American College of Emergency Physicians®
ADVANCING EMERGENCY CARE

2018 Annual ACEP Council Meeting

Reference Committee Reports

Sunday, September 30, 2018

ORDER OF DEBATE

Reference Committee B – Dr. McManus Presiding

Reference Committee C – Dr. Katz Presiding

Reference Committee A – Dr. McManus Presiding

DEFINITIONS OF AVAILABLE COUNCIL ACTIONS

For the ACEP Board of Directors to act in accordance with the wishes of the Council, the actions of the Council must be definitive. To avoid any misunderstanding, the officers have developed the following definitions for Council action:

ADOPT
Approve resolution exactly as submitted as recommendation implemented through the Board of Directors.

ADOPT AS AMENDED
Approve resolution with additions, deletions and/or substitutions, as recommendation to be implemented through the Board of Directors.

REFER
Send resolution to the Board of Directors for consideration, perhaps by a committee, the Council Steering Committee, or the Bylaws Interpretation Committee.

NOT ADOPT
Defeat (or reject) the resolution in original or amended form.

American College of Emergency Physicians®
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2018 Council Resolutions

Resolution #	Subject/Submitted by	Reference Committee
1	Commendation for Hans R. House, MD, FACEP *Iowa Chapter*	
2	Commendation for Jay A. Kaplan, MD, FACEP *Louisiana Chapter*	
3	Commendation for Les Kamens *Board of Directors*	
4	Commendation for Rebecca B. Parker, MD, FACEP Illinois *College of Emergency Physicians*	
5	Commendation for Eugene Richards *Board of Directors*	
6	Commendation for John J. Rogers, MD, CPE, FACEP *Board of Directors* *53 Chapters* *37 Sections* *Council of Emergency Medicine Residency Directors* *Emergency Medicine Residents' Association*	
7	In Memory of Lawrence Scott Linder, MD, FACEP *Maryland Chapter*	
8	In Memory of Kevin Rodgers, MD, FAAEM, FACEP *Indiana Chapter*	
9	American College of Osteopathic Emergency Physicians Councillor Allocation – Bylaws Amendment *Fredrick Blum, MD, FACEP* *Marco Coppola, DO, FACEP* *Alexander Rosenau, DO, FACEP* *Robert E. Suter, DO, FACEP* *Emergency Medicine Residents' Association*	A
10	Achieving Unity by Expanding Criteria for Eligibility & Approval of Organizations Seeking Representation in the Council – College Manual Amendment *Juan Acosta, DO, FACEP* *Tim Cheslock, DO, FACEP* *Stephanie Davis, DO, FACEP* *Brandon Lewis, DO, FACEP* *Robert Suter, DO, FACEP*	A
11	Codifying the Leadership Development Advisory Group (LDAG) - Council Standing Rules Amendment *Leadership Diversity Task Force* *Council Steering Committee* *Board of Directors*	A

Resolution #	Subject/Submitted by	Reference Committee
12	Nominating Committee Revision to Promote Diversity – Council Standing Rules Amendment *Leadership Diversity Task Force* *Council Steering Committee* *Board of Directors*	A
13	Growth of the ACEP Council *Council Steering Committee*	A
14	Diversity of ACEP Councillors *Emergency Medicine Residents' Association* *Young Physicians Section*	A
15	Divestment from Fossil Fuel-Related Companies *Marc Futernick, MD, FACEP* *Jeremy Hess, MD, MPH, FACEP* *Jay Lemery, MD, FACEP* *Victoria Leytin, MD* *Luke Palmisano, MD, FACEP* *James Rayner, MD* *Renee Salas, MD, MPH, MS* *Ted C. Shieh, M.D., FACEP* *Jonathan Slutzman, MD* *Cecelia Sorensen, MD* *Larry Stock, MD, FACEP* *California Chapter*	A
16	No More Emergency Physician Suicides *Pennsylvania College of Emergency Physicians*	A
17	Physician Suicide is a Sentinel Event *Council of Emergency Medicine Residency Directors* *Emergency Medicine Residents' Association* *Wellness Section*	A
18	Reducing Physician Barriers to Mental Health Care *Council of Emergency Medicine Residency Directors* *Emergency Medicine Residents' Association* *Wellness Section*	A
19	Reduction of Scholarly Activity Requirements by the ACGME *Pennsylvania College of Emergency Physicians*	A
20	Verification of Training *New York Chapter*	A
21	Adequate Resources for Safe Discharge Requirements *Arjun Chanmugam,MD, FACEP* *Kyle Fischer, MD* *Michael Silverman, MD, FACEP* *Maryland Chapter*	A
22	Addressing Mental Health Treatment Barriers Created by the Medicaid IMD Exclusion Relationships *Wisconsin Chapter*	A

Resolution #	Subject/Submitted by	Reference Committee
23	Advocating for CMS Policy Restraint to Avoid Restricting Quality Emergency Care *Texas College of Emergency Physicians*	A
24	ED Copayments for Medicaid Beneficiaries *Dan Freess, MD, FACEP* *Lisa Maurer, MD, FACEP* *Michael McCrea, MD, FACEP* *James Mitchiner, MD, FACEP* *John Moorhead, MD, FACEP* *Jay Mullen, MD, FACEP* *Liam Yore, MD, FACEP* *California Chapter* *Louisiana Chapter* *Missouri College of Emergency Physicians* *Rhode Island Chapter* *Washington Chapter* *Wisconsin Chapter*	A
25	Funding for Buprenorphine-Naloxone Treatment Programs *Yemi Adebayo, MD* *Arjun Chanmugam, MD, FACEP* *Kyle Fischer, MD, FACEP* *Maryland Chapter*	B
26	Funding of Substance Use Intervention and Treatment Programs *Yemi Adebayo, MD* *Arjun Chanmugam, MD, FACEP* *Kyle Fischer, MD, FACEP* *Maryland Chapter*	B
27	Generic Injectable Drug Shortages *Rick Blum, MD, FACEP* *Mark DeBard, MD, FACEP* *Nicholas Jouriles, MD, FACEP* *West Virginia Chapter*	B
28	Inclusion of Methadone in State Drug and Prescription Databases *Daniel Freess, MD, FACEP* *Greg Shangold, MD, FACEP* *Connecticut College of Emergency Physicians*	B
29	Insurance Collection of Patient Financial Responsibility *Daniel Freess, MD, FACEP* *Greg Shangold, MD, FACEP* *Connecticut College of Emergency Physicians*	B
30	Naloxone Layperson Training *Pennsylvania College of Emergency Physicians*	B
31	Payment of Opioid Sparing Pain Treatment Alternatives *Yemi Adebayo, MD* *Stephen Schenkel, MD, FACEP* *Maryland Chapter*	B

Resolution #	Subject/Submitted by	Reference Committee
32	POLST Forms *Indiana Chapter* *Palliative Medicine Section*	B
33	Separation of Migrating Children from Their Caregivers *John Corker, MD, FACEP* *Hillary Fairbrother, MD, FACEP* *Young Physicians Section*	B
34	Violence is a Health Issue *Trauma & Injury Prevention Section*	B
35	ACEP Policy Related to Immigration *Massachusetts College of Emergency Physicians*	B
36	ACEP Policy Related to Medical Cannabis *Arizona College of Emergency Physicians* *Connecticut College of Emergency Physicians* *Massachusetts College of Emergency Physicians* *Missouri College of Emergency Physicians* *North Carolina College of Emergency Physicians* *South Carolina College of Emergency Physicians* *Utah Chapter* *West Virginia Chapter*	C
37	ACEP Policy Related to Recreational Cannabis *Arizona College of Emergency Physicians* *Connecticut College of Emergency Physicians* *Massachusetts College of Emergency Physicians* *North Carolina College of Emergency Physicians* *South Carolina College of Emergency Physicians* *Utah Chapter* *West Virginia Chapter*	C
38	Antimicrobial Stewardship *California Chapter* *Washington Chapter* *Wisconsin Chapter*	C
39	Care of the Boarded Behavioral Health Patient *Pennsylvania College of Emergency Physicians*	C
40	Care of Individuals with Autism Spectrum Disorder in the Emergency Department *Pennsylvania College of Emergency Physicians*	C
41	Emergency Department and Emergency Physician Role in the Completion of Death Certificates *New York Chapter*	C
42	Expert Witness Testimony *Kerry Forrestal, MD, FACEP* *Orlee Panitch, MD, FACEP* *Maryland Chapter*	C

Resolution #	Subject/Submitted by	Reference Committee
43	Fair Remuneration in Health Care *Arjun Chanmugam, MD, FACEP* *Orlee Panitch, MD, FACEP*	C
44	Firearm Safety and Injury Prevention Policy Statement *Social Emergency Medicine Section* *Trauma & Injury Prevention Section*	C
45	Support for Extreme Risk Protection Orders to Minimize Harm *California Chapter* *Social Emergency Medicine Section* *Trauma & Injury Prevention Section*	C
46	Law Enforcement Information Gathering in the ED Policy Statement *Pennsylvania College of Emergency Physicians*	C
47	Supporting Medication for Opioid Use Disorder *Pain Management & Addiction Medicine Section* *Social Emergency Medicine Section* *Washington Chapter*	C
48	Surreptitious Recording in the Emergency Department *Emergency Medicine Informatics Section*	C

Late Resolutions

49	In Memory of C. Christopher King *New York Chapter* *Pennsylvania College of Emergency Physicians*	

2018 Council Meeting
Reference Committee Members

Reference Committee B
Advocacy & Public Policy
Resolutions 21-35

Kristin B. McCabe-Kline, MD, FACEP (FL), Chair
Justin W. Fairless, DO, FACEP (TX)
Chadd K. Kraus, DO, DrPH, MPH, FACEP (PA)
Diana Nordlund, DO, JD, FACEP (MI)
Livia M. Santiago-Rosado, MD, FACEP (NY)
Liam T. Yore, MD, FACEP (WA)

Ryan McBride, MPP
Harry Monroe

American College of Emergency Physicians®
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2018 Council Meeting

Report of REFERENCE COMMITTEE B

Presented by: Kristin B. McCabe-Kline, MD, FACEP, Chair

Mr. Speaker and Councillors:

Reference Committee B gave careful consideration to the several items referred to it and submits the following report:

(1) Unanimous Consent Agenda

For adoption:

- **AMENDED RESOLUTION 21(18): Adequate Resources for Safe Discharge Requirements**
- **AMENDED RESOLUTION 22(18): Addressing Mental Health Treatment Barriers Created by the Medicaid IMD Exclusion**
- **AMENDED RESOLUTION 23(18): Advocating for CMS Policy Restraint to Avoid Restricting Quality Emergency Care**
- **RESOLUTION 24(18): ED Copayments for Medicaid Beneficiaries**
- **AMENDED RESOLUTION 25(18): Funding for Medication Assisted ~~Buprenorphine-Naloxone~~ Treatment Programs**
- **AMENDED RESOLUTION 26(18): Funding of Substance Use Intervention and Treatment Programs**
- **RESOLUTION 30(18): Naloxone Layperson Training**
- **AMENDED RESOLUTION 31(18): Payment of Opioid Sparing Pain Treatment Alternatives**
- **AMENDED RESOLUTION 32(18): POLST Forms**
- **AMENDED RESOLUTION 33(18): Separation of Migrating Children from Their Caregivers**
- **RESOLUTION 34(18): Violence is a Health Issue**

For referral:

- **RESOLUTION 27(18): Generic Injectable Drug Shortages**
- **RESOLUTION 28(18): Inclusion of Methadone in State Drug and Prescription Databases**
- **RESOLUTION 35(18): ACEP Policy Related to Immigration**

AMENDED RESOLUTION 21(18): Adequate Resources for Safe Discharge Requirements

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Amended Resolution 21(18) 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.

Testimony

Testimony was largely supportive, with emphasis on ensuring adequate resources are dedicated by stakeholders to create the infrastructure needed outside the walls of the hospital to make it possible to meet the criteria for safe discharge as mandated in specific localities. Concerns were raised that state, local, or federal government entities should not dictate clinical decision-making regarding discharge. However, several states are already faced with safe discharge criteria and this amended resolution reflects the need for support from all stakeholders rather than solely Emergency Medicine physicians in meeting these criteria.

AMENDED RESOLUTION 22(18): Addressing Mental Health Treatment Barriers Created by the Medicaid IMD Exclusion

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Amended Resolution 22(18) be adopted.

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.

Testimony

Testimony was unanimously supportive of the resolution, noting ongoing ACEP progress on this issue as well as ongoing state initiatives. There was some concern raised about the waiver process being lengthy and complicated, while others opined that the waivers allowed their states to obtain much needed funding for specific subsets of psychiatric patients as well as those in need of treatment for substance abuse.

AMENDED RESOLUTION 23(18): Advocating for CMS Policy Restraint to Avoid Restricting Quality Emergency Care

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Amended Resolution 23(18) be adopted.

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.**

Testimony

Testimony was largely supportive of the first resolved with emphasis on preserving physician oversight, with

additional focus on protecting emergency medical services, and limiting potential scope of practice concerns. Several raised concerns about broadness of language in the second resolved and suggested clarifying the language to indicate that CMS' position should be aligned with ACEP's consensus guideline to avoid misinterpretation of CMS guidelines by hospitals.

RESOLUTION 24(18): ED Copayments for Medicaid Beneficiaries

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Resolution 24(18) be adopted.

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.

Testimony

The majority of testimony supported the resolution. Many opined that copays for emergency care are not effective in reducing utilization or changing patient behavior. Opposition to the resolution focused on potential unintended consequences although those specific consequences were not articulated in detail.

AMENDED RESOLUTION 25(18): Funding for ~~Buprenorphine-Naloxone~~ Medication Assisted Treatment Programs

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Amended Resolution 25(18) be adopted.

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.

Testimony

The majority of testimony supported the resolution. The author of the resolution agreed with the amendment to change "buprenorphine-naloxone" treatment to "medication assisted treatment" in order to not limit potential treatment options. Opposition mentioned concerns that patients presenting to the ED are rarely eligible for naltrexone; other opposition raised concerns about the potential of an increased burden on emergency departments without facility support.

AMENDED RESOLUTION 26(18): Funding of Substance Use Intervention and Treatment Programs

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Amended Resolution 26(18) be adopted.

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**.

Testimony

Testimony was unanimously in support of the resolution. Some comments suggested the final phrase of the second resolved was unclear and urged clarification or removal.

RESOLUTION 30(18): Naloxone Layperson Training

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Resolution 30(18) be adopted.

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

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

Testimony

Testimony was limited but supportive.

AMENDED RESOLUTION 31(18): Payment of Opioid Sparing Pain Treatment Alternatives

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Amended Resolution 31(18) be adopted.

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.

Testimony

Testimony was supportive. Most suggested broadening the language to not limit other potential opioid sparing pain treatment alternatives.

AMENDED RESOLUTION 32(18): POLST Forms

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Amended Resolution 32(18) be adopted.

201 RESOLVED, That ACEP advocates and assist chapters for broad recognition of POLST**, including the use**
202 **of nationally-recognized, standardized POLST forms**; and be it further
203
204 RESOLVED, That ACEP supports legislation where states recognize and honor POLST forms from other
205 states; and be it further
206
207 RESOLVED, That ACEP encourages appropriate stakeholders (e.g., medical record systems, health
208 information exchanges) to incorporate POLST into their products thus encouraging widespread national availability
209 and adoption.
210
211 **Testimony**
212
213 Testimony was unanimously supportive. Several noted that POLST forms vary from state-to-state and
214 harmonization of forms is necessary. There was potential concern noted about the second resolved that a physician
215 practicing in one state ordering a POLST form for a patient who lives in another state could be problematic for state
216 medical societies and boards. However, it should be noted care is considered to be rendered in the state where the
217 order is written, not necessarily where it is administered or the plan of care is implemented.
218

219
220 **AMENDED RESOLUTION 33(18): Separation of Migrating Children from Their Caregivers**
221
222 RECOMMENDATION:
223
224 Mr. Speaker, your Reference Committee recommends that Amended Resolution 33(18) be adopted.
225
226 RESOLVED, That ACEP opposes the practice of separating migrating children from their caregivers in the
227 absence of immediate physical or emotional threats to the child's well-being**.**~~; and be it further~~
228
229 ~~RESOLVED, That ACEP give priority to supporting families and protecting the health and well-being of the~~
230 ~~migrating children within those families where the children have been removed; and be it further~~
231
232 ~~RESOLVED, That ACEP work with appropriate authorities to encourage and facilitate the reunification of~~
233 ~~separated migrating children with their caregivers immediately.~~
234
235 **Testimony**
236
237 Testimony was divided on the resolution. Supporters opined that family separation is not just a political issue
238 but a public health issue as well, and that data shows tangible health impacts on children due to traumatic stress.
239 Concerns were expressed about the second resolved that the myriad of elements outside of the control of emergency
240 physicians need to be considered as well as the feasibility of implementation. Others commented that the politically-
241 charged nature of this issue and questioned whether this issue is within ACEP's purview. The first resolved is
242 reflective of the public statement released by ACEP in June 2018:
243
244 "ACEP recognizes the right of the United States to regulate immigration and secure its borders, but as
245 emergency physicians, a policy of separating children and parents suspected of entering the U.S. illegally is
246 cruel and will do great harm to the children.
247
248 "These separations result in significant health risks for both children and their parents. Children without
249 criminal records or increased security concerns whose parents seek haven in the United States should never be
250 placed in detention facilities.
251
252 "We join other professional medical organizations in opposing this current policy and call on the federal
253 government to immediately change course regarding separation of immigrant families with children, and

instead, give priority to protecting the health and well-being of the vulnerable children within these families."

RESOLUTION 34(18): Violence is a Health Issue

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Resolution 34(18) be adopted.

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.

Testimony

Testimony was unanimously in support of the resolution. There was debate about whether the term "violence" needed further clarification, but the author believed that broad use of the term was important to cover all forms of violence.

RESOLUTION 27(18): Generic Injectable Drug Shortages

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Resolution 27(18) be referred to the Board of Directors.

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

Testimony

Testimony was divided. Those in support raised issues of financial incentives of GPOs, hospitals, and hospital executives. Others mentioned concerns regarding the efficacy of FDA oversight of the drug shortage issue. Opponents argued that the problem is multifactorial and that it is important for ACEP to address other contributing elements prior to a public press release focused on only one of the elements (GPOs). Several noted ongoing ACEP advocacy on drug shortages, including creation of and participation in the FDA Drug Shortages Task Force that was formed as a result of the hard work of many emergency medicine physicians at Leadership and Advocacy Conference. It was suggested that a press release on any particular element contributing to the shortage of generic medications prior to a report from the task force would be premature. A member of the Board of Directors specifically requested referral to the Board.

RESOLUTION 28(18): Inclusion of Methadone in State Drug and Prescription Databases

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Resolution 28(18) be referred to the Board of Directors.

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

307 **Testimony**
308
309 Testimony on the resolution was divided. Proponents of the resolution emphasized the need to have access to
310 relevant patient information in state prescription drug monitoring programs (PDMPs) and reduce the stigma of
311 substance-use disorder treatment. Opponents focused on the importance of preserving patient privacy and potential
312 unintended consequences of changing this law. There was testimony highlighting the different manner in which
313 patients receiving methadone are treated: 1) daily administration of methadone at a treatment center IS NOT reported
314 to the PDMPs; and 2) prescriptions written and methadone dispensed IS reported to the PDMPs. A member of the
315 Board of Directors specifically requested referral to the Board.
316

317
318 **RESOLUTION 35(18): ACEP Policy Related to Immigration**
319
320 RECOMMENDATION:
321
322 Mr. Speaker, your Reference Committee recommends that Resolution 35(18) be referred to the Board of
323 Directors.
324
325 RESOLVED, That ACEP affirms the right for all patients to access and receive emergency care regardless of
326 country of origin or immigration status; and be it further
327
328 RESOLVED, That ACEP encourages emergency departments to establish policies forbidding collaboration
329 between hospital staff and immigration authorities, unless required by signed warrant; and be it further
330
331 RESOLVED, That ACEP opposes determination of "public charge" used in determining eligibility for legal
332 entry into the United States or legal permanent residency that would include health benefits or coverage.
333
334 **Testimony**
335
336 Testimony was divided on the resolution. Proponents of the resolution highlighted potential disincentives for
337 patients to seek care. Many expressed the need to reinforce patients' right to emergency care without barriers of any
338 kind as is a primary tenet of our specialty. Opponents noted that the first resolved is unnecessary as it reaffirms
339 EMTALA, the second resolved may potentially violate existing federal and state laws, and that the definition of
340 "public charge" in the third resolved does not take into account potential expansion of the definition that is currently
341 under review. The Board of Directors specifically requested referral to the Board.
342

343
344 **End of Consent Agenda**
345

346
347 **(2) RESOLUTION 29(18): Insurance Collection of Patient Financial Responsibility**
348
349 RECOMMENDATION:
350
351 Mr. Speaker, your Reference Committee recommends that Resolution 29(18) be adopted.
352
353 RESOLVED, That ACEP add to its legislative and regulatory agenda to advocate for bills and policy changes
354 that would require healthcare insurance companies to pay the professional fee directly to the provider and
355 subsequently collect whatever patient responsibility remains according to the specific healthcare plan directly from
356 the patient; and be it further
357
358 RESOLVED, That ACEP creates an information paper and/or legislative toolkit to assist members in
359 advocating for applicable changes to state insurance laws; and be it further

360 RESOLVED, That ACEP advocates for a federal law requiring healthcare insurance companies to pay the
361 professional fee directly to the provider and subsequently the insurance company may collect whatever remaining
362 patient responsibility is required according to the specific healthcare plan directly from the patient.
363
364 **Testimony**
365
366 Testimony was supportive. Concerns were raised regarding the viability of the strategy needed to accomplish
367 the resolution. Others mentioned that similar strategies are being examined in several states. Further discussion is
368 recommended to gain consensus for adoption.
369

370
371 Mr. Speaker, this concludes the report of Reference Committee B. I would like to thank Justin W. Fairles,
372 DO, FACEP; Chadd K. Kraus, DO, DrPH, MPH, FACEP; Diana Nordlund, DO, JD, FACEP; Livia M. Santiago-
373 Rosado, MD, FACEP; Liam T. Yore, MD, FACEP; Ryan McBride, MPP; and Harry Monroe for their excellent work
374 in developing these recommendations.

2018 Council Meeting
Reference Committee Members

Reference Committee C
Emergency Medicine Practice
Resolutions 36-48

Michael D. Smith, MD, MBA, CPE, FACEP (LA) Chair
Melissa W. Costello, MD, FACEP (AL)
Carrie de Moor, MD, FACEP (TX)
William D. Falco, MD, MS, FACEP (WI)
Daniel Freess MD, FACEP (CT)
Nicole A. Veitinger, DO, FACEP (OH)

Margaret Montgomery, RN, MSN
Travis Schulz, MLS, AHIP
Sam Shahid, MBBS, MPH

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ADVANCING EMERGENCY CARE

2018 Council Meeting

Report of REFERENCE COMMITTEE C

Presented by: Michael D. Smith, MD, MBA, CPE, FACEP, Chair

Mr. Speaker and Councilors:

Reference Committee C gave careful consideration to the several items referred to it and submits the following report:

(1) Unanimous Consent Agenda

For adoption:

- **AMENDED RESOLUTION 38(18): Antimicrobial Stewardship**
- **AMENDED RESOLUTION 39(18): Care of the Boarded Behavioral Health Patient**
- **RESOLUTION 40(18): Care of Individuals with Autism Spectrum Disorder in the Emergency Department**
- **AMENDED RESOLUTION 41(18): Emergency Department and Emergency Physician Role in the Completion of Death Certificates**
- **SUBSTITUTE RESOLUTION 44(18): Firearm Safety and Injury Prevention Policy Statement**
- **AMENDED RESOLUTION 45(18): Support for Extreme Risk Protection Orders to Minimize Harm**
- **AMENDED RESOLUTION 46(18): Law Enforcement Information Gathering in the ED Policy Statement**
- **AMENDED RESOLUTION 47(18): Supporting Medication for Opioid Use Disorder**
- **AMENDED RESOLUTION 48(18): ~~Surreptitious~~ Recording in the Emergency Department**

Not for adoption:

- **RESOLUTION 43(18): Fair Remuneration in Health Care**

For referral:

- **RESOLUTION 42(18): Expert Witness Testimony**

AMENDED RESOLUTION 38(18): Antimicrobial Stewardship

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Amended Resolution 38(18) be adopted.

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.

Testimony

The preponderance of testimony was in favor of the resolution. Concerns were raised about the unintended consequences related to a legislative mandate. It was noted out that the resolution calls for education and resources. Additionally, provider was changed to clinician but provider-level still remains.

AMENDED RESOLUTION 39(18): Care of the Boarded Behavioral Health Patient

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Amended Resolution 39(18) be adopted.

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.**

Testimony

The majority of testimony was in favor of the resolution. Concern was raised that if the resolution is adopted it would be seen as legitimizing the boarding of psychiatric patients in the Emergency Department. It was emphasized that this problem extends beyond the scope and responsibility of the physician and emergency department and resources are needed to address the problem on a larger scale. The author provided additional language to address the need to develop additional education in the area of ED psychiatric observational medicine.

RESOLUTION 40(18): Care of Individuals with Autism Spectrum Disorder in the Emergency Department

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Resolution 40(18) be adopted.

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.

Testimony

The majority of testimony was in favor of providing education to clinicians. It was noted that this is a growing population. It was cautioned that implementation would be difficult to provide specialized service in settings with limited resources. However, it was clarified that the focus of the resolution is education.

AMENDED RESOLUTION 41(18): Emergency Department and Emergency Physician Role in the Completion of Death Certificates

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Amended Resolution 41(18) 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.

Testimony

Testimony was split in favor and opposed. One individual noted that the laws and regulations vary between the states and that this issue needs to be addressed locally. Many expressed frustration with the inability to opt-out of signing a death certificate. Those in support vocalized a need for guidance from ACEP.

SUBSTITUTE RESOLUTION 44(18): Firearm Safety and Injury Prevention Policy Statement

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Substitute Resolution 44(18) be adopted.

~~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.**~~

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

Testimony

The preponderance of testimony was in support of updating the policy with a focus on the current state of evidence-based research. Concern was raised by some that the policy should not be sunsetted. It was clarified that all policies are subject to the sunset review process, with policies subject to reaffirmation, revision, rescinding, or sunsetting.

AMENDED RESOLUTION 45(18): Support for Extreme Risk Protection Orders to Minimize Harm

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Amended Resolution 45(18) be adopted.

~~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).

Testimony

All the testimony was in support of the amended resolution.

AMENDED RESOLUTION 46(18): Law Enforcement Information Gathering in the ED Policy Statement

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Amended Resolution 46(18) be adopted.

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.

Testimony

The majority of the testimony was in support of the resolution. One individual noted that the issue can be complicated for those working in correctional settings. It was recommended that the resolution be broadened.

AMENDED RESOLUTION 47(18): Supporting Medication for Opioid Use Disorder

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Amended Resolution 47(18) 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.

Testimony

Testimony was mixed. Concern was raised about development of a clinical policy. The author agreed to amend the resolution to develop a "guideline." There was also concern raised that the emergency department could potentially serve as long-term provider to these patients. However, others shared accounts of their personal experiences of providing medication for Opioid Use Disorder in the ED.

AMENDED RESOLUTION 48(18): ~~Surreptitious~~ Recording in the Emergency Department

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Amended Resolution 48(18) be adopted.

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.

Testimony

Testimony was in support of the amended resolution. It was agreed that the resolution should address "recording" and not be limited to surreptitious recordings.

RESOLUTION 43(18): Fair Remuneration in Health Care

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Resolution 43(18) not be adopted.

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.

Testimony

The author of the resolution spoke in support of the resolution; however the majority of other testimony did not support the resolution. It was pointed out that ACEP has limited resources and that this is not among ACEP's priorities at this time and there was some testimony that suggested the values were unclear.

RESOLUTION 42(18): Expert Witness Testimony

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Resolution 42(18) be referred to the Board of Directors

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.

Testimony

Concern was raised that the language of ACEP's Ethics Policy and the Expert Witness Policy were not consistent. It was suggested that the resolution be referred to the Board of Directors as the wording of these policies must be well-crafted and the potential implication for members can be significant.

End of Consent Agenda

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(2) AMENDED RESOLUTION 36(18): ACEP Policy Related to Medical Cannabis

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Amended Resolution 36(18) 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.~~

Testimony

Testimony was mixed. Eight chapters were in support of the resolution and those speaking in opposition to adoption of the resolution were testifying as individuals. Concerns were raised about adopting a policy from another organization that could be revised in the upcoming year. It was also noted that the DEA recently updated its regulation for the use of marijuana compounds for medicinal purposes. The reference committee amended the resolution and deleted the second resolved because of the change in the DEA regulation.

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(3) AMENDED RESOLUTION 37(18): ACEP Policy Related to "Recreational" Cannabis

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Amended Resolution 37(18) 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.

Testimony

This resolution was supported by seven chapters. Although there was testimony in opposition to this resolution most were speaking as individuals. The Reference Committee deleted reference to the American Medical Association's policy as recommended in the testimony. Additionally, they also removed the language regarding the legalization of sale of cannabis for recreational use as federal and state laws on these already exist.

Mr. Speaker, this concludes the report of Reference Committee C. I would like to thank Melissa W. Costello, MD, FACEP; Carrie de Moor, MD, FACEP; William D. Falco, MD, MS, FACEP; Daniel Freess, MD, FACEP; Nicole Veitinger, DO, FACEP; Margaret Montgomery, RN, MSN; Travis Schulz, MLS, AHIP; and Sam Shahid, MBBS, MPH, for their excellent work in developing these recommendations.

2018 Council Meeting
Reference Committee Members

Reference Committee A
Governance & Membership
Resolutions 9-20

J. David Barry, MD, FACEP (GS), Chair
Nida Degesys, MD (EMRA)
Andrea L. Green, MD, FACEP (TX)
Muhammad N. Husainy, DO, FACEP (AL)
James L. Shoemaker, Jr., MD, FACEP (IN)
Larisa M. Traill, MD, FACEP (MI)

Leslie Moore, JD
Maude Surprenant Hancock

American College of Emergency Physicians®

ADVANCING EMERGENCY CARE

2018 Council Meeting

Report of REFERENCE COMMITTEE A

Presented by: J. David Barry, MD, FACEP, Chair

Mr. Speaker and Councillors:

Reference Committee A gave careful consideration to the several items referred to it and submits the following report:

(1) Unanimous Consent Agenda

For adoption:

- **AMENDED RESOLUTION 11(18): Codifying the Leadership Development Advisory ~~Group~~ Committee (LDA~~G~~C)**
- **RESOLUTION 12(18): Nominating Committee Revision to Promote Diversity**
- **AMENDED RESOLUTION 13(18): Growth of the ACEP Council**
- **AMENDED RESOLUTION 14(18): Diversity of ACEP Councillors**
- **RESOLUTION 16(18): No More Emergency Physician Suicides**
- **RESOLUTION 20(18): Verification of Training**

Not for adoption:

- **RESOLUTION 10(18): Achieving Unity by Expanding Criteria for Eligibility & Approval of Organizations Seeking Representation in the Council**

AMENDED RESOLUTION 11(18): Codifying the Leadership Development Advisory ~~Group~~ Committee (LDA~~G~~C)

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Amended Resolution 11(18) be adopted.

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."**

Testimony

The majority of the testimony was in favor of adoption. There initially was a misconception that the ACEP Board influenced the work and composition of the group and that it was undertaking a lot of the work of the Nominating Committee. Two Board members clarified that this was a committee of the Council and its role is to supplement the work of the Nominating Committee. The LDAG prepares candidates and informs the Nominating Committee of those who are ready to serve. The proposed amendment reflects the need for clarification of its status as a Council committee.

RESOLUTION 12(18) Nominating Committee Revision to Promote Diversity

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Resolution 12(18) be adopted.

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."

Testimony

The limited testimony on this resolution was unanimously in favor.

AMENDED RESOLUTION 13(18) Growth of the ACEP Council

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Amended Resolution 13(18) 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.

Testimony

There was significant testimony in favor of the resolution with one minor amendment. It was agreed that the word "limiting" could have unintended consequences for the College. It was acknowledged that the intent is to focus on the operational issues associated with the growth and therefore the language should be amended to support a broader perspective. It was also mentioned that ACEP needs a logical plan to manage growth, including addressing the possible impacts that unfettered growth would have for the Council and College. It was acknowledged that a study was a reasonable next step.

AMENDED RESOLUTION 14(18) Diversity of ACEP Councillors

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Amended Resolution 14(18) be adopted.

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.

Testimony

The majority of testimony supported the resolution with many stating that taking such steps is critical in ensuring a strong future for the College, as these individuals are its future leaders. Many noted that the language is not a mandate, but promotes mentoring and advancement of those with diverse backgrounds in the College. The few dissenting opinions were related to concerns about medical students, age considerations and small chapters. The resolution was amended to accommodate these concerns with conciliatory language.

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102 **RESOLUTION 16(18) No More Emergency Physician Suicides**
103
104 RECOMMENDATION:
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106 Mr. Speaker, your Reference Committee recommends that Resolution 16(18) be adopted.
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108 RESOLVED, That ACEP study the unique, specialty-specific factors leading to depression and suicide in
109 emergency physicians; and be it further
110
111 RESOLVED, That ACEP formulate an action plan to address contributory factors leading to depression and
112 suicide unique to our specialty and provide a report of these findings to the 2019 Council.
113
114 **Testimony**
115
116 The limited testimony on this resolution was unanimously in favor. It was mentioned that ACEP should move
117 beyond personal wellness and resilience and look at the root causes of suicides in emergency physicians, focusing on
118 environmental factors.
119

120
121 **RESOLUTION 20(18) Verification of Training**
122
123 RECOMMENDATION:
124
125 Mr. Speaker, your Reference Committee recommends that Resolution 20(18) be adopted.
126
127 RESOLVED, That ACEP work with stakeholders including the Federation of American Hospitals (FAH),
128 American Hospital Association (AHA), and others as appropriate, to develop a standardized and streamlined
129 application process for hospital credentialing; and be it further
130
131 RESOLVED, That ACEP support the development of a standardized verification of training form for hospital
132 credentialing and be it further
133
134 RESOLVED, That ACEP support the development of a standardized peer reference form for hospital
135 credentialing; and be it further
136
137 RESOLVED, That ACEP support the development of a standardized verification of employment form for
138 hospital credentialing; and be it further
139
140 RESOLVED, That ACEP support the development of a standardized employment application for board
141 eligible or board certified emergency physicians for hospital credentialing.
142
143 **Testimony**
144
145 The limited testimony on this resolution was unanimously in favor, emphasizing that a streamlined process
146 would decrease administrative overhead.
147

148
149 **RESOLUTION 10(18) Achieving Unity by Expanding Criteria for Eligibility & Approval of**
150 **Organizations Seeking Representation in the Council**
151
152 RECOMMENDATION:
153
154 Mr. Speaker, your Reference Committee recommends that Resolution 10(18) not be adopted.
155
156 RESOLVED, That the ACEP College Manual, VI. Criteria for Eligibility & Approval of Organizations
157 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.

Testimony

There was significant testimony on this resolution, predominantly against its adoption. Many who testified stated that it could create the unintended consequence of allowing organizations on the Council floor that are not in agreement with ACEP's mission or meeting the basic standards of representation in the Council. The authors agreed the resolution is in need of revision and concluded it should not be adopted as written.

End of Consent Agenda

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(2) RESOLUTION 9(18) American College of Osteopathic Emergency Physicians (ACOEP) Councillor Allocation

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Resolution 9(18) 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

214 with the governance documents or policies of their respective sponsoring bodies.
215
216 An organization currently serving as, or seeking representation as, a component body of the Council must
217 meet, and continue to meet, the criteria stated in the College Manual. These criteria do not apply to chapters or
218 sections of the College.
219
220 EMRA shall be entitled to eight councillors, each of whom shall be a candidate or regular member of the
221 College, as representative of all of the members of EMRA.
222
223 **ACOEP shall be entitled to one councillor, who shall be a regular member of the College, as**
224 **representative of all of the members of ACOEP.**
225
226 AACEM shall be entitled to one councillor, who shall be a regular member of the College, as representative
227 of all of the members of AACEM.
228
229 CORD shall be entitled to one councillor, who shall be a regular member of the College, as representative of
230 all of the members of CORD.
231
232 SAEM shall be entitled to one councillor, who shall be a regular member of the College, as representative of
233 all of the members of SAEM.
234
235 Each chartered section shall be entitled to one councillor as representative of all of the members of such
236 chartered section if the number of section dues-paying and complimentary candidate members meets the minimum
237 number established by the Board of Directors for the charter of that section based on the membership rolls of the
238 College on December 31 of the preceding year.
239
240 A councillor representing one component body may not simultaneously represent another component body as
241 a councillor or alternate councillor.
242
243 Each component body shall also elect or appoint alternate councillors who will be empowered to assume the
244 rights and obligations of the sponsoring body's councillor at Council meetings at which such councillor is not
245 available to participate. An alternate councillor representing one component body may not simultaneously represent
246 another component body as a councillor or alternate councillor.
247
248 Councillors shall be certified by their sponsoring body to the Council secretary on a date no less than 60 days
249 before the annual meeting.
250
251 **Testimony**
252
253 Testimony was split with a slight majority in support of the resolution. Testimony from members of ACOEP
254 acknowledged ACEP as the lead organization in emergency medicine and that ACOEP is not a competitor. They
255 advocated for unity and building bridges between the two organizations with the purpose of strengthening ACEP. The
256 opposition was focused around whether ACOEP met the Criteria for Eligibility & Approval of Organizations Seeking
257 Representation in the Council per the College Manual, specifically criteria E: "A majority of the organization's
258 physician members are ACEP members." ACOEP representatives maintained ACOEP is in compliance and
259 questioned whether other organizations represented in the Council had been required to share their membership lists
260 with ACEP to verify adherence to this criterion. Recognizing the existing wording within the Bylaws already
261 addresses these concerns (line 211-213), the committee concluded adoption is the correct course of action.
262

263
264 **(3) RESOLUTION 15(18) Divestment from Fossil Fuel-Related Companies**
265
266 RECOMMENDATION:
267
268 Mr. Speaker, your Reference Committee recommends that Resolution 15(18) not be adopted.
269

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.

Testimony

A robust debate ensued regarding this resolution. The majority of favorable testimony came from a single chapter and the Young Physicians Section; however, the majority of those opposed were comprised of other chapters and ACEP leadership. Those in favor argued that it is ACEP's ethical duty to oppose fossil fuels to support health concerns of patients, while noting that other organizations, such as the AMA, have already taken steps to do so. Additional testimony against the resolution stressed that while they support the spirit of the resolution, it would be difficult to implement and could have a negative effect on the financial stability of the College.

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(4) RESOLUTION 17(18) Physician Suicide is a Sentinel Event

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Resolution 17(18) not be adopted.

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.

Testimony

The majority of testimony regarding this resolution observed that, while the tragedy of suicide among emergency physicians must be addressed and the intent of the resolution is noble, treating such occurrences as sentinel events may not be the most effective strategy to prevent further occurrences. Some noted that engaging in a root-cause analysis regarding physician suicide may breach confidentiality and could cause further trauma to the family and loved ones of the deceased. Those in favor stated that this resolution does not mandate how the investigation must occur and that there may be ways to avoid probing into the individual's personal life.

---

(5) RESOLUTION 18(18) Reducing Physician Barriers to Mental Health Care

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Resolution 18(18) be adopted.

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?"

Testimony

Testimony was unanimously in favor. Some testified that many physicians avoid seeking treatment for mental health issues for fear they will be reported to their state medical boards. Others voiced support for limiting questions to a physician's current, not past, diagnosis. Although a request was made to significantly revise the resolution's language following the meeting, the committee determined that the changes were so extensive as to change the intent of the resolution and, since no testimony could be heard on those proposed revisions, the committee opted not to incorporate them.

(6) AMENDED RESOLUTION 19(18) Reduction of Scholarly Activity Requirements by the ACGME

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Amended Resolution 19(18) 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.

Testimony

The majority of testimony was in favor, noting concerns regarding the potential negative effects of the ACGME's scholarly activity requirements. Several stated the importance of protecting core faculty time, which is

380 critical in preparing resident training materials and other areas of scholarship. Those opposed to the resolution voiced
381 concerns with language in the resolved statements, generally supporting the intent but recommending wordsmithing to
382 clarify specific intent.
383

384
385
386 Mr. Speaker, this concludes the report of Reference Committee A. I would like to thank Nida Degesys, MD;
387 Andrea L. Green, MD, FACEP; Muhammad N. Husainy, DO, FACEP; James L. Shoemaker, Jr., MD, FACEP; Larisa
388 M. Traill, MD, FACEP; Leslie Moore, JD; and Maude Surprenant Hancock, for their excellent work in developing
389 these recommendations.