolutions that were not amended or substituted.)*

The committee recommended the following resolutions by unanimous consent:

For adoption: Amended Resolution 11, Resolution 12, Amended Resolution 13, Amended Resolution 14,

Resolution 16, and Resolution 20.

Not for adoption: Resolution 10.

Amended Resolution 13 was extracted. The Council adopted the remaining resolutions as recommended for unanimous consent without objection.

AMENDEED RESOLUTION 11

RESOLVED, THAT THE COUNCIL STANDING RULES BE AMENDED TO INCLUDE A NEW SECTION TITLED "LEADERSHIP DEVELOPMENT ADVISORY GROUP" TO READ:

"**THE LEADERSHIP DEVELOPMENT ADVISORY ~~GROUP~~ COMMITTEE (LDA~~G~~C) ~~SHALL BE~~ IS A COUNCIL COMMITTEE CHARGED WITH IDENTIFYING AND MENTORING DIVERSE COLLEGE MEMBERS TO SERVE IN COLLEGE LEADERSHIP ROLES. THE LDA~~G~~C 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."**

AMENDED RESOLUTION 14

RESOLVED, THAT ACEP STRONGLY ENCOURAGE ITS CHAPTERS TO APPOINT AND MENTOR COUNCILLORS AND ALTERNATE COUNCILLORS THAT REPRESENT THE DIVERSITY OF THEIR MEMBERSHIP, INCLUDING ~~CANDIDATE PHYSICIAN~~**, BUT NOT LIMITED TO RESIDENTS, FELLOWS,** AND YOUNG PHYSICIAN MEMBERS.

The committee recommended that Resolution 9 be adopted.

It was moved THAT RESOLUTION 9 BE ADOPTED:

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. The motion was adopted.

The committee recommended that Amended Resolution 13 be adopted.

It was moved THAT AMENDED RESOLUTION 13 BE ADOPTED:

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 ~~LIMITING~~ **ADDRESSING** THE SIZE OF THE COUNCIL AND THE RELATIVE ALLOCATION OF COUNCILLORS. The motion was adopted.

The committee recommended that Resolution 15 not be adopted.

It was moved THAT RESOLUTION 15 BE ADOPTED.

It was moved THAT RESOLUTION 15 BE REFERRED TO THE BOARD OF DIRECTORS. The motion was not adopted.

The main motion was then voted on and was not adopted.

The committee recommended that Resolution 17 not be adopted.

It was moved THAT RESOLUTION 17 BE ADOPTED.

It was moved THAT RESOLUTION 17 BE REFERRED TO THE BOARD OF DIRECTORS. The motion was not adopted.

It was moved THAT THE WORDS “SENTINEL EVENTS” BE REPLACED WITH THE WORDS “A ROOT CAUSE ANALYSIS (RCA).”

It was moved THAT THE WORDS “BY MEDICAL STAFF WELLNESS COMMITTEE” BE INSERTED AFTER “(RCA).” The motion was not adopted.

The main motion was then voted on and adopted.

It was moved THAT THE RESOLUTION BE AMENDED TO READ:

RESOLVED, THAT ACEP ACKNOWLEDGES THE UNIQUE ROLE THAT WORKPLACE FACTORS, AS WELL AS DEPARTMENTAL AND INSTITUTIONAL CULTURE PLAY IN PHYSICIAN SUICIDES, AND THAT ACEP BELIEVES THAT PHYSICIAN SUICIDES SHOULD ~~BE TREATED AS SENTINEL EVENTS THAT SHOULD BE~~ INVESTIGATED THROUGH INTERNAL AND CONFIDENTIAL REVIEW **LIMITED** TO ~~BETTER UNDERSTAND~~ WORKPLACE SYSTEMS, PROCESSES, AND CULTURE THAT CAN BE CHANGED TO REDUCE THE PROBABILITY OF FUTURE EVENTS~~; AND BE IT FURTHER~~

~~RESOLVED, THAT ACEP WORK WITH PARTNER ORGANIZATIONS, INCLUDING THE AMERICAN MEDICAL ASSOCIATION, THE AMERICAN HOSPITAL ASSOCIATION, AND THE NATIONAL ACADEMY OF MEDICINE TO ADVOCATE FOR THE ADOPTION OF POLICIES THAT CONSIDER PHYSICIAN SUICIDES AS SENTINEL EVENTS~~. The motion was not adopted.

The amended main motion was then voted on and was not adopted.

The committee recommended that Resolution 18 be adopted.

It was moved THAT RESOLUTION 18 BE ADOPTED.

It was moved THAT THE RESOLUION BE AMENDED TO READ:

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 ~~PETITION~~ **ENCOURAGE THOSE** STATE MEDICAL BOARDS ~~TO END THE PRACTICE OF~~ REQUESTING **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 ~~TO AMEND THEIR QUESTIONS~~ **THAT INQUIRE** ABOUT BOTH THE PHYSICAL AND MENTAL HEALTH OF APPLICANTS TO USE THE LANGUAGE RECOMMENDED BY THE ~~AMERICAN PSYCHIATRIC ASSOCIATION~~ **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?" The motion was adopted.

The amended main motion was then voted on and adopted.

The committee recommended that Amended Resolution 19 be adopted.

It was moved THAT AMENDED RESOLUTION 19 BE ADOPTED:

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 ~~AGGRESSIVELY~~ 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.

It was moved THAT THE TITLE OF THE RESOLUTION BE AMENDED TO READ: SUPPORT FOR ACGME FACULTY SCHOLARLY ACTIVITY. The motion was not adopted.

It was moved THAT THE FIRST AND SECOND RESOLVEDS BE AMENDED TO READ:

RESOLVED, THAT ACEP REAFFIRMS ~~ITS POSITION ON THE IMPORTANCE OF SCHOLARSHIP~~ ~~**AS WELL AS PROTECTED CLINICAL HOURS FOR**~~ **THE IMPORTANCE OF SCHOLARSHIP AND EDUCATION AS WELL AS SUPPORTED TIME FOR OUR CORE FACULTY FOR THESE ACTIVITIES** ~~**TO TEACH OUR RESIDENTS**~~ AND WILL ADVOCATE ~~AGGRESSIVELY~~ 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 **AND EDUCATIONAL** ACTIVIT~~Y~~**IES** ~~**AND PROTECTED TEACHING ACADEMIC TIME**~~**;** AND BE IT FURTHER

The motion was not adopted.

The main motion was then voted on and adopted.

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Dr. Friedman, president-elect, addressed the Council.

Dr. Kessler reported that 420 of the 421 councillors eligible for seating had been credentialed.

The Tellers, Credentials, & Elections Committee conducted the Board of Directors elections. Dr. Cirillo and Dr. Finnell were elected to a three-year term. Dr. Kang and Dr. Rosenberg were re-elected to a three-year term.

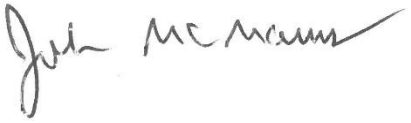
The Tellers, Credentials, & Elections Committee conducted the president-elect election. Dr. Jaquis was elected.

There being no further business, Dr. McManus adjourned the 2018 Council meeting at 4:54 pm on Sunday, September 30, 2018. The next meeting of the ACEP Council is scheduled for September 28-29, 2018, at the Hyatt Regency Denver at Colorado Convention Center in Denver, CO.

Respectfully submitted,

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

Approved by,



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