American College of Emergency Physicians®
ADVANCING EMERGENCY CARE

Memorandum

To: 2026 Council

From: Sonja Montgomery
Governance Operations Director

Date: September 14, 2026

Subj: Action on 2025 Resolutions

The 2025 Council considered 91 resolutions: 67 were adopted, 14 were not adopted, 1 was withdrawn, 7 were referred to the Board of Directors, and 1 was referred to the Council Steering Committee. There were 2 Bylaws amendments, 1 Council Standing Rules amendment, 7 commendation resolutions, and 22 memorial resolutions.

Note: Amended Resolution 45 Comprehensive Support for Medicaid and Consolidation of ACEP Medicaid-Related Policies was adopted in lieu of Resolutions 45 and 46.

The attached report summarizes the actions taken on the 2025 resolutions adopted by the Council and those that were referred to the Board of Directors and the Council Steering Committee.

The updated actions are also available on the ACEP website. *Reminder:* Scroll to the end of each resolution to see amended or substituted language and review the implementation action.

HEADQUARTERS
Post Office Box 619911
Dallas, Texas 75261-9911

4950 W Royal Ln
Irving, TX 75063-2524

972-550-0911
800-798-1822
www.acep.org

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Summary of 2025 Council Resolutions

Resolutions Not Adopted (NA) or Withdrawn (W)

28 Establish a College-Wide Mentorship Program (NA)
29 Promote Equal Access in Leadership (NA)
30 Development of Research Grant Funding Opportunities Exclusively for ACEP Members as a Membership Benefit (NA)
31 Evaluate the Quality and Member Support for ACEP's Association with an Open Access Journal (NA)
33 Emergency Medicine Public Education (NA)
35 Appropriate Representation in the Review Committee for Combined EM Residency Programs (NA)
39 Support Board Certification as an Exemption for State Mandated CME Topics (NA)
42 Occurrence-Based Malpractice Coverage for All Emergency Physicians (W)
52 Investigation of State Licensure Requirement for Hospital Administrators (NA)
54 Reassessment and Potential Restructuring of the HCAHPS Survey and Its Role in Medicare Reimbursement (NA)
60 Tele-Emergency Medicine Oversight of Non-Board-Certified/Board-Eligible Emergency Medicine EDs (NA)
63 Addressing Bullying in the ED – Role of Emergency Physicians in Identification and Intervention (NA)
69 Investigating Best Practices and Policy Solutions for Direct Communication When Referring Patients to the ED (NA)
70 Mandated Reporting of ED Violence (NA)
78 Standardized Emergency Medicine Post-Graduate Training for Advanced Practice Providers (NA)

Referred Resolutions – to the Council Steering Committee

23 Councillor Allocations for Sections of Membership – Council Standing Rules Amendment

Referred Resolutions – to the Board of Directors

26 Affirmation of ACEP's Support for Diversity, Equity, and Inclusion in EM
27 Upholding Equal Access to Care in EM Amidst Political Challenges
32 Transparency in Vendor and Speaker Communication Restrictions at Scientific Assembly (as amended)
37 Support for Funding Resident Training Away from Home Institutions
40 Support Ongoing Education on Implicit Bias and Structural Inequity
75 Protecting the Term "Emergency Department" in Critical Access Hospitals
77 Investigating Practice Patterns of NPs and PAs Following Independent Practice Legislation

Bylaws Resolutions

21 Distinguished ACEP Fellow Recognition – Bylaws Amendment (as amended)
22 International ACEP Fellow Recognition – Bylaws Amendment (as amended)

College Manual Resolution

24 Procedures for Addressing Charges of Ethical Violations & Other Misconduct – College Manual Amendment

Non-Bylaws Resolutions – Commendations

1 Commendation for Melissa W. Costello, MD, FACEP
2 Commendation for Terry Fulmer, PhD, RN, FAAN, and the John A. Hartford Foundation
3 Commendation for Gene Scruggs
4 Commendation for Michael Lemanski, MD, FACEP
5 Commendation for Shelly Lyford and West Health
6 Commendation for Aisha T. Terry, MD, MPH, FACEP
7 Commendation for Richard E. Wolfe, MD, FACEP

Non-Bylaws Resolutions – Memorials

8 In Memory of James B. Broselow, MD
9 In Memory of Vinod K. Chettur, MD
10 In Memory of Conklin, MD, FACEP
11 In Memory of Gregory L. Henry, MD, FACEP
12 In Memory of Richard T. Hostelley, MD, FACEP
13 In Memory of Frank J. Jehle, Jr, MD, MPH, FACEP, FAAP
14 In Memory of Roger B. Lim, MD
15 In Memory of Lidio W. Medina, MD
16 In Memory of Joseph Moellman, MD

17 In Memory of Frank S. Orth, DO, FACEP
18 In Memory of Janice E. Reisinger, MBA, CAE
19 In Memory of Ronald D. Stewart, MD, FACEP, FAEMS
20 In Memory of Todd Thomas, CPC, CCS-P
81 In Memory of Joshua Alinger, MD
82 In Memory of Donald J. Gordon, MD, PhD, FACEP, Lieutenant Colonel, US Army (Retired)
83 In Memory of Elizabeth B. Jones, MD, FACEP
84 In Memory of Brian Wai Lin, MD
85 In Memory of Forest Daniel McCoig, MD
86 In Memory of Jack Henriquez, MD, FACEP
87 In Memory of Carl S. Werne, MD
88 In Memory of Jamie Shandro, MD, MPH
91 In Memory of Frank Zwemer, Jr., MD, FACEP

Non-Bylaws Resolutions

25 Protecting Section Integrity and Member Engagement in ACEP
34 Recognition of Public Media as a Public Health Necessity
36 Reaffirming Support for 3-Year and 4-Year Emergency Medicine Residency Program Accreditation (as amended)
38 Inclusion of ACEP Leadership Roles as Approved Practice Improvement Activities for ABEM Certification
41 Advocate for No-Fault Medical Liability Reform and Redefinition of Negligence in Health Care (as amended)
43 Support for Eliminating Physician Non-Compete Clauses in Contracts
44 Advocating for National Leadership on Workplace Violence in Health Care through the AMA (as amended)
45 Comprehensive Support for Medicaid and Consolidation of ACEP Medicaid-Related Policies (as amended and adopted in lieu of Resolutions 45 and 46)
47 Protecting Medicaid Disproportionate Share Hospital (DSH) Payments to Preserve Emergency Care Access (as amended)
48 Affirming Emergency Physicians' Ethical and Legal Obligations Under EMTALA (as amended)
49 Support for EMTALA Reform to Ensure Timely Access to Definitive Care (as amended)
50 Emergency Department Staffing Transparency (as amended)
51 Supporting Board Certified Physicians in Every Emergency Department (as amended)
53 Prior Authorization Reform to Reduce Delays in Care and Emergency Department Burden (as amended)
55 Reduce Non-Beneficial Regulation by The Joint Commission and other Health Care Regulatory Bodies (as amended)
56 Regulate Artificial Intelligence in Health Insurance Reimbursement and Coverage Decisions (as amended)
57 Repeal Certificate of Need Laws to Expand Access and Improve Patient Care (as amended)
58 Role of EDs in Interactions with U.S. Immigration and Customs Enforcement
59 Support Interstate Telemedicine Practice for Physicians with Permanent Licensure (as amended)
61 Acknowledging and Mitigating the Environmental Impact of Metered-Dose Inhalers (as amended)
62 Promoting Environmental Sustainability and Waste Reduction in the ED (as amended)
64 Endorsement of Electronic Discharge Instructions for Patients with Electronic Medical Records (as amended)
65 Emergency Physicians and Collaborative Practice Agreements (as substituted)
66 Endorsing a Realistic Door-to-Doctor Standard (as amended)
67 Forensic Programs in Trauma Centers (as amended)
68 Integrating Firearm Safety Counseling into Emergency Medicine Education and Practice (as amended)
71 Member Resources for Best Practices in Employment Negotiations (as amended)
72 Naloxone Access and Education in Public Schools
73 Promoting Comprehensive Treatment of Substance Use Disorders Across the Nation (as amended)
74 Necessary Facility-Provided Medications from Emergency Departments (as substituted)
76 Protection and National Standardization of Transgender Care in Emergency Medicine
79 Standards for the Safe and Appropriate Transport of Patients to Psychiatric Facilities (as amended)
80 Toolkit for Elective Surgery Scheduling to Mitigate ED Crowding (as amended)
89 Support for Scientific Integrity in Medicine and Public Health (as amended)
90 Support and Endorsement of Current Vaccine Guidelines by Fellow Medical Professional Organizations (as amended)

Action on 2025 Council Resolutions

Resolution 1 Commendation for Melissa W. Costello, MD, FACEP

RESOLVED, That the American College of Emergency Physicians commends Melissa Wysong Costello, MD, FACEP, for her service as Council Vice Speaker and Council Speaker and for her enthusiasm and commitment to the specialty of emergency medicine and to the patients we serve.

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

Resolution 2 Commendation for Terry Fulmer, PhD, RN, FAAN, and the John A. Hartford Foundation

RESOLVED, That the American College of Emergency Physicians commends and expresses its deepest appreciation to the John A. Hartford Foundation and its President, Terry Fulmer, PhD, RN, FAAN, who is stepping down after 10 years of dedicated service to the foundation, for their exceptional leadership, dedication, and support of geriatric emergency care on behalf of the College.

Action: A framed resolution was sent to Dr. Fulmer.

Resolution 3 Commendation for Gene Scruggs

RESOLVED, That the American College of Emergency Physicians commends Gene Scruggs for his outstanding service and commitment to the College and the specialty of emergency medicine and extends heartfelt gratitude and appreciation for his extraordinary contributions.

Action: A framed resolution was sent to Mr. Scruggs.

Resolution 4 Commendation for Michael Lemanski, MD, FACEP

RESOLVED, That the American College of Emergency Physicians commends Michael J. Lemanski, MD, FACEP, for his outstanding dedication and contributions on behalf of the specialty of emergency medicine and to the CPT Editorial Panel.

Action: A framed resolution was sent to Dr. Lemanski.

Resolution 5 Commendation for Shelly Lyford and West Health

RESOLVED, That the American College of Emergency Physicians commends and expresses its deepest appreciation to West Health and its CEO Shelley Lyford for their exceptional leadership, dedication, and support of geriatric emergency care on behalf of the College.

Action: A framed resolution was sent to Ms. Lyford.

Resolution 6 Commendation for Aisha T. Terry, MD, MPH, FACEP

RESOLVED, That the American College of Emergency Physicians commends Aisha T. Terry, MD, MPH, FACEP, for her exceptional leadership, enduring contributions to the specialty of emergency medicine, and her unwavering dedication to the mission and values of ACEP and the patients we serve.

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

Resolution 7 Commendation for Richard E. Wolfe, MD, FACEP

RESOLVED, That the American College of Emergency Physicians commends Richard E. Wolfe, MD, FACEP, for his outstanding dedication and contributions on behalf of the College and the specialty of emergency medicine.

Action: A framed resolution was sent to Dr. Wolfe.

Resolution 8 In Memory of James B. Broselow, MD

RESOLVED, That the American College of Emergency Physicians remembers with gratitude the many contributions made by James B. Broselow, MD, as one of the leaders in advancing pediatric emergency care, pediatric readiness, and the greater medical community; and be it further

RESOLVED, That the American College of Emergency Physicians extends to the family of James B. Broselow, MD, his wife Millie, his family, and his friends our condolences and gratitude for his tremendous service to the specialty of emergency medicine and to the patients and physicians of North Carolina and the United States.

Action: A framed resolution was sent to Dr. Broselow's family.

Resolution 9 In Memory of Vinod K. Chettur, MD

RESOLVED, That the American College of Emergency Physicians cherishes the memory and legacy of Vinod K. Chettur, MD; and be it further

RESOLVED, That the American College of Emergency Physicians and the Pennsylvania College of Emergency Physicians extends to his mother Jayanthi Menon, his father Govindan Chettur, his sister Rema Makhija, and his nephew Aran our heartfelt gratitude for his service as an emergency physician as well as for his dedication and commitment to the specialty of emergency medicine.

Action: A framed resolution was sent to Dr. Chettur's family.

Resolution 10 In Memory of Conklin, MD, FACEP

RESOLVED, That the American College of Emergency Physicians and the Michigan College of Emergency Physicians recognizes the outstanding dedication and contribution of Terry A. Conklin, MD, FACEP, to the specialty of emergency medicine as a clinician, partner, educator, leader, and advocator; and be it further

RESOLVED, That the American College of Emergency Physicians and the Alaska Chapter extends to the family of Terry A. Conklin, MD, FACEP, his colleagues, partners, former residents, and all friends our condolences along with our profound gratitude for his lifetime of service to his patients and the specialty of emergency medicine in Alaska, where his impact will be felt for generations to come.

Action: A framed resolution was sent to Dr. Conklin's family.

Resolution 11 In Memory of Gregory L. Henry, MD, FACEP

RESOLVED, That the American College of Emergency Physicians and the Michigan College of Emergency Physicians recognize the lifetime of service that Gregory L. Henry, MD, FACEP gave to the specialty of emergency medicine, generations of emergency physicians, and the patients we serve as a clinician, educator, leader, orator, advocate, and scholar; and be it further

RESOLVED, That the American College of Emergency Physicians and the Michigan College of Emergency Physicians extend to the family of Gregory L. Henry, MD, FACEP, especially his wife Margene, his three children, and his two grandchildren, our condolences along with our profound gratitude for his lifetime of service to his patients and the specialty of emergency medicine in Michigan, the United States, and the world, where his impact will be felt for generations to come.

Action: A framed resolution was sent to Dr. Henry's family.

Resolution 12 In Memory of Richard T. Hostelley, MD, FACEP

RESOLVED, That the American College of Emergency Physicians cherishes the memory of Richard T. Hostelley, MD, FACEP; and be it further

RESOLVED, That the American College of Emergency Physicians and the Pennsylvania College of Emergency Physicians extends to his wife Linda of 49 years, his sister Bissie Miller, and numerous nieces and nephews gratitude for his service as an emergency physician as well as his commitment to the specialty of emergency medicine.

Action: A framed resolution was sent to Dr. Hostelley's family.

Resolution 13 In Memory of Frank J. Jehle, Jr, MD, MPH, FACEP, FAAP

RESOLVED, That the American College of Emergency Physicians extends its deepest sympathy to the family, friends, and colleagues of Frank J. Jehle, Jr., MD, MPH, FACEP, FAAP; and be it further

RESOLVED, That ACEP gratefully acknowledges and honors the legacy of Frank J. Jehle, Jr., MD, MPH, FACEP, FAAP, a physician of extraordinary compassion, wisdom, and integrity that touched innumerable live, whose wisdom will be

passed down for generations and made lasting contributions to the field of pediatric emergency medicine.

Action: A framed resolution was sent to Dr. Jehele's family.

Resolution 14 In Memory of Roger B. Lim, MD

RESOLVED, That the American College of Emergency Physicians honors the legacy of Roger B. Lim, MD, and recognizes his extraordinary contributions to emergency medicine, his dedication to the countless lives he saved, and the compassion that defined his practice; and be it further

RESOLVED, That the American College of Emergency Physicians extends our deepest sympathies to the family, friends, and colleagues and remembers the profound impact Roger B. Lim, MD, made and that his memory will continue to inspire all who follow in his footsteps.

Action: A framed resolution was sent to Dr. Lim's family.

Resolution 15 In Memory of Lidio W. Medina, MD

RESOLVED, That the American College of Emergency Physicians cherishes the memory and legacy of Lidio W. Medina, MD; and be it further

RESOLVED, That the American College of Emergency Physicians and the Pennsylvania College of Emergency Physicians extends to his wife Patricia of 53 years, his son Jim (wife Stacie), and daughter Michelle Medina-Smuck (husband Darryl), as well as his numerous grandchildren, gratitude for his service as an emergency physician as well as for his dedication and commitment to the specialty of emergency medicine.

Action: A framed resolution was sent to Dr. Medina's family.

Resolution 16 In Memory of Joseph Moellman, MD

RESOLVED, That the American College of Emergency Physicians cherishes the memory and legacy of Joesph Moellman, MD, who dedicated himself to his patients, his trainees, his profession, and his family; and be it further

RESOLVED, That the American College of Emergency Physicians and the Ohio College of Emergency Physicians extends to his wife Kim, his sons Josh Moellman and Jordan Moellman, gratitude for his tremendous service as an emergency physician at the University of Cincinnati, as well as for his dedication and commitment to the specialty of emergency medicine.

Action: A framed resolution was sent to Dr. Moellman's family.

Resolution 17 In Memory of Frank S. Orth, DO, FACEP

RESOLVED, That the American College of Emergency Physicians extends to the family of Frank S. Orth DO, FACEP, his friends, and his colleagues our condolences and gratitude for his service to his community and the countless patients that benefited from his care.

Action: A framed resolution was sent to Dr. Orth's family.

Resolution 18 In Memory of Janice E. Reisinger, MBA, CAE

RESOLVED, That the American College of Emergency Physicians honors the memory of Jan Reisinger, MBA, CAE; and be it further

RESOLVED, That the American College of Emergency Physicians and the Pennsylvania College of Emergency Physicians extends to her husband Greg, her mother Maxine, her sister Ann, and her extended family, as well as countless professional colleagues and personal friends, gratitude for her service to the specialty of emergency medicine.

Action: A framed resolution was sent to Ms. Reisinger's family.

Resolution 19 In Memory of Ronald D. Stewart, MD, FACEP, FAEMS

RESOLVED, That the American College of Emergency Physicians cherishes the memory of Ronald D. Stewart, MD, FACEP, FAEMS; and be it further

RESOLVED, That the American College of Emergency Physicians and the Pennsylvania College of Emergency Physicians extends to his sister Donalda (James) Davis, and his countless friends, colleagues, and students gratitude for his service as an emergency physician as well as his commitment to the specialty of emergency medicine.

Action: A framed resolution was sent to Dr. Stewart's family.

Resolution 20 In Memory of Todd Thomas, CPC, CCS-P

RESOLVED, That the American College of Emergency Physicians honors the memory of Todd Thomas, CPC, CCS-P, and extends its deepest sympathies to his family, friends, and colleagues, and gratitude for his commitment and contributions to the specialty of emergency medicine.

Action: A framed resolution was sent to Dr. Stewart's family.

Resolution 21 Distinguished ACEP Fellow Recognition – Bylaws Amendment (as amended)

RESOLVED, That the ACEP Bylaws Article V – ACEP Fellows, Section 1 – Eligibility and Section 2 – Fellow Status be amended to establish a "Distinguished Fellow of ACEP" [FACEP(D)] that is based on objective, points-based criteria and awarded to members who have held FACEP status for a minimum of 12 years and demonstrated continued commitment to ACEP and the specialty of emergency medicine:

ARTICLE V — ACEP FELLOWS
Section 1 – Eligibility

Fellows of the College shall meet the following criteria:

1. Be candidate physician, regular, or international members for three continuous years immediately prior to election.
2. Be certified in emergency medicine at the time of election by the American Board of Emergency Medicine, the American Osteopathic Board of Emergency Medicine, or in pediatric emergency medicine by the American Board of Pediatrics.
3. Meet the following requirements demonstrating evidence of high professional standing at some time during their professional career prior to application.
   A. At least three years of active involvement in emergency medicine as the physician's chief professional activity, exclusive of residency training, and;
   B. Satisfaction of at least three of the following individual criteria during their professional career:
      1. active involvement, beyond holding membership, in voluntary health organizations, organized medical societies, or voluntary community health planning activities or service as an elected or appointed public official;
      2. active involvement in hospital affairs, such as medical staff committees, as attested by the emergency department director or chief of staff;
      3. active involvement in the formal teaching of emergency medicine to physicians, nurses, medical students, out-of-hospital care personnel, or the public;
      4. active involvement in emergency medicine administration or departmental affairs;
      5. active involvement in an emergency medical services system;
      6. research in emergency medicine;
      7. active involvement in ACEP chapter activities as attested by the chapter president or chapter executive director;
      8. member of a national ACEP committee, the ACEP Council, or national Board of Directors;
      9. examiner for, director of, or involvement in test development and/or administration for the American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine;
      10. reviewer for or editor or listed author of a published scientific article or reference material in the field of emergency medicine in a recognized journal or book.

Distinguished Fellows of the College shall meet the following criteria:

1. **Have held FACEP status for at least 12 years.**
2. **Maintained certification:**
   - **A. in emergency medicine by the American Board of Emergency Medicine~~,~~ or the American Osteopathic Board of Emergency Medicine, or**
   - **B. in pediatric emergency medicine by the American Board of Pediatrics, or**
   - **C. have achieved FACEP through the ACEP Legacy track.**
3. **Meet a minimum number of points within the following requirements demonstrating evidence of commitment to emergency medicine:**
   - **A. Research and scholarship, as evidenced by grant awards, peer-reviewed publication, or review or authorship of books or other professional resources.**
   - **B. Teaching and mentorship, as evidenced by teaching history, faculty status, student or resident advisement, or residency/fellowship/clerkship leadership.**

C. **Service and leadership, as evidenced by leadership within their emergency department, hospital, staffing group, state or local medical societies, community health planning, or other roles which have advanced the field.**
D. **Clinical excellence, as evidenced by clinical or industry awards, letters of support from their chair or medical director, or participation in quality, safety, or wellness activities.**

4. **Meet a minimum number of points within the following requirements demonstrating evidence of commitment to ACEP.**
   A. **Leadership activities, including participation or leadership within ACEP sections, committees, chapters, delegations, advocacy groups, task forces, Member Interest Groups, Board of Directors, or Council.**
   B. **Education activities, including participation as faculty or course directors in ACEP in-person or virtual educational offerings.**
   C. **Public awareness activities, including active involvement in ACEP's online communities, media relations or spokesperson network, or promotion of College wins and activities on social media.**
   D. **Recognitions, including individual receipt of ACEP awards or hospital/employer receipt of ACEP accreditation status.**

Provision of documentation of the satisfaction of the above criteria is the responsibility of the candidate, and determination of the satisfaction of these criteria shall be by the Board of Directors of ACEP or its designee.

Section 2 – Fellow Status

Fellows shall be authorized to use the letters FACEP **or FACEP(D)** in conjunction with professional activities. Members previously designated as ACEP Fellows under any prior criteria shall retain Fellow status. Maintenance of Fellow status requires continued membership in the College. Fees, procedures for election, and reasons for termination of Fellows shall be determined by the Board of Directors.

Action: The Bylaws were updated and are available on the ACEP website. Assigned to the Membership Committee to develop the "points" system for approval by the Board of Directors. Assigned to Membership staff to update the FACEP application form as needed to incorporate the revised criteria and points system after approval by the Board and to work with communications staff to develop promotional materials and communications.

Resolution 22 International ACEP Fellow Recognition – Bylaws Amendment (as amended)

RESOLVED, That the ACEP Bylaws Article V – ACEP Fellows, Section 1 – Eligibility and Section 2 – Fellow Status be amended to establish an "International Fellow of ACEP" [**(i)**FACEP~~(I)~~] and awarded to members who live and practice outside of the United States:

Section 1 – Eligibility

Fellows of the College shall meet the following criteria:

1. Be candidate physician**, or** regular~~, or international~~ member**s** for three continuous years immediately prior to election.
2. Be certified in emergency medicine at the time of election by the American Board of Emergency Medicine, the American Osteopathic Board of Emergency Medicine, or in pediatric emergency medicine by the American Board of Pediatrics.
3. Meet the following requirements demonstrating evidence of high professional standing at some time during their professional career prior to application.
   A. At least three years of active involvement in emergency medicine as the physician's chief professional activity, exclusive of residency training, and;
   B. Satisfaction of at least three of the following individual criteria during their professional career:

1. active involvement, beyond holding membership, in voluntary health organizations, organized medical societies, or voluntary community health planning activities or service as an elected or appointed public official;
2. active involvement in hospital affairs, such as medical staff committees, as attested by the emergency department director or chief of staff;
3. active involvement in the formal teaching of emergency medicine to physicians, nurses, medical students, out-of-hospital care personnel, or the public;
4. active involvement in emergency medicine administration or departmental affairs;
5. active involvement in an emergency medical services system;

6. research in emergency medicine;
7. active involvement in ACEP chapter activities as attested by the chapter president or chapter executive director;
8. member of a national ACEP committee, the ACEP Council, or national Board of Directors;
9. examiner for, director of, or involvement in test development and/or administration for the American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine;
10. reviewer for or editor or listed author of a published scientific article or reference material in the field of emergency medicine in a recognized journal or book.

International Fellows of the College shall meet the following criteria:

1. **Be an international member of ACEP for at least three years immediately prior to election.**
2. **Be certified in emergency medicine by an internationally recognized certifying body, or have completed the minimum training standards to practice emergency medicine within their country (if certification is not available).**
3. **Provide a letter of support from an established authority such as their institution medical director, training program director, or emergency medicine society.**
4. **Satisfy at least three of the following individual requirements demonstrating commitment to emergency medicine:**
   - A. **Active involvement in organized medicine, as evidenced by three years of membership or leadership within any local, national, or regional society dedicated to advancing emergency medicine.**
   - B. **Active involvement in local hospital affairs, such as medical staff committees.**
   - C. **Active involvement in the formal training of future emergency medicine physicians.**
   - D. **Active involvement in departmental or governmental administration or affairs.**
   - E. **Active involvement in EMS systems or disaster preparedness planning activities.**
   - F. **Research or scholarly publication in emergency medicine.**
5. **Satisfy at least one of the following individual requirements demonstrating involvement with ACEP:**
   - A. **Active participation in ACEP sections, committees, or other leadership bodies.**
   - B. **Participation in the development, delivery, or promotion of ACEP educational offerings and resources within home country.**
   - C. **Participation in ACEP educational or research activities (such as in-person attendance at ACEP Scientific Assembly meeting(s), scholarly publication in emergency medicine in *Annals of Emergency Medicine* or *JACEP Open*, etc.).**
   - D. **Other contributions to the College.**

Provision of documentation of the satisfaction of the above criteria is the responsibility of the candidate, and determination of the satisfaction of these criteria shall be by the Board of Directors of ACEP or its designee.

Section 2 – Fellow Status

Fellows shall be authorized to use the letters FACEP **or (i)FACEP~~(I)~~** in conjunction with professional activities. Members previously designated as ACEP Fellows under any prior criteria shall retain Fellow status. Maintenance of Fellow status requires continued membership in the College. Fees, procedures for election, and reasons for termination of Fellows shall be determined by the Board of Directors.

Action: The Bylaws were updated and are available on the ACEP website. Assigned to Membership staff to develop an International Fellow application form and to work with the International Emergency Medicine Committee, the International Emergency Medicine Section, and communications staff to develop promotional materials and communications.

Resolution 24 Procedures for Addressing Charges of Ethical Violations and Other Misconduct – College Manual Amendment

RESOLVED, That the College Manual be amended by substitution of the *Procedures for Addressing Charges of Ethical Violations and Other Misconduct* to read:

Procedures for Addressing Charges of Ethical Violations and Other Misconduct

Guiding Principle: Ethics charges and other disciplinary charges are important and will be addressed in accordance with College policy.

A. Definitions

1. ACEP means the American College of Emergency Physicians.
2. *Code of Ethics* means the *Code of Ethics for Emergency Physicians.*
3. *Procedures* means the *Procedures for Addressing Charges of Ethical Violations and Other Misconduct.*
4. Ethics Complaint Review Panel consists of three (3) members of the Ethics Committee and two (2) members of the Medical-Legal Committee **with no conflicts of interest in each pending matter** – in matters requiring the expertise of a different committee, the President may appoint two (2) members of the relevant committee to replace the standing members of the Medical-Legal Committee.
5. Bylaws Committee refers to the Bylaws Committee or appointed subcommittee.
6. Board Hearing Panel conducts all hearings and consists of ~~the~~ **an** ACEP Vice President, Chair of the Board, and Board Liaison to the Ethics Committee.
7. ACEP review bodies are the Ethics Complaint Review Panel, the Bylaws Committee, the Board Hearing Panel and the ACEP Board of Directors.

B. Complaint Received

A complaint may be initiated by an ACEP member, chapter, committee, or section. No others have standing to present a complaint.

1. Must be in writing and signed by the complainant;
2. Must specify in reasonable detail an alleged violation by an ACEP member of an ACEP policy as it existed at the time of the alleged violation, including ACEP Bylaws, ACEP *Code of Ethics,* other ACEP ethics policies, or other conduct believed by the complainant to warrant censure, suspension, or expulsion;
3. Must allege a violation that occurred within ten (10) years prior to the submission of the complaint, is not the subject of pending litigation, and any rights of appeal have been exhausted or have expired;
4. Must state that the complainant has personal, first-hand knowledge or actual documentation of the alleged violation; substantiating documentation must accompany the complaint. Complainant is responsible for ensuring that the documentation does not provide information that can be used to identify a particular patient, including but not limited to ~~the patient's name, address, social security number, patient identification number~~ **any protected health information** or any identifying information related to members of the patient's family;
5. Must state that the complainant is willing to have ~~his or her~~ **their** name disclosed to the ACEP Executive Director~~,~~ **and** any additional ACEP review body listed in these *Procedures,* ~~and the respondent~~ should the complaint be forwarded to the respondent; and
6. Must be submitted to the ACEP Executive Director.

C. Executive Director

1. a. If any elements of the complaint have not been met, returns the complaint and supporting documentation to complainant, identifying the elements that must be addressed in an ethics complaint.
   b. If all elements of the complaint have been met, sends a written acknowledgement to the complainant confirming complainant's intent to file a complaint. Includes a copy of ACEP's *Procedures* providing guidelines and timetables that will be followed in this matter. Requests complainant sign acknowledgement specifying intent to file an ethics complaint and to be bound by the *Procedures*.
2. Confirms receipt of an acknowledgement signed by the complainant specifying intent to file an ethics complaint and to be bound by the *Procedures.*
3. Notifies the ACEP President and the Chair of the Ethics Committee or the Bylaws Committee, as appropriate, that a complaint has been filed and forwards to each of them a copy of the complaint.
4. **Determines, in consultation with the ACEP President and the Chair of the Ethics Committee or the Bylaws Committee, along with other committee designee(s) as appropriate given the subject matter of the complaint, that:**
   a. ~~Determines, in consultation with the ACEP President and the Chair of the Ethics Committee, the Bylaws Committee, or other committee designee, that t~~**T**he **charges and conduct set forth in the** complaint**, as alleged by the complainant,** ~~is frivolous, inconsequential, or~~ do~~es~~ not allege an actionable violation of a policy or principle included in the *Code of Ethics* or ACEP Bylaws, or other conduct warranting censure, suspension, or expulsion. If so, the Executive Director dismisses the complaint and will notify the complainant of this determination~~,~~**;** or
   b. ~~Determines, in consultation with the ACEP President and the Chair of the Ethics Committee, or other committee designee, that t~~**T**he complaint alleges conduct that may constitute a violation of a policy or principle included in the *Code of Ethics*, and if so, forwards the complaint and the response together, after both are received, to each member of the Ethics Complaint Review Panel **after membership on the Ethics Complaint Review Panel has been confirmed;** or
   c. ~~Determines, in consultation with the ACEP President and the Chair of the Bylaws Committee, or other committee designee, that t~~**T**he complaint alleges conduct that may constitute a violation of ACEP

Bylaws or other conduct justifying censure, suspension, or expulsion, and forwards the complaint and response together, after both are received, to each member of the Bylaws Committee, or at the discretion of the Chair of the Bylaws Committee, to members of a subcommittee of the Bylaws Committee appointed for that purpose **and that has been screened for conflicts of interest;** or

d. Determines that the complaint is more appropriately addressed through judicial or administrative avenues, such as in the case of pending litigation or action by state licensing boards, and ACEP should defer actions pursuant to such other avenues. If so, the Executive Director will refer the matter to the ACEP President for review. If the President also determines that the complaint is more appropriately addressed through judicial or administrative avenues~~, the complaint will not be considered. T~~**t**he Ethics Complaint Review Panel or the Bylaws Committee**, as appropriate,** will review the President's ~~action~~ **recommendation to reject the complaint**. The President's action can be overturned by a majority vote of the applicable ACEP review body **or adopted by the body**.

5. Within ten (10) business days after the determination specified in Section C.4.b. or Section C.4.c. of these *Procedures*, forwards the complaint to the respondent by USPS Certified Mail with a copy of these *Procedures* and requests a written response within thirty (30) days of receipt of the documents. The communication will indicate that ACEP is providing notice of the complaint, the reasons for the review action, that no determination has yet been made on the complaint, and that the respondent has the right to request a hearing if the applicable ACEP review body decides not to dismiss the complaint. A copy of the complaint and all supporting documentation provided by the complainant will be included in this communication. Such notice must also include a summary of the respondent's rights in the hearing, and a list of the names of the members of the applicable ACEP review body, including the Board of Directors. The respondent will have the right to raise any issues of potential conflict or reason that any individuals should recuse themselves from the review. Such recusal shall be at the discretion of the ACEP President.
6. When a written response to a complaint is received, the Executive Director will forward that response and any further related documentation to the complainant and the Ethics–Complaint Review Panel or the Bylaws Committee appointed to review the complaint, as appropriate.

D. Ethics Complaint Review Process. ~~w~~Within sixty (60) days of the forwarding of the complaint /response specified in Section C.4.b. above, the Ethics Complaint Review Panel:

1. Reviews the written record of any complaint that alleges a violation of the ACEP *Code of Ethics* or other ACEP ethics policies as they existed at the time of the alleged violation and the accompanying response.
2. Discusses the complaint and response by telephone conference **or web conference** call.
3. Determines the need to solicit in writing additional information or documentation from the parties, third parties, or experts regarding the complaint.
4. Considers whether:
   a. Applicable version of the ACEP *Code of Ethics* or other ACEP ethics policies apply.
   b. Alleged behavior constitutes a violation of the applicable version of the ACEP *Code of Ethics* or other ACEP ethics policies.
   c. Alleged conduct warrants censure, suspension, or expulsion.
5. Decides to:
   a. Dismiss the complaint; or
   b. ~~Ethics Complaint Review Panel r~~**R**enders a decision to impose disciplinary action, based on the written record.
6. If the Ethics Complaint Review Panel determines to impose disciplinary action pursuant to Section D.5.b., the respondent will be provided with notification of the Ethics Complaint Review Panel's determination and the option of:
   a. A hearing; or
   b. The imposition of the Ethics Complaint Review Panel decision based solely on the written record.
7. If the respondent chooses the option described in Section D.6.b., that is, an Ethics Complaint Review Panel decision based solely on the written record, the Ethics Complaint Review Panel will implement its decision to impose disciplinary action based on the written record.

E. Bylaws Complaint Review Process ~~w~~Within sixty (60) days of the forwarding of the complaint /response specified in Section C.4.b. above, the Bylaws Committee:

1. Reviews the written record of any complaint that alleges a violation of the ACEP Bylaws as it existed at the time of the alleged violation and the accompanying response.
2. Discusses the complaint and response by telephone conference **or web conference** call.
3. Determines the need to solicit in writing additional information or documentation from the parties, third parties, or experts regarding the complaint.
4. Considers whether:

a. Applicable version of the ACEP Bylaws apply.
b. Alleged behavior constitutes a violation of the applicable version of the ACEP Bylaws.
c. Alleged conduct warrants censure, suspension, or expulsion.

5. Decides to:
   a. Dismiss the complaint; or
   b. ~~Bylaws Committee r~~**R**enders a decision to impose disciplinary action, based solely on the written record.
6. If the Bylaws Committee determines to impose disciplinary action pursuant to Section E.5.b., the respondent will be provided with notification of the Bylaws Committee's determination and the option of:
   a. A hearing; or
   b. The imposition of the Bylaws Committee's decision based solely on the written record.
7. If the respondent chooses the option described in Section E.6.b., that is, a Bylaws Committee decision based solely on the written record, the Bylaws Committee will implement its decision to impose disciplinary action based on the written record.

F. Right of Respondent to Request a Hearing

If the Ethics Complaint Review Panel or Bylaws Committee chooses to impose disciplinary action, the Executive Director will send to the respondent a written notice by USPS Certified Mail of the right to request a hearing. ~~This~~ **The respondent may request a hearing to appeal the disciplinary decision or the sanction imposed. This** notice will list the respondent's hearing rights as set forth in Section G. below. The respondent's request for a hearing must be submitted in writing to the Executive Director within thirty (30) days of receipt of the notice of right to a hearing. In the event of no response, the applicable ACEP review body will implement its final decision.

G. Hearing Procedures

1. If the respondent requests a hearing, the complainant and respondent will be notified in writing by USPS Certified Mail by the Executive Director within ten (10) business days of such request. Such notice will include a list of witnesses, if any, that the Board Hearing Panel intends to call in the hearing.
2. The Executive Director will send a notification by USPS Certified Mail of the date, time, and place of the hearing and will provide the parties with information regarding the hearing process and the conduct of the hearing.
3. The time set for the hearing will not be less than thirty (30) days nor more than nine (9) months after the date on which notice of hearing was received by the respondent.
4. The complainant and respondent each may be represented by counsel ~~or any other person of their choice~~. Each party will bear the expense of his or her own counsel.
5. The parties have the right to have a record made of the proceedings by transcript, audio~~tape~~, **recording,** or video~~tape~~ **recording** at the expense of the requesting party. **A copy of any such record must be provided to the Executive Director.**
6. The hearing will take place before the Board Hearing Panel. All members of the Board Hearing Panel must be present in person, except in circumstances in which it is ~~impossible or commercially~~ ~~impracticable~~ **impractical** for the parties and the Board Hearing Panel to hold an in-person hearing, at which time the Board Hearing Panel may choose to hold a virtual hearing.
7. The parties to the complaint have the right to call, examine, and cross-examine witnesses and to present evidence that is determined to be relevant by the presiding officer, even if the evidence would not be admissible in a court of law. **Any documents or materials to be provided or presented during the hearing not already in the record, including written documents, handouts, or slide presentations, must be provided to the presiding officer 14 days prior to the hearing to assess if the material and information contained therein are relevant to the proceedings.** Respondent may submit a written statement at the close of the hearing. All witness expenses will be borne by the party who calls the witness.
8. The Board Hearing Panel will, after having given the complainant and the respondent an opportunity to be heard, including oral arguments and the filing of any written briefs, conclude the hearing.
9. The decision of the Board Hearing Panel will be expressed in a resolution that will be included in the minutes of the meeting at which the decision occurs. Written notice of the Board Hearing Panel's decision will be sent by USPS Certified Mail to the respondent and complainant within sixty (60) days of the decision. This written notice will include the Board Hearing Panel's decision and a statement of the basis for that decision.

H. Notice to the Board of Directors

At the next meeting of the ACEP Board of Directors, following a final determination regarding a complaint, the Board shall be presented with an outline of the steps taken by the applicable ACEP review body in its review of the complaint. The Board shall review the *Procedures* used in the complaint review process but will not review the facts or merits of the case. Should the Board decide these *Procedures* were not followed appropriately, it will remand the case back to the reviewing committee or panel to correct the procedural error.

I. Possible Disciplinary Action and Disclosure to ACEP Members

1. Nature of Disciplinary Action
   a. Censure
      i. Private Censure: a private letter of censure informs a member that his or her conduct does not conform with the College's ethical standards; it may detail the manner in which ACEP expects the member to behave in the future and may explain that, while the conduct does not, at present, warrant public censure or more severe disciplinary action, the same or similar conduct in the future may warrant a more severe action. Upon written request by a member of ACEP, ACEP may confirm the censure; however, contents of the letter will not be provided.
      Private censure is appropriate in cases in which the member's conduct is not in conformity with the College's ethical standards but appears to be a minor isolated incident. The member's actions are not egregious in nature but fall outside of acceptable conduct. If the violation involves the College's Expert Witness Guidelines or the ethical principles regarding expert witness testimony in the Code of Ethics, this disciplinary action may be considered for single ethical violations in the course of a single legal case.
      ii. Public Censure: a public letter of censure shall detail the manner in which the censured member has been found to violate the College's ethical standards set forth in Section B.2. above. The censure shall be announced in an appropriate ACEP publication. The published announcement shall also state which ACEP policy or Bylaws provision was violated by the member and shall inform ACEP members that they may request further information about the disciplinary action**, disclosure of which shall be subject to the discretion of the Executive Director**.
      Public censure is appropriate in cases in which the member's conduct is not in conformity with the College's ethical standards and demonstrates a pattern of unethical behavior or a single example of egregious conduct. If the violation involves the College's Expert Witness Guidelines or the ethical principles regarding expert witness testimony in the Code of Ethics, this disciplinary action may be considered for multiple ethical violations in the course of a single legal case.
   b. Suspension from ACEP membership shall be for a period of twelve (12) months; the dates of commencement and completion of the suspension shall be determined by the-ACEP President. At the end of the twelve (12) month period of suspension, the suspended member may request reinstatement. Request for reinstatement shall be processed in the same manner as that of any member whose membership has lapsed (i.e., has been cancelled for non-payment of dues). The suspension shall be announced in an appropriate ACEP publication. The published announcement shall also state which ACEP policy or Bylaws provision was violated by the member and shall inform ACEP members that they may request further information about the disciplinary action**, disclosure of which shall be subject to the discretion of the Executive Director**. ACEP is also required to report the suspension from membership and a description of the conduct that led to the suspension to the Board of Medical Examiners in the states in which the physician is licensed which may result in a report of such action to the National Practitioner Data Bank.
      Suspension is appropriate in cases in which the member's conduct is not in conformity with the College's ethical standards and the member has either received prior disciplinary action by the College, demonstrates a pattern of serious unethical behavior, or demonstrates a single example or multiple examples of egregious conduct. If the violation involves the College's Expert Witness Guidelines or the ethical principles regarding expert witness testimony in the Code of Ethics, this disciplinary action should be considered for multiple ethical violations across more than one legal case.
   c. Expulsion from ACEP membership shall be for a period of five (5) years, after which the expelled member may petition the Board of Directors for readmission to membership. The decision regarding such a petition shall be entirely at the discretion of the Board of Directors. The expulsion announced in an appropriate ACEP publication. The published announcement shall also state which ACEP policy or Bylaws provision was violated by and shall inform ACEP members that they may request further information about the disciplinary action**, disclosure of which shall be subject to the discretion of the Executive Director**. ACEP is also required to report the expulsion from membership and a description of the conduct that led to expulsion to the Boards of Medical Examiners in the states in which the physician is licensed which may result in a report of such action to the National Practitioner Data Bank.
      Expulsion is appropriate in cases in which the member's conduct is not in conformity with the College's ethical standards and the member has either received prior disciplinary action by the College, demonstrates a pattern of serious unethical behavior, or demonstrates a single example or

multiple examples of egregious conduct to a degree warranting discipline beyond the suspension available under I.1.b. If the violation involves the College's Expert Witness Guidelines or the ethical principles regarding expert witness testimony in the Code of Ethics, this disciplinary action should be considered for multiple ethical violations over multiple legal cases.

2. Scope and Manner of Disclosure
   a. Disclosure to ACEP Members: Any ACEP member may transmit a request for information to the Executive Director regarding disciplinary actions taken by the College. ~~Such~~ **The** letter shall specify the name of the member or former member who is the subject of the request. The Executive Director ~~shall~~ **may** disclose, in writing, the relevant information as described in Section I.1.
   b. Disclosure to Non-Members: If a non-member makes a request for information about disciplinary actions against a member who has received public censure, suspension, or expulsion, the Executive Director shall refer that person to the published announcement of that disciplinary action in an ACEP publication. No further information shall be provided. **If a non-member makes a request for information about disciplinary actions against a member who has received private censure, the Executive Director shall inform the individual that no published announcement of disciplinary action is available but shall not indicate or confirm that a private censure has been imposed.**

J. Ground Rules

1. All proceedings are confidential until a final decision on the complaint is rendered by the applicable ACEP review body, at which time the decision will be available upon request by ACEP members, to the extent specified in Section I. Files of these proceedings, including written submissions and hearing record will be kept confidential.
2. Timetable guidelines are counted by calendar days unless otherwise specified.
3. The Ethics Complaint Review Panel, the Bylaws Committee, or the Board Hearing Panel, may request further written documentation from either party to the complaint; a time to satisfy any request will be specified in the notice of such request, and these times will not count against the ACEP review body's overall time to complete its task.
4. All parties to the complaint are responsible for their own costs; ACEP will pay its own administrative and committee costs.
5. If a participant in this process (such as a member of the Ethics Complaint Review Panel, the Bylaws Committee, or the Board Hearing Panel) is a party to the complaint, has a material reason for bias, subjectivity, or conflicts of interest in the matter, or is in direct economic competition with the respondent, that person shall recuse himself or herself from the process except as a complaining party or respondent, at which time the ACEP President will appoint a replacement.
6. Once the Ethics Complaint Review Panel or the Bylaws Committee has made a decision on a complaint, it will not consider additional allegations against the same respondent based on the same or similar facts.
7. The Ethics Complaint Review Panel or the Bylaws Committee's decision to impose ~~an adverse~~ **a disciplinary** action must be based on a reasonable belief that the action is warranted by the facts presented or discovered in the course of the ~~disciplinary~~ **review** process.
8. If a respondent fails to respond to a complaint, to a notice of the right to request a hearing, or to a request for information, the Ethics Complaint Review Panel, the Bylaws Committee, or the Board Hearing Panel may make a decision on the complaint solely on the basis of the information it has received.
9. If a respondent seeks to voluntarily resign ~~his/her~~ **their** ACEP membership after ACEP has received a complaint against that respondent, that request for resignation will not be accepted by ACEP until the complaint has been resolved. For the purposes of this provision, non-payment of ACEP member dues will be interpreted as a request for resignation.

Action: The College Manual was updated and is available on the ACEP website. The revised procedures will be used for future ethics complaints.

Resolution 25 Protecting Section Integrity and Member Engagement in ACEP

RESOLVED, That the Board of Directors amend the "Policy on Sections of Membership" to require that a charter for any section of membership may only be suspended or revoked by a two-thirds vote of the Board of Directors.

Action: The "Policy on Sections of Membership" was revised and approved by the Board of Directors on September 4, 2025. The policy has been updated on the website and in the Sections Manual.

Resolution 34 Recognition of Public Media as a Public Health Necessity

RESOLVED, That ACEP recognize public media as a public health necessity, which is a vital component of a well-informed public and public health infrastructure; and be it further

RESOLVED, That ACEP support the use and protection of public media as a tool for improving health outcomes and enhancing emergency preparedness.

Action: Assigned to Public Relations staff to develop messaging for posting on the website and utilizing for public health advocacy. Assigned to Advocacy & Practice Affairs staff for advocacy initiatives and messaging as appropriate.

Resolution 36 Reaffirming Support for 3-Year and 4-Year Emergency Medicine Residency Program Accreditation (as amended)

RESOLVED, That ACEP reaffirm the policy statement "Length of Residency in Training in Emergency Medicine," established by Council Resolution 22(23) recognizing the value of and supporting continued accreditation of both three- and four-year emergency medicine residency programs; and be it further

RESOLVED, That the Board of Directors reaffirm their commitment to represent ACEP policy statements when making public statements on behalf of the College.

Action: The policy statement was updated to reflect it was reaffirmed by the Board in September 2025. The ACGME released a statement on February 10, 2026, announcing their determination to defer a decision regarding the proposed Program Requirements for Graduate Medicine in Emergency Medicine, including consideration of the move to a four-year program format. The ACGME is developing a process to collect additional information and continue the review. A timeline has not yet been established. ACEP and EMRA released a statement on February 11, 2026, regarding the ACGME's action. ACEP and EMRA sent a letter to the ACGME on June 4, 2026, urging them to seek more input from the full emergency medicine community regarding any changes to EM residency training requirements. ACEP and EMRA want to see engagement across EM on these major decisions, including an outline of a clear process for stakeholder input, and a timeline for decisions and implementation, the letter asserts. The ACGME announced on June 10, 2026, that more information is needed before it makes any changes to the length of current EM residency programs and has paused further action on a proposal to change from the current three-or four-year program format to a standard four-year format. A pilot program is being developed to gather perspectives across emergency medicine. Details are forthcoming.

Resolution 38 Inclusion of ACEP Leadership Roles as Approved Practice Improvement Activities for ABEM Certification

RESOLVED, That ACEP advocate for the American Board of Emergency Medicine to acknowledge participation in ACEP leadership positions as approved practice improvement activities that meet certification requirements; and be it further

RESOLVED, That ACEP collaborate with the American Board of Emergency Medicine to develop a framework outlining the specific criteria and processes by which participation in leadership roles within ACEP can be deemed as fulfilling practice improvement requirements for maintenance of certification; and be it further

RESOLVED, That ACEP and the American Board of Emergency Medicine work toward implementing the criteria and process while informing ACEP members of new opportunities for fulfilling practice improvement obligations through leadership involvement.

Action: ACEP discussed the resolution with ABEM leadership and explore how leadership activities could potentially be structured to align with the core principles of practice improvement that focus on measurable patient outcomes.

ABEM's president and executive director participated in a webinar open to all ACEP members, hosted by the Locum Tenens Section, to answer questions about maintaining board certification while practicing as a locum physician and to share insights about certification requirements and updates relevant to locums work.

ABEM sent a letter to ACEP on February 18, 2026, reporting their decision against recognizing participation in ACEP leadership roles as meeting the IMP requirement at this time. ABEM requires that IMP activities follow a specific four-step quality improvement framework that: 1) measures a clinical care process or outcome; 2) compares performance to a standard or benchmark; 3) implements an intervention to address an identified gap; and 4) re-measures to evaluate the impact of that intervention. This framework documents a continuous, data-informed cycle of improvement that reflects changes in individual or team practice and patient care outcomes. ABEM's assessment determined that general participation in leadership roles does not document the specific cycle of measuring and improving practice or patient outcomes. Blanket approval of all ACEP leadership positions as meeting the requirements does not align with the standards applied to other IMP activities and could introduce inequity across diplomates whose activities must explicitly demonstrate the four-step improvement cycle.

Resolution 41 Advocate for No-Fault Medical Liability Reform and Redefinition of Negligence in Health Care (as amended)

RESOLVED, That ACEP support the development and implementation of a no-fault medical liability system that prioritizes patient compensation and systemic health care improvements over physician punishment; and be it further

RESOLVED, That ACEP collaborate with relevant stakeholders and legal experts to identify models that shift medical liability from a fault-based system to a no-fault compensation model; and be it further

RESOLVED, That ACEP advocate for a legal standard that recognizes systemic contributions to medical errors, encourages root cause analysis over individual blame, and better reflects modern health care practice and patient safety goals.

RESOLVED, That ACEP promote and advocate for an elevation of the civil tort burden of proof for EMTALA-related care from a preponderance of evidence to clear and convincing evidence.

Action: Assigned to the Medical-Legal Committee to develop a plan for potential strategies and resources to address the resolution.

Resolution 43 Support for Eliminating Physician Non-Compete Clauses in Contracts

RESOLVED, That ACEP develop and make available publicly a generic support letter that emergency physicians may use during contract negotiations to advocate for the removal of non-compete clauses that prohibit clinical practice within a defined region; and be it further

RESOLVED, That ACEP clearly state in a generic support letter that emergency physicians can use during contract negotiations that non-compete clauses restricting the clinical practice of medicine, as opposed to limiting contractual competition for hospital coverage, are fundamentally unfair, ethically problematic, and harmful to public health and physician well-being; and be it further

RESOLVED, That ACEP continue monitoring and updating members on state and federal developments regarding non-compete reform and support physician advocacy efforts on this issue.

Action: Assigned to Clinical Affairs staff to draft a general support letter for approval by the president. ACEP's policy statement "Emergency Physician Contractual Relationships" supports this resolution. ACEP released a public statement on September 10, 2025, reaffirming support for banning non-compete agreements in health care.

Assign to Advocacy & Practice Affairs staff to continue current advocacy initiatives and topical updates on the website and other communications to reflect current actions. (see resolution background information and provide as implementation action)

Resolution 44 Advocating for National Leadership on Workplace Violence in Health Care through the AMA (as amended)

RESOLVED, That ACEP encourage its delegates to the American Medical Association to introduce and support AMA policy that prioritizes addressing workplace violence in health care as a top national advocacy issue; and be it further

RESOLVED, That ACEP encourage its delegates to the American Medical Association to advocate for mandatory, standardized reporting of workplace violence incidents across all health care settings and support the aggregation and public dissemination of this data to inform research, benchmarking, and national policy development; and be it further

RESOLVED, That ACEP encourage its delegates to the American Medical Association to advocate for the development, funding, and implementation of evidence-based, trauma-informed strategies to prevent workplace violence and protect the health care workforce.

Action: The resolution was provided to the AMA Section Council on Emergency Medicine for review and consideration in developing or supporting resolutions for the AMA House of Delegates.

The AMA has fairly extensive policy, directives, and activity around workplace violence in health care, such as the following, several of which touch on supporting mandatory reporting of violence incidents and use of evidence-based strategies to protect the health care workforce:

- Directive: Affirmatively Protecting the Safety and Dignity of Physicians and Trainees as Workers D-515.977 · Directive: Preventing Violent Acts Against Health Care Providers D-515.983
- Policy: Violence and Abuse Prevention in the Health Care Workplace H-515.966
- Policy: Protecting Physicians and Other Healthcare Workers in Society H-515.950
- Policy: Workplace Violence Prevention H-215.978
- Policy: Violent Acts Against Physicians H-515.982
- Policy: Violence Against Medical Facilities and Health Care Practitioners and Their Families H-5.997

Resolution 45 Comprehensive Support for Medicaid and Consolidation of ACEP Medicaid-Related Policies (as amended and adopted in lieu of Resolutions 45 and 46)

RESOLVED, That ACEP continue to advocate for the full preservation and expansion of the Medicaid program as an essential component of equitable access to emergency care; and be it further

RESOLVED, That ACEP create a unified policy statement that recognizes Medicaid's importance as a safety net insurance to emergency medicine, and include within it the concepts of the current policy statements "Work Requirements for Medicaid Beneficiaries," "Medicaid Expansion," and "Opposition to Copays for Medicaid Beneficiaries" to create a single, robust policy statement on Medicaid; and be it further

RESOLVED, That ACEP policy affirm ACEP's opposition to administrative or financial barriers, including third-party administrator interference, that reduce timely access to emergency care for Medicaid beneficiaries and promotes emergency physicians' roles as key stakeholders in Medicaid policy development and reform.

RESOLVED, That ACEP advocate for adequate federal and state Medicaid funding levels for patients.

Action: Assigned to Advocacy & Practice Affairs staff to continue current federal and state advocacy initiatives.

Assigned second resolved to the State Legislative/ Regulatory Committee. The committee developed the unified policy statement "Medicaid" and it was approved by the Board on April 29, 2026.

Protecting and improving Medicaid has been and remains a legislative and regulatory priority for the College. The Legislative and Regulatory Priorities for the First Session of the 119th Congress, as approved by the ACEP Federal Government Affairs (FGA) Committee and the Board of Directors, included:

- Ensure Prudent Layperson Standard extends to Medicaid FFS and compliance measures are in place for other health plans.
- Monitor efforts to establish block grants, per-capita allotments for federal share of Medicaid funding, establishment of Medicaid work requirements, or other proposals regarding Medicaid eligibility requirements/restrictions.
- Seek permanent repeal of Medicaid IMD exclusion.
- Monitor efforts to establish/change Medicaid work requirements.
- Monitor legislative efforts to voluntarily expand Medicare or Medicaid to additional patient populations.

ACEP federal advocacy has prioritized the preservation of Medicaid in light of the substantial changes to the program that were being considered by Congress and were ultimately included in H.R. 1, the "One Big Beautiful Bill Act," (P.L. 119-21) that was signed into law on July 4, 2025. Among the major Medicaid provisions included in the law are:

- **"Community Engagement" Requirements**: Establishment of work requirements for eligible adults that are part of the Affordable Care Act's Medicaid expansion population. The law requires that able-bodied individuals must work at least 80 hours per month or complete volunteer, community service, or other eligible educational programs, with limited exceptions. 40 states and the District of Columbia have expanded Medicaid to cover most adults under 138% of the federal poverty level (FPL). According to the Kaiser Family Foundation (KFF), "As of June 2024, over 20 million people were enrolled through Medicaid expansion, representing nearly a quarter of total Medicaid enrollment across all states and 31% of total enrollment in expansion states."
- **State provider tax freeze and reduction**: Freezes the current Medicaid provider tax thresholds for all states for two years, and reduces the maximum allowable provider tax for expansion states from 6 percent to 3.5 percent by 2032 (in 0.5 percent increments annually).
    - Context: Medicaid is jointly financed by the federal government and the states, and states are permitted to finance their non-federal share through multiple sources, including state general funds, taxes on providers (most commonly hospitals and/or nursing facilities), and local government funds. All states except for Alaska finance some of their state costs with taxes on these health care providers. These revenues are used to boost Medicaid provider payments, thereby increasing the state's Medicaid costs that in turn increase the Federal Matching Assistance Percentage (FMAP) rate provided by the federal government.
    - Federal law requires a provider tax to be uniform and broad-based, meaning it must be applied at the same level and to all Managed Care Organizations (MCOs) in the state, not just Medicaid MCOs. A state can apply to the Centers for Medicare & Medicaid Services (CMS) to waive the broad-based and uniform requirements if the net impact of the tax is generally redistributive and the tax amount is not directly correlated to Medicaid payments. States must conduct a statistical test to demonstrate that the tax is generally redistributive.
- **State directed payment limits**: Sets the limit for state directed payments (SDPs) to 110 percent of Medicare rates for non-expansion states, and 100 percent of Medicare for expansion states. For states that newly expand Medicaid, all SDPs will be subject to this provision, even if previously approved.
    - Context: SDPs allow states to direct MCOs to pay providers according to specific rates or methods, and can be used to establish minimum or maximum fee schedules for certain types of providers, to require

participation in value-based payment arrangements, or to make uniform payment rate increases. States have had significant discretion in developing SDPs (including determining which providers receive SDPs and the amounts of the payments). The Biden administration's managed care rule capped the SDP ceiling for certain services at the average commercial rate.

- **Medicaid cost-sharing & copays**: Requires states to impose cost-sharing/copays on certain services for Medicaid expansion adults with incomes above 100 percent of the federal poverty level (FPL). Cost-sharing will be at a rate determined by the state and must be above $0 but may not exceed $35 per service. The total aggregate amount for the family may not exceed 5 percent of the family income. Certain types of services are exempted, including primary care, prenatal care, pediatric care, emergency room care (except for non-emergency care provided in an emergency room), mental health and substance use disorder services, and services to certain community health centers.
    - Context: Under existing federal law, such cost-sharing requirements by a state Medicaid program were already permitted with the above limitations, but now will be required. States with existing Medicaid copay policies for non-emergent ED use include Florida, Kentucky, Minnesota, Montana, Ohio, Pennsylvania, South Carolina, and Washington.

ACEP created a summary of the emergency medicine-specific provisions of the law detailing these and other relevant provisions and associated implementation timelines and deadlines.

ACEP's existing policies have served and continue to serve as the foundation of the College's ongoing advocacy work, supplemented by the April 2025 RAND report, "Strategies for Sustaining Emergency Care in the United States," other ACEP resources, and coalition efforts among other physician and provider specialties.

ACEP continues monitoring legislative activity in the wake of the passage and enactment of the "Big Beautiful Bill," as some Republican legislators have indicated they are seeking changes to some of the Medicaid provisions of the law. ACEP will continue the ongoing work to fight for the preservation and expansion of Medicaid to the fullest extent possible.

Resolution 47 Protecting Medicaid Disproportionate Share Hospital (DSH) Payments to Preserve Emergency Care Access (as amended)

RESOLVED, That ACEP recognize the Disproportionate Share Hospital cuts are of specific concern to emergency physicians as they have been shown to increase the amount of rural hospital closures; and be it further

RESOLVED, That ACEP partner with relevant organizations such as America's Essential Hospitals to further the cause of protecting Disproportionate Share Hospital payments; and be it further

RESOLVED, That ACEP advocate for existing and future legislation to repeal or delay the Medicaid Disproportionate Share Hospital cuts scheduled for fiscal years 2026 through 2028.

Action: Assigned to Advocacy & Public Affairs staff for advocacy initiatives and to pursue potential collaboration with America's Essential Hospitals, American Hospital Association, and Federation of American Hospitals.

The FY26 Appropriations & Health Care Package was signed into law on February 3, 2026. One of the provisions prevents Medicaid Disproportionate Share Hospital (DSH) cuts for the remainder of FY2026 and throughout FY2027.

Resolution 48 Affirming Emergency Physicians' Ethical and Legal Obligations Under EMTALA (as amended)

RESOLVED, That ACEP update its policy statement "Access to Reproductive Health Care in the Emergency Department" to include language that explicitly affirms emergency physicians' unwavering ethical and legal obligations under EMTALA to provide necessary stabilizing care for all patients presenting with emergency medical conditions, including pregnant patients when stabilizing treatment may require pregnancy termination; and be it further

RESOLVED, That ACEP affirm that federal EMTALA obligations should supersede conflicting state laws or mandates that would prevent emergency physicians and all members of the medical staff from providing medically necessary stabilizing treatment for emergency medical conditions; and be it further

RESOLVED, That ACEP advocate for clear federal protections for emergency physicians and all members of the medical staff providing care in accordance with EMTALA requirements, particularly when such care conflicts with state laws; and be it further

RESOLVED, That ACEP work with relevant federal agencies, medical societies, and stakeholders to ensure consistent interpretation and enforcement of EMTALA requirements that protect both patients and physicians; and be it further

RESOLVED, That ACEP provide educational resources and support to emergency physicians navigating complex legal landscapes while maintaining their professional and ethical obligations to provide emergency medical care.

Action: Assigned first resolved to the Medical-Legal Committee (lead) and the Public Health Committee to update the "Access to Reproductive Health Care in the Emergency Department" policy statement and to review in conjunction with the

current committee objective to develop a policy statement as directed in Resolution 37(24) Reinforcing EMTALA in Pregnancy Related Emergency Medical Care. The Medical-Legal Committee was also assigned to conduct a webinar and prepare a 2-page summary document on key concepts emergency physicians need to know regarding ethical and legal obligations under EMTALA.

Assigned to Advocacy & Practice Affairs to continue current federal advocacy initiatives.

Resolution 49 Support for EMTALA Reform to Ensure Timely Access to Definitive Care (as amended)

RESOLVED, That ACEP support legislative, regulatory, and policy reforms to strengthen the EMTALA mandate regarding transfers and advocate to reduce barriers that create delays in transferring patients to a higher level of care.

Action: Assigned to Advocacy & Public Affairs staff to develop advocacy strategy regarding EMTALA and the need for improved systems to coordinate the safe and appropriate transfer of patients. The State Legislative/Regulatory Committee has an objective to collaborate with the Arizona and Connecticut Chapters and others as directed in Substitute Resolution 36(24) Reform to Improve Patient Access to Necessary Care:

> RESOLVED, That ACEP collaborate with the Arizona and Connecticut Chapters and others to develop model state policy, regulation, and legislation, that requires reporting of ED/hospital crowding and interhospital transfer data to a relevant state entity (e.g. State Department of Health) and develop a state-wide system to facilitate interfacility transfers.

ACEP's policy statement "Appropriate Interfacility Patient Transfer" outlines principles regarding patient transfer for patients requiring transfer from the ED to another facility. Among these principles is that "[a]greement to accept the patient in transfer should be obtained from a physician or responsible individual at the receiving hospital in advance of transfer. When a patient requires a higher level of care other than that provided or available at the transferring facility, a receiving facility with the capability and capacity to provide a higher level of care may not refuse any request for transfer."

Resolution 50 Emergency Department Staffing Transparency (as amended)

RESOLVED, That ACEP advocate for stricter enforcement of the federal regulation requiring hospitals without 24/7 on-site physician coverage to clearly post such notices, including an explanation of how emergency medical needs will be addressed when a physician is not present, and that ACEP work with Joint Commission and other regulatory bodies to advance educational and regulatory initiatives that improve transparency for patients in the emergency setting.

Action: Assigned to Advocacy & Public Affairs staff to continue current advocacy initiatives and meet with CMS to discuss enforcement of federal regulations requiring hospitals without 24/7 on-site physician coverage to clearly post such notices and ways to improve transparency.

ACEP released the Physician Staff Requirement in Emergency Departments Model Legislation and Toolkit in 2023 that includes key considerations when crafting and lobbying for a bill or regulation related to the topic. This toolkit, along with support from ACEP's advocacy team, was instrumental in helping states pass legislation that requires a physician in the ED at all times.

Resolution 51 Supporting Board Certified Physicians in Every Emergency Department (as amended)

RESOLVED, That ACEP reaffirm current policy that the gold standard for emergency department care is provided by an emergency physician, and support state and federal legislative and regulatory efforts to require that a physician be present and available in every emergency department.

Action: Several ACEP policy statements support the gold standard that emergency department care is provided by an emergency physician. ACEP's policy statement "Guidelines Regarding the Role of Physician Assistants and Nurse Practitioners in the Emergency Department" most recently updated in January 2026 states:

> "Because of the nature of emergency medicine, in which patients present with a broad spectrum of acute, undifferentiated illness and injury, including critical life-threatening conditions, the gold standard for emergency department care is that provided by an emergency physician who is certified (or eligible to be certified) by the American Board of Emergency Medicine (ABEM) or the American Osteopathic Board of Emergency Medicine (AOBEM) in Emergency Medicine or Pediatric Emergency Medicine or an equivalent international certifying body recognized by ABEM or AOBEM in Emergency Medicine or Pediatric Emergency Medicine."

The policy further states:

> "The gold standard for emergency department care is that provided by an emergency physician. If PAs and NPs are utilized for providing emergency department care, the standard is onsite supervision by an emergency physician. The supervising emergency physician for a PA or NP must have the real-time opportunity to be involved in the contemporaneous care of any patient presenting to the ED and seen by a PA or NP."

The Physician Staff Requirement in Emergency Departments Model Legislation and Toolkit includes key considerations when crafting and lobbying for a bill or regulation related to physician staffing in EDs.

Assigned to Advocacy & Public Affairs staff to continue current federal and state advocacy initiatives. ACEP has continually promoted and advocated the gold standard that physicians working in an emergency department should be board-certified/board-eligible emergency physicians and for physician-led care teams in the emergency department at both the national and state level. ACEP's Advocacy and Practice Affairs staff have advocated for this standard to the Centers for Medicare and Medicaid Services as well as Health and Human Services and the U.S. Congress.

ACEP's Legislative and Regulatory Priorities for the First Session of the 119th Congress included:

- Promote legislative options and solutions to ensure rural patients maintain access to emergency care, including supporting the use of government funding for rural elective rotations for EM residents at rural CAHs. (Legislative)
- Identify innovative staffing, payment, and reimbursement models, such as potential global budgeting for emergency physician professional services to maintain viability of ED coverage in rural and underserved areas. (Legislative)
- Develop and propose federal legislation to address unique challenges for the current and future EM workforce, with special consideration for solutions to promote access to board-certified EPs in rural and underserved communities. (Legislative)
- Monitor the willingness of critical access hospitals and rural hospitals to convert to Rural Emergency Hospitals and develop policy suggestions that would make this a more attractive option. (Regulatory)

Resolution 53 Prior Authorization Reform to Reduce Delays in Care and Emergency Department Burden (as amended)

RESOLVED, That ACEP support federal and state legislative and regulatory efforts to reform prior authorization processes, with the goal of reducing care delays that result in avoidable emergency department visits or hospitalizations; and be it further

RESOLVED, That ACEP collaborate with relevant stakeholders to advocate for real-time transparency, standardization, and accountability in prior authorization practices to promote timely, equitable, and efficient patient care across all health care settings.

Action: Assigned to Advocacy & Public Affairs staff to continue current federal and state advocacy initiatives. ACEP's legislative and regulatory priorities for the First Session of the 119th Congress included:

- Oppose efforts by insurers to create unnecessary barriers to care, including through use of prior authorization, etc.
- Monitor regulatory changes in Medicare that promote Medicare Advantage and potential increased patient burdens via prior authorization requirements, narrow networks, increased cost-sharing, step therapy, and others.

Resolution 55 Reduce Non-Beneficial Regulation by The Joint Commission and other Health Care Regulatory Bodies (as amended)

RESOLVED, That ACEP collaborate with Joint Commission and other health care regulatory bodies to review and advocate for the elimination or modification of requirements that do not demonstrably improve the care of Emergency Department patients.

Action: Assigned to Advocacy & Public Affairs staff to continue ongoing discussions with Joint Commission, CMS, and other health care regulatory bodies.

Resolution 56 Regulate Artificial Intelligence in Health Insurance Reimbursement and Coverage Decisions (as amended)

RESOLVED, That ACEP advocate for legislation at the state and federal levels requiring that reimbursement denials or negative coverage decisions by insurers be reviewed and approved by qualified human personnel who are board-certified physicians in the relevant specialty or sub-specialty with an unrestricted and active license, and are not incentivized to deny payment for care; and be it further

RESOLVED, That ACEP support prohibiting health insurers from relying solely on artificial intelligence-based algorithms to deny, delay, or downcode health care claims or services and urge both CMS and state regulatory agencies to establish policies requiring human oversight in these decisions; and be it further

RESOLVED, That ACEP collaborate with relevant stakeholders, including insurers, technology providers, and regulators, to ensure that artificial intelligence algorithms used in health care decision-making and the datasets they are trained on are transparent, accountable, based on accurate and up-to-date clinical criteria derived from national medical

specialty society guidelines and peer reviewed clinical literature, and subject to oversight by qualified health care professionals.

Action: Assigned to Advocacy & Public Affairs staff for federal and state advocacy initiatives. Assigned to the State Legislative/ Regulatory Committee to develop model state legislation.

Assigned second and third resolveds to the Reimbursement Committee (lead) and the Artificial Intelligence Committee to provide a recommendation to develop policy language for approval by the Board of Directors regarding federal and state regulatory agencies to require insurers to have human oversight reimbursement decisions.

Resolution 57 Repeal Certificate of Need Laws to Expand Access and Improve Patient Care (as amended)

RESOLVED, That ACEP collaborate with other health care organizations to raise public awareness and educate state policymakers on the impacts of Certificate of Need (CON) laws on patient access to emergency care, including overcrowding, boarding, and limited capacity, and advocate for the removal of these regulatory barriers to improve patient flow and health care access.

Action: Assigned to Advocacy & Public Affairs staff for advocacy initiatives. Assigned to the State Legislative/Regulatory Committee to develop a 2-page summary document.

Resolution 58 Role of EDs in Interactions with U.S. Immigration and Customs Enforcement

RESOLVED, That ACEP acknowledge its prior guidance on U.S. Immigration and Customs Enforcement (ICE) in the emergency department as a valuable foundation, and recognize the continuing potential impact of ICE enforcement actions within emergency departments on patient care and public health; and be it further

RESOLVED, That ACEP advocate for the development and dissemination of clear guidelines and training programs for emergency department staff to manage interactions with U.S. Immigration and Customs Enforcement officials, ensuring the protection of patient rights and the provision of uncompromised medical care; and be it further

RESOLVED, That ACEP support collaboration with legal experts, hospital administrations, and community organizations to establish policies that delineate the role of emergency departments in relation to U.S. Immigration and Customs Enforcement activities, emphasizing the importance of patient trust, safety, and confidentiality.

Action: Assigned to Advocacy & Practice Affairs staff to continue current advocacy initiatives and work with the American Hospital Association and the Federation of American Hospitals to investigate developing guidance and/or policy to address the third resolved. Continue to monitor and update guidance on the ACEP website as necessary.

Resolution 59 Support Interstate Telemedicine Practice for Physicians with Permanent Licensure (as amended)

RESOLVED, That ACEP work with relevant stakeholders to advocate for states to establish a special purpose telehealth registry or license; and be it further

RESOLVED, That ACEP advocate to expand access to emergency telemedicine services with licensure recognition across state lines while ensuring patient safety and physician accountability.

Action: Assigned to the State Legislative/Regulatory Committee to develop strategies to address the resolution and to obtain input from the Emergency Telehealth Section.

Assigned to the Emergency Medicine Practice Committee to review the "Emergency Medicine Telehealth" policy statement to ensure it does not conflict with the tenets of the resolution in conjunction with their current objective pertaining to Referred Amended Resolution 40(24).

Resolution 61 Acknowledging and Mitigating the Environmental Impact of Metered-Dose Inhalers (as amended)

RESOLVED, That ACEP acknowledge the environmental impact of metered-dose inhalers and supports efforts to reduce their carbon footprint through sustainable practices.

Action: Assigned to the Public Health Committee to review and incorporate in their work on Amended Resolution 58(24) Reducing Waste in Our Emergency Departments and Resolution 59(24) Tap Water is Sufficient. The committee developed the policy statement "Reducing Waste in the Emergency Department" and it was approved by the Board June 11, 2026.

Resolution 62 Promoting Environmental Sustainability and Waste Reduction in the ED (as amended)

RESOLVED, That ACEP encourage hospitals to implement environmentally responsible practices, including but not limited to proper waste segregation, development of recycling programs, reduction of low-value medical interventions, and the use of sustainable alternatives when clinically appropriate.

Action: Assigned to the Public Health Committee to review and incorporate in their work on Amended Resolution 58(24) Reducing Waste in Our Emergency Departments and Resolution 59(24) Tab Water is Sufficient. The committee developed the policy statement "Reducing Waste in the Emergency Department" and it was approved by the Board June 11, 2026.

Resolution 64 Endorsement of Electronic Discharge Instructions for Patients with Electronic Medical Records (as amended)

RESOLVED, That ACEP endorse the use of electronic discharge instructions for patients with access to electronic medical records and electronic communication capabilities; and be it further

RESOLVED, That ACEP encourage emergency departments to adopt policies and technologies that support patient-centered, secure, timely, and environmentally responsible electronic delivery of discharge instructions in compliance with HIPAA regulations.

Action: The resolution as written is a policy statement. Assigned to the Health Innovation Technology Committee to determine if additional language is needed for the policy statement and provide a recommendation to the Board of Directors. The Health Innovation Technology Committee was also assigned to develop talking points for members to use in advocating for adoption of policies and techniques with their hospital leadership.

Resolution 65 Emergency Physicians and Collaborative Practice Agreements (as substituted)

RESOLVED, That ACEP develop a policy statement opposing the establishment of collaborative practice agreements without the specific and informed authorization of the supervising physician; and be it further

RESOLVED, that ACEP oppose the execution of collaborative practice agreements by employers, hospitals, or contract groups on behalf of emergency physicians; and be it further

RESOLVED, that ACEP support the prior disclosure of collaborative practice agreements when required for employment of emergency physicians.

Action: Assigned to the Emergency Medicine Practice Committee to develop a policy statement.

Resolution 66 Endorsing a Realistic Door-to-Doctor Standard (as amended)

RESOLVED, That ACEP oppose practices that encourage unsafe or unsustainable door-to-doctor expectations.

Action: The Quality & Patient Safety Committee was assigned an objective to review the "Standards for Measuring and Reporting Emergency Department Wait Times" policy statement as part of the policy sunset review process and to include the tenets of the resolution in the revised policy statement. The committee submitted a revised policy statement to the Board in January 2026 and it was referred back to the committee for additional revisions. The Board approved the revised policy statement "Standards for Measuring and Reporting Emergency Department Wait Times" on June 24, 2026.

Resolution 67 Forensic Programs in Trauma Centers (as amended)

RESOLVED, That ACEP work with relevant stakeholders to implement a collaborative standard of forensic programs at all Level 1 and Level 2 trauma centers.

Action: ACEP contacted ACS-COT leadership to make them aware of the resolution and requested collaboration. Assigned to the Public Health Committee (lead) to work with the Forensic Medicine Section to develop an advocacy program/toolkit to assist members with implementing a forensic program at their hospital. The committee developed the policy statement "Dedicated Forensic Programs in Trauma Centers" with input from the Forensic Medicine Section and the Emergency Nurses Association and it was approved by the Board on June 11, 2026. The committee continues working on developing the toolkit.

Resolution 68 Integrating Firearm Safety Counseling into Emergency Medicine Education and Practice (as amended)

RESOLVED, That ACEP amend its policy statement "Firearm Safety and Injury Prevention" to include integration of firearm injury prevention, safe storage, and counseling education into emergency medicine residency training and continuing medical education; and be it further

RESOLVED, That ACEP develop or identify easily accessible-member-facing clinical information to support emergency physicians in conducting brief, trauma-informed firearm safety counseling, particularly for high-risk patients consistent with ACEP's firearm safety policies.

Action: Assigned to the Public Health Committee to revise the policy statement "Firearm Safety and Injury Prevention" as directed in the resolution and develop resources to address the second resolved, such as a 2-page summary or infographic for members.

Resolution 71 Member Resources for Best Practices in Employment Negotiations (as amended)

RESOLVED, That ACEP curate existing and future educational materials and webinars focused on best practices in employment negotiation into a centralized member-accessible resource that is easily identifiable on the ACEP website.

Action: This work is in progress by staff and members of the Employee Protections Workgroup. Assigned to the Emergency Medicine Practice Committee to continue monitoring and updating information for members.

Resolution 72 Naloxone Access and Education in Public Schools

RESOLVED, That ACEP endorse efforts to assure naloxone is in public schools and incorporate education on overdose and substance use disorder into health education.

Action: There are organizations working to support naloxone-related initiatives in educational settings. Assigned to the Public Health Committee and staff to review the National School Overdose Preparedness Campaign and submit a recommendation regarding endorsement. The campaign is seeking alliances and endorsements from multiple organizations (i.e., school nurses, PTAs, school boards, student councils, etc.). The committee's recommendation to endorse the campaign was approved by the Board of Directors at their January 2026 Board meeting.

ACEP has supported the Helping Educators Respond to Overdoses (HERO) Act (H.R. 7994) which would establish a competitive grant program to provide schools with opioid overdose reversal drugs. The HERO Act would help save lives by expanding access to opioid overdose reversal medications, such as Narcan, in schools while providing educators with critical training and equipping students and communities with educational resources to combat the opioid and fentanyl epidemic.

Resolution 73 Promoting Comprehensive Treatment of Substance Use Disorders Across the Nation (as amended)

RESOLVED, That ACEP develop a plan to promote and facilitate the initiation of nationwide emergency department programs to improve substance use disorder treatment including, but not limited to, staff training, dispensing harm reduction materials, initiating evidence-based medication where applicable, and rapid clinical referrals to outpatient treatment where available; and be it further

RESOLVED, That ACEP work with relevant stakeholder organizations to obtain funding for substance use disorder programs; and be it further

RESOLVED, That ACEP report back to the Council in a timely manner on the development of a plan to promote and facilitate the initiation of nationwide emergency department programs to improve substance use disorder treatment and any progress made on the goals of the plan.

Action: Assigned to the Public Health Committee (lead) to work with the Pain Management & Addiction Medicine Section to develop a plan and strategies to address the resolution as well as identify appropriate stakeholder organizations.

Resolution 74 Necessary Facility-Provided Medications from Emergency Departments (as substituted)

RESOLVED, That ACEP develop strategies to address barriers preventing the dispensation of essential medications in sufficient quantity upon discharge from the emergency department during off hours and when pharmacies are not available.

Action: Assigned to the State Legislative/Regulatory Committee. The committee has a current objective to investigate developing state model legislation to allow emergency physicians to give the remaining doses of multiuse prescriptions to patients at the time of discharge from the emergency department.

Resolution 76 Protection and National Standardization of Transgender Care in Emergency Medicine

RESOLVED, That ACEP support the development and publication of nationally recognized guidelines for transgender care in emergency medicine; and be it further

RESOLVED, That ACEP advocate for the protection of transgender patients and the ability of emergency physicians to provide evidence-based care to patients of all gender identities.

Action: Assigned to Advocacy & Practice Affairs staff for federal and state advocacy initiatives.

ACEP has a policy statement "Caring for Transgender and Gender Diverse Patients in the Emergency Department" and a Policy Resource & Education Paper (PREP) "A Guide to Caring for Patients Who Identify as Transgender and Gender Diverse in the Emergency Department."

Resolution 79 Standards for the Safe and Appropriate Transport of Patients to Psychiatric Facilities (as amended)

RESOLVED, That ACEP work collaboratively with relevant stakeholders to develop consensus recommendations and best practices regarding transport requirements for patients being transferred to psychiatric facilities, with specific attention to the transferring facility determining clinical stability, restraint use, and acceptable means of transportation.

Action: Assigned to the Emergency Medicine Practice Committee (lead) to work with the EMS Committee to develop strategies to address the resolution and to seek input from the Emergency Behavioral Health Workgroup and the Coalition on Psychiatric Emergencies as needed.

Resolution 80 Toolkit for Elective Surgery Scheduling to Mitigate ED Crowding (as amended)

RESOLVED, That ACEP collaborate with relevant stakeholders, including the American College of Surgeons and the American Hospital Association, to develop and disseminate a comprehensive elective surgery scheduling toolkit aimed at guiding hospitals in implementing effective scheduling practices to mitigate ED crowding.

Action: Assigned to the Emergency Medicine Practice Committee to work with representatives from stakeholder organizations to develop a toolkit.

Resolution 81 In Memory of Joshua Alinger, MD

RESOLVED, That the American College of Emergency Physicians mourns the loss and expresses its deep sorrow at the passing of Joshua Alinger, MD, and extends heartfelt condolences to his family, friends, colleagues, and the Northwestern University Emergency Medicine community.

Action: A framed resolution was sent to Dr. Alinger's family.

Resolution 82 In Memory of Donald J. Gordon, MD, PhD, FACEP, Lieutenant Colonel, US Army (Retired)

RESOLVED, That the American College of Emergency Physicians honors the memory of Donald J. Gordon, MD, PhD, FACEP, Lieutenant Colonel, US Army (Retired), and his extraordinary contributions to emergency medicine, education, and community service; and be it further

RESOLVED, That ACEP extends its deepest sympathies to the family, friends, and colleagues of Donald J. Gordon, MD, PhD, FACEP, Lieutenant Colonel, US Army (Retired), acknowledging that though he may be gone, his remarkable achievements and enduring impact will be remembered with gratitude and admiration.

Action: A framed resolution was sent to Dr. Gordon's family.

Resolution 83 In Memory of Elizabeth B. Jones, MD, FACEP

RESOLVED, That the American College of Emergency Physicians honors the memory of Elizabeth B. Jones, MD, FACEP, and her extraordinary contributions to emergency medicine, patient advocacy, academic excellence, and integrity in research and clinical care; and be it further

RESOLVED, That ACEP extends its deepest sympathies to the family, friends, and colleagues of Elizabeth B. Jones, MD, FACEP, acknowledging that though she may be gone, her remarkable achievements and enduring impact will be remembered with gratitude and admiration.

Action: A framed resolution was sent to Dr. Jones' family.

Resolution 84 In Memory of Brian Wai Lin, MD

RESOLVED, That the American College of Emergency Physicians and the California Chapter recognizes the extraordinary contributions of Brian Wai Lin, MD, to the specialty of emergency medicine as a physician, educator, innovator, and mentor; and be it further

RESOLVED, That the American College of Emergency Physicians and the California Chapter extends to the family of Brian Wai Lin, MD, especially his beloved children Isaiah, Elliot, and Daphne, along with his loved ones, friends, students, residents, and colleagues our heartfelt condolences and deepest appreciation for his lasting impact on the specialty of emergency medicine and the lives of those he touched with generosity and grace.

Action: A framed resolution was sent to Dr. Lin's family.

Resolution 85 In Memory of Forest Daniel McCoig, MD

RESOLVED, That the American College of Emergency Physicians cherishes the memory and legacy of Forrest Daniel McCoig, MD; and be it further

RESOLVED, That the American College of Emergency Physicians and the Virginia College of Emergency Physicians extends to his devoted wife Katharine (married in 1958) of 23 years, and mother to their children James, Amy, and Laura, and his wife Janet (married in 1991) of 34 years, and mother to Kelly, gratitude for his service as an emergency physician, as well as for his dedication and commitment to the specialty of emergency medicine.

Action: A framed resolution was sent to Dr. McCoig's family.

Resolution 86 In Memory of Jack Henriquez, MD, FACEP

RESOLVED, That the American College of Emergency Physicians cherishes the memory and legacy of Jack A. Henriquez, MD, FACEP; and be it further

RESOLVED, That the American College of Emergency Physicians and the Pennsylvania College of Emergency Physicians extends to his sons Eric W. Henriquez, Ryan S. Henriquez, his wife, and four grandchildren gratitude for his service as an emergency physician as well as for his dedication and commitment to the specialty of emergency medicine.

Action: A framed resolution was sent to Dr. Henriquez's family.

Resolution 87 In Memory of Carl S. Werne, MD

RESOLVED, That the American College of Emergency Physicians cherishes the memory and legacy of Carl S. Werne, MD; and be it further

RESOLVED, That the American College of Emergency Physicians and the Pennsylvania College of Emergency Physicians extends to his daughters Joanna Werne and Emily Kennerley, his sister Dr. Joellen Werne, his partner Dr. Amy Zimet, and his first wife Patricia Daly Vance and extended family gratitude for his service as an emergency physician as well as for his dedication and commitment to the specialty of emergency medicine.

Action: A framed resolution was sent to Dr. Werne's family.

Resolution 88 In Memory of Jamie Shandro, MD, MPH

RESOLVED, That the American College of Emergency Physicians cherishes the memory and legacy of Jamie Shandro, MD, MPH; and be it further

RESOLVED, That the American College of Emergency Physicians and the Washington Chapter extends to her children Nina and Kai, husband Hans, mother Cathy, brother Tim, extended family, friends, and colleagues our heartfelt gratitude for her service as an emergency physician as well as for her dedication and commitment to the specialty of emergency medicine.

Action: A framed resolution was sent to Dr. Shandro's family.

Resolution 89 Support for Scientific Integrity in Medicine and Public Health (as amended)

RESOLVED, That ACEP strongly recognize and commend Debra Houry, MD, FACEP; Demetre Daskalakis, MD; Jennifer Layden, MD, PhD; and Daniel Jernigan, MD, MPH, for their principled stand in defense of science-based medical practice and patient safety; and be it further

RESOLVED, That ACEP strongly oppose interference in the leadership, operations, and recommendations of critical public health agencies such as the CDC, thus affirming the definitional roles of scientific independence and adherence to known facts and evidence-based medicine guidance in safeguarding the practice of medicine and public health.

Action: ACEP released a public statement on August 28, 2025, regarding the CDC leadership departures. The Council and the Board of Directors recognized the contributions of the other individuals with the adoption of this resolution.

Assigned second resolved to Advocacy & Practice Affairs staff for federal and state advocacy initiatives. Assigned to the Public Health Committee to develop a policy statement. The Board of Directors approved the policy statement "Support for Scientific Integrity in Medicine and Public Health Policy" in March 2026.

Resolution 90 Support and Endorsement of Current Vaccine Guidelines by Fellow Medical Professional Organizations (as amended)

RESOLVED, That ACEP promptly create a policy statement endorsing the use of high-quality evidence-based vaccine schedules as outlined in and based upon the most current recommendations and vaccine schedules as published by the American Academy of Pediatrics, the American College of Cardiology, and the American College of Obstetrics and Gynecology.

Action: ACEP released a public statement on September 19, 2025, endorsing evidence-based vaccine schedules. Assigned to

the Public Health Committee to develop a policy statement in conjunction with their current objective to "develop a policy statement addressing ACEP's support of evidence-based vaccine science and the timely development of vaccines in advance of anticipated disease spread" and in their review of the current policy statement "Immunization of Adults and Children in the Emergency Department" as part of the Policy Sunset Review process.

ACEP released a public statement on November 20, 2025, reiterating vaccine effectiveness and safety in response to news that the CDC updated its vaccine information page that the CDC updated its vaccine information page to suggest a link between vaccines and autism. ACEP joined with several other medical, health, and patient advocacy groups and released a statement on December 5, 2025, expressing concern about the actions of the CDC's Advisory Committee on Immunization Practices (ACIP) regarding pediatric vaccines and specifically scaling back universal newborn Hepatitis B vaccines.

ACEP issued a public statement on January 5, 2026, in response to the Centers for Disease Control and Prevention (CDC) reducing the number of vaccines from the recommended immunization schedule.

Resolution 91 In Memory of Frank Zwemer, Jr., MD, FACEP

RESOLVED, That the American College of Emergency Physicians honors and remembers the profound impact made by Frank L. Zwemer, Jr., MD, MBA, FACEP; and be it further

RESOLVED, That the American College of Emergency Physicians extends to his wife Laura Brewer; his children, Dr. Catherine Zwemer and Jonathan Zwemer, his mother Ann, sisters Mimi Freeman and Kim McCart, and his Aunt Joan our heartfelt condolences and gratitude for sharing him with us all of these years and acknowledges his impact and care will ripple through generations of emergency physicians.

Action: A framed resolution was sent to Dr. Zwemer's family.

Resolution Referred to the Council Steering Committee

Resolution 23 Councillor Allocations for Sections of Membership – Council Standing Rules Amendment

RESOLVED, That the Council Standing Rules – Councillor Allocation for Sections of Membership be amended to read:

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~~ **as defined in the Bylaws**. Section councillors must be certified by the section by notifying the Council secretary at least 60 days before the annual meeting.

Action: The Council Steering Committee discussed the referred resolution at their January 29, 2026, meeting. A subcommittee was assigned to review the resolution and provide a recommendation to the Steering Committee for consideration at their April 27, 2026, meeting.

Resolutions Referred to the Board of Directors

Resolution 26 Affirmation of ACEP's Support for Diversity, Equity, and Inclusion in Emergency Medicine

RESOLVED, That ACEP reaffirm its commitment to the core principles of diversity, equity, and inclusion, recognizing their fundamental role in promoting patient-centered care, health equity, and a thriving, representative workforce by reaffirming its previous policy statement supporting diversity, equity, and inclusion as essential to the College's mission and the practice of emergency medicine.

Action: A message was distributed to the Access, Belonging, & Community Committee and the Access, Belonging, & Community Section on September 6, 2025, acknowledging that the Board of Directors has not made changes to the College's current values or policy statement on diversity, equity, and inclusion in emergency medicine and remains committed to equal access for all physicians, residents, trainees, and medical students, and the patients and communities that we serve. ACEP continues to look for ways to preserve and improve opportunities for all and will work to engage members in a variety of ways, including through sections and committees, to help achieve our shared values.

Resolution 27 Upholding Equal Access to Care in EM Amidst Political Challenges

RESOLVED, That ACEP reaffirm its commitment to promoting and maintaining equal access to care in the emergency department, ensuring that all patients and staff are treated with respect, dignity, and fairness; and be it further

RESOLVED, That ACEP advocate for the implementation of policies and practices in the ED that address unconscious bias and cultural competence, and support equitable health care delivery for all, regardless of the political environment; and be it further

RESOLVED, That ACEP support the continued development and integration of implicit bias training into emergency medicine residency programs, continuing medical education courses, and ongoing professional development to equip emergency providers with the tools necessary to maintain inclusive and equitable care for all regardless of political and societal challenges; and be it further

RESOLVED, That ACEP support efforts to incorporate education on culturally and religiously sensitive care into emergency medicine training and continuing education programs, including awareness of variations in patient preferences and beliefs regarding gender concordance in care, expressions of pain, and attitudes toward different medical systems; and be it further

RESOLVED, That ACEP call for active collaboration with other health care organizations, advocacy groups, and community leaders to ensure that culturally sensitive equal access to care for all remains a central focus in emergency medicine practice and policy, particularly in the context of current political dynamics.

Action: A message was distributed to the Access, Belonging, & Community Committee and the Access, Belonging, & Community Section on September 6, 2025, acknowledging that the Board of Directors has not made changes to the College's current values or policy statement on diversity, equity, and inclusion in emergency medicine and remains committed to equal access for all physicians, residents, trainees, and medical students, and the patients and communities that we serve. ACEP continues to look for ways to preserve and improve opportunities for all and will work to engage members in a variety of ways, including through sections and committees, to help achieve our shared values.

Resolution 32 Transparency in Vendor and Speaker Communication Restrictions at Scientific Assembly (as amended)

RESOLVED, That ACEP publicly release its current guidelines on restricted or censored topics; and be it further

RESOLVED, That ACEP refrain from restricting or censoring vendors or speakers at Scientific Assembly unless such restriction is necessary to uphold legal or safety standards; and be it further

RESOLVED**,** That any restriction of vendors or speakers at Scientific Assembly be subject to review ~~and approval~~ by the Council to ensure transparency and accountability.

Action: The Scientific Assembly Rules and Regulations for exhibitors were reviewed and revised with guidance from ACEP's General Counsel. The revisions were non-substantive. In addition to a formal revision to the exhibitor rules and regulations regarding surveys, ACEP included in the same rules an exhibitor code of conduct that mirrors the code of conduct for ACEP attendees, staff, and volunteers. Additionally, a mechanism was created for attendees to easily communicate concerns about exhibitor behaviors and activity so staff can respond to issues more immediately.

The updated exhibitor guidelines are available on the ACEP website. The products or services to be exhibited must be of professional or educational interest or benefit to the registrants and are, in the opinion of ACEP, related to the field of emergency medicine or the physician's practice. Exhibiting at Scientific Assembly does not imply ACEP's endorsement of products or services. The only exception to the guidelines (as delineated in the guidelines) pertains to companies that are considered to be of "consumer interest." These companies may include, but are not limited to, automobile manufacturers, credit card companies, banking institutions, etc. Companies selling items such as tens units, red light therapy, copper bracelets, massage guns, skin care, etc., will not be permitted to exhibit.

ACEP's Education Committee Scientific Assembly Planning Subcommittee ensures all content is consistent with ACEP's Board approved policies. All CME-accredited content is governed by the Accreditation Council for Continuing Medical Education (ACCME) Standards for Integrity and Independence in Accredited Continuing Education, which require faculty to present fair, balanced, and scientifically valid content, free from commercial influence. ACEP does not have guidelines restricting or censoring topics. Presentations complying with ACCME standards and appropriate for our professional audience are not limited in the scope of discussion or content areas other than to ensure they do not contradict ACEP's approved policies. Faculty must uphold standards of professionalism, inclusion, and appropriate language, as outlined in the "Presentation Policy for ACEP Faculty." This policy is provided before the faculty agreement is signed and it reinforces ACEP's commitment to educational excellence and respect for a diverse audience.

Resolution 37 Support for Funding Resident Training Away from Home Institutions

RESOLVED, That ACEP advocate for changes in Centers for Medicare & Medicaid Services policy to allow funding of resident physicians during educational rotations outside their primary institution, including international and rural placements, to enhance cultural competence and patient care.

Action: Assigned to Assign to Advocacy & Practice Affairs staff and Clinical Affairs staff to provide a recommendation to the Board on the advisability of implementing the resolution and potential strategies to address it.

Resolution 40 Support Ongoing Education on Implicit Bias and Structural Inequity

RESOLVED, That ACEP provide and encourage ongoing education for members on implicit bias, systemic inequities, culturally responsive, and equal access to care for all as part of its life-long learning commitment.

Action: ACEP currently offers a wide range of educational content and resources to address implicit bias. There are several educational sessions available in ACEP Anytime.

Resolution 75 Protecting the Term "Emergency Department" in Critical Access Hospitals

RESOLVED, That ACEP develop a policy to ensure that the term "Emergency Department" ~~is used exclusively to describe facilities where a physician is physically present on-site at all times during operational hours~~ **ensuring it accurately reflects that the level of care provided aligns with both federal expectations and public understanding, and to exclusively describe facilities where a physician is physically present at all times**; and be it further

RESOLVED, That ACEP request that regulatory and accrediting bodies, such as CMS and Joint Commission enforce appropriate use of facility titles such as "Emergency Department" or "Urgent Care", ensuring that such designations are consistent with the services and staffing requirements as described in the Code of Federal Regulations, in accordance with services provided, particularly with regard to the availability of physician-on-site emergency care; and be it further

RESOLVED, That in the interest of public transparency, ACEP develop and promote policy and regulation that when Critical Access Hospitals do not have a physician physically present in the emergency department while it is open, the facility should adopt alternative terminology to clearly inform the public that physician-level medical care is not continuously available on-site.

Action: Assigned to the Federal Government Affairs Committee to provide a recommendation to the Board on the advisability of developing strategies to address the referred resolution. *Note*: The amended language was submitted for consideration by the Council prior to the motion to refer. The resolution was referred without specific action on the amended language. This referred resolution will be reviewed in context with Amended Resolution 50(25) Emergency Department Staffing Transparency that was adopted:

> RESOLVED, That ACEP advocate for stricter enforcement of the federal regulation requiring hospitals without 24/7 on-site physician coverage to clearly post such notices, including an explanation of how emergency medical needs will be addressed when a physician is not present, and that ACEP work with Joint Commission and other regulatory bodies to advance educational and regulatory initiatives that improve transparency for patients in the emergency setting.

Amended Resolution 50(25) is assigned to Advocacy & Public Affairs staff to continue current advocacy initiatives and discuss with CMS enforcement of federal regulations requiring hospitals without 24/7 on-site physician coverage to clearly post such notices and ways to improve transparency.

Resolution 77 Investigating Practice Patterns of NPs and PAs Following Independent Practice Legislation

RESOLVED That ACEP support and, if feasible, conduct or commission a study to investigate the geographic and clinical practice patterns of nurse practitioners and physician assistants in states with independent practice authority and use the findings of that study to inform ACEP policy positions and advocacy efforts regarding team-based care and scope of practice.

Action: Assigned to the State Legislative/Regulatory Committee to provide a recommendation to the Board on the advisability of implementing the resolution or potential strategies to address the referred resolution.

Note: The American Medical Association Advocacy Resource Center is studying each of the states that granted independent practice authority to nurse practitioners, although this is not a formal academic study and does not include physician assistants. The study is tracking metrics for quality and patient safety and watching for information demonstrating why a physician-led team would have potentially had a better outcome.