

Memorandum

To: Board of Directors
Council Officers

From: Kelly Gray-Eurom, MD, MMM, FACEP
Speaker

Melissa W. Costello, MD, FACEP
Vice Speaker

Date: October 26, 2021

Subj: 2021 Council Actions on Resolutions

Recommendation

That the Board of Directors:

1. Adopt the Bylaws resolution adopted by the 2021 Council.
2. Accept the 55 non-Bylaws resolutions adopted by the 2021 Council.

Background

The 2021 Council considered 82 resolutions: 57 were adopted, 15 were not adopted, and 10 were referred to the Board of Directors. Non-Bylaws resolutions, except for Council Standing Rules amendments, require a majority vote of the Board for acceptance.

Note: The first two resolves of Resolution 35 were adopted and the last three resolves were referred to the Board of Directors. The first resolve of Resolution 47 was adopted and the third resolve was referred to the Board. The first resolve of Resolution 49 was adopted and the second resolve was referred to the Board.

The Council adopted one Council Standing Rules resolution that does not require action by the Board of Directors. Two Bylaws amendments were submitted to the 2021 Council and one was adopted. Bylaws resolutions adopted by the Council require a 2/3 affirmative vote of the Board of Directors for ratification.

The ACEP Bylaws, Article VIII – Council, Section 8 – Board of Directors Action on Resolutions states:

“The Board of Directors shall act on all resolutions adopted by the Council, unless otherwise specified in these Bylaws, no later than the second Board meeting following the annual meeting and shall address all other matters referred to the Board within such time and manner as the Council may determine.

The Board of Directors shall take one of the following actions regarding a non-Bylaws resolution adopted by the Council:

1. Implement the resolution as adopted by the Council.
2. Override the resolution by a three-fourths vote. The vote and position of each Board member shall be reported at the next meetings of the Steering Committee and the Council.

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3. Amend the resolution in a way that does not change the basic intent of the Council. At its next meeting, the Steering Committee must either accept or reject the amendment. If accepted, the amended resolution shall be implemented without further action by the Council. If the Steering Committee rejects the amendment, the Board at its next meeting shall implement the resolution as adopted by the Council, propose a mutually acceptable amendment, or overrule the resolution.”

A summary of actions taken by the Council is provided for your review.

Summary of 2021 Council Resolutions

Resolutions Not Adopted (NA) or Withdrawn (W)

- 11 Eligibility for Retired Membership – Bylaws Amendment (NA)
- 13 ACEP President-Elect Selected Directly by Members (NA)
- 17 Fair Emergency Physician Employment Contract Template (NA)
- 20 Creation of the Social Emergency Medicine Association (NA)
- 24 More Focused College (NA)
- 27 Conditional Support for Medicare-for-All (NA)
- 39 Recommit to Lessening Opioid Deaths in America (NA)
- 45 ED Performance Measures Data for Small, Rural, and Critical Access Hospital EDs (NA)
- 47 Family and Medical Leave – *second resolved*
- 53 Reporting of Injuries Suspected or Reported to be Resulting from Law Enforcement Actions (as amended) (NA)
- 68 Patient’s Right to Board Certified Emergency Physicians 24/7 (In-person or via Telehealth) (NA)
- 69 Workforce Transparency (NA)
- 71 Emergency Medicine Workforce by Non-Physician Practitioners (NA)
- 75 Required Clinical Experience for Emergency Nurses (NA)
- 77 Workforce Fairness(NA)

Referred Resolutions

- 15 Member Determined Council Representation – referred to the Council Steering Committee
- 16 ACEP Group Membership
- 25 ACEP Report Card
- 35 Preserving Rural Emergency Care in Rural Critical Access Hospitals and Rural Emergency Hospitals – *last three resolveds*
- 37 Physician Pay Ratio
- 43 Autonomous “Shared Governance” Due Process
- 47 Family and Medical Leave – *third resolved*
- 49 Forced EMS Diversion – *second resolved*
- 51 Medical Bill of Rights for Detained and Incarcerated Persons While Receiving Emergency Medical Care
- 66 ACEP Promotion of Emergency Physician Led Teams (as substituted in lieu of Resolutions 66, 67, and 76)
- 73 Offsite Supervision of Nurse Practitioners and Physician Assistants

Council Standing Rules Resolutions

The Board does not take action on Council Standing Rules amendments.

- 12 Permitting Bylaws Amendments on the Unanimous Consent Agenda – Council Standing Rules Amendment

Bylaws Resolutions

Requires a 2/3 affirmative vote of the Board of Directors for adoption.

- 10 Board of Directors Action on Council Resolutions – Bylaws Amendment (as amended)

Non-Bylaws Resolutions

- 1 Commendation for Vidor E. Friedman, MD, FACEP
- 2 Commendation for William P. Jaquis, MD, MSHQS, FACEP
- 3 Commendation for Gary R. Katz, MD, MBA, FACEP
- 4 Commendation for Margaret M. Montgomery, RN, MSN
- 5 In Memory of Catherine Agustiady-Becker, DO
- 6 In Memory of Heide J. Lako-Adamson, MD
- 7 In Memory of Joseph Litner, MD, PhD, FACEP
- 8 In Memory of Paul S. Auerbach, MD, MS, FACEP
- 9 In Memory of Samuel C. Slimmer, Jr., MD, FACEP
- 14 Establishing a Young Physician Position on the ACEP Nominating Committee
- 18 Change to ACEP Conflict of Interest Statement (as amended)
- 19 Clear and Complete Conflict of Interest Disclosure at the Council Meeting (as substituted)
- 21 Diversity, Equity, and Inclusion
- 22 Expanding Diversity and Inclusion in Educational Programs
- 23 Media Marketing of Value of Emergency Medicine Board Certification (as amended)
- 26 Advocacy for Syringe Services Programs and Fentanyl Test Strips (as amended)

- 28 Consumer Awareness Through Classification of Emergency Departments (as substituted)29 Downcoding (as amended)
- 30 Unfair Health Plan Payment Policies
- 31 Employment-Retaliation, Whistleblower, Wrongful Termination (as amended)
- 32 Firearm Ban in EDs Excluding Active-Duty Law Enforcement (as amended)
- 33 Formation of a National Bureau for Firearm Injury Prevention
- 34 Global Budgeting for Emergency Physician Reimbursement in Rural and Underserved Areas
- 35 Preserving Rural Emergency Care in Rural Critical Access Hospitals and Rural Emergency Hospitals – *first two resolves*
- 36 Mitigating the Unintended Consequences of the CURES Act
- 38 Prehospital Oversight and Management of Patients Experiencing Hyperactive Delirium with Severe Agitation (as amended)
- 41 Take Home Naloxone Programs in Emergency Departments (as substituted in lieu of resolutions 40 and 41).
- 42 Administration of COVID-19 Vaccines in the Emergency Department
- 44 Caring for Transgender and Gender Diverse Patients in the Emergency Department
- 46 Effects of EM Practice Ownership on the Costs and Quality of Emergency Care
- 47 Family and Medical Leave – *first resolved*
- 48 Financial Incentives to Reduce ED Boarding (as amended)
- 49 Forced EMS Diversion – *first resolved*
- 50 Complications of Marijuana Use (as amended)
- 52 Standardization of Medical Screening Exams of Arrested Persons Brought to the ED (as amended)
- 54 Understanding the Effects of Law Enforcement Presence in the Emergency Department (as amended)
- 55 Patient Experience Scores (as amended)
- 56 Race-Based Science and Detrimental Impact on Black, Indigenous, and People of Color Communities (as amended)
- 57 Social Determinants of Health Screening in the Emergency Department (as amended)
- 58 Updating and Enhancing ED Buprenorphine Treatment Training and Support
- 59 Use of Medical Interpreters in the Emergency Department (as amended)
- 60 Accountable Organizations to Resident and Fellow Trainees (as amended)
- 61 Advocating for a Required Emergency Medicine Experience at All U.S. Medical Schools (as substituted)
- 62 Support of Telehealth Education in Emergency Medicine Residency (as emended)
- 63 Physician-Led Team Leader Training (as amended)
- 64 Rural Emergency Medicine Education and Recruitment (as amended)
- 65 Rural Provider Support and a Call for Data (as amended)
- 70 Creation of Specialized Scope Expansion Advocacy Teams for State Level Advocacy (as amended)
- 72 Fair Compensation to Emergency Physicians for Collaborative Practice Agreements & Supervision (as amended)
- 74 Regulation by State Medical Boards of All Who Engage in Practice of Medicine (as amended)
- 78 In Memory of Leon L. Haley, Jr., MD, MHSA, CPE, FACEP, FACHE
- 79 In Memory of Juan Francisco Fitz, MD, FACEP
- 80 In Memory of Jay Edelberg, MD, FACEP
- 81 Leon L. Haley, Jr. Award
- 82 Defining the Job Description of an Emergency Physician (as amended)

Resolutions Adopted by the 2021 Council Requiring Board Action

Resolution 1 Commendation for Vidor E. Friedman, MD, FACEP

RESOLVED, That the American College of Emergency Physicians commends Vidor E. Friedman, MD, FACEP, for his outstanding service, leadership, commitment to the College and the specialty of emergency medicine, and to the patients we serve.

Resolution 2 Commendation for William P. Jaquis, MD, MSHQS, FACEP

RESOLVED, That the American College of Emergency Physicians commends William P. Jaquis, MD, MSHQS, FACEP, for his outstanding service, leadership, commitment to the College and the specialty of emergency medicine, and to the patients we serve.

Resolution 3 Commendation for Gary R. Katz, MD, MBA, FACEP

RESOLVED, That the American College of Emergency Physicians commends Gary R. Katz, MD, MBA, FACEP, for his service as Council Speaker and Council Vice Speaker, and for his enthusiasm and commitment to the specialty of emergency medicine and to the patients we serve.

Resolution 4 Commendation for Margaret M. Montgomery, RN, MSN

RESOLVED, That the American College of Emergency Physicians commends Margaret Montgomery, RN, MSN, for her outstanding service and commitment to the College and the specialty of emergency medicine.

Resolution 5 In Memory of Catherine Agustiady-Becker, DO

RESOLVED, That the American College of Emergency Physicians remembers with gratitude and honors the many contributions made by Catherine Agustiady-Becker, DO, as one of the rising stars in emergency medicine; and be it further

RESOLVED; That the American College of Emergency Physicians extends to her husband, Jacob, her sons Wyatt, Theodore, and Quentin, her extended family, colleagues, and friends our condolences and gratitude for her tremendous service to the specialty of emergency medicine and to the countless patients and physicians across the country whom she served selflessly.

Resolution 6 In Memory of Heide J. Lako-Adamson, MD

RESOLVED, That the American College of Emergency Physicians remembers with honor and gratitude the accomplishments and contributions of a gifted emergency physician, Heidi J. Lako-Adamson, MD, and extends condolences and gratitude to her husband, Mark, for her service to the specialty of emergency medicine and to patient care.

Resolution 7 In Memory of Joseph Litner, MD, PhD, FACEP

RESOLVED, That the American College of Emergency Physicians recognizes the scope, breadth, and lasting impact of the magnanimous life of Joseph Litner, MD, PhD, FACEP, on the states of Washington, Mississippi, Louisiana, and the Government Services Chapter of ACEP; therefore be it

RESOLVED That the American College of Emergency Physicians and the Government Services Chapter acknowledge the huge loss and bereavement of his many colleagues and friends, but above all, extend condolences to his beloved wife of more than 40 years, Maria Hugi, MD, FACEP, and their precious children, David and Jonathan.

Resolution 8 In Memory of Paul S. Auerbach, MD, MS, FACEP

RESOLVED, That the American College of Emergency Physicians and the California Chapter extend to the family of Paul S. Auerbach, MD, MS, FACEP, gratitude for his tremendous service to emergency medicine.

Resolution 9 In Memory of Samuel C. Slimmer, Jr., MD, FACEP

RESOLVED, That the American College of Emergency Physicians cherishes the memory and legacy of Samuel C. Slimmer, Jr., MD, FACEP, who was a pioneer in the specialty and dedicated himself to his patients, to his profession, and to his family; and be it further

RESOLVED, That the American College of Emergency Physicians and the Pennsylvania College of Emergency Physicians extend to his son Samuel J., daughter-in-law Kelly, daughter Lara, and granddaughters Ellianna and Eily gratitude for his tremendous service as one of the first emergency physicians, as well as for his dedication and commitment to the specialty of emergency medicine.

Resolution 10 Board of Directors Action on Council Resolutions – Bylaws Amendment (as amended)

RESOLVED, That the ACEP Bylaws Article VIII – Council, Section 8 – Board of Directors Action on Resolutions, be amended to read:

The Board of Directors shall act on all resolutions adopted by the Council, unless otherwise specified in these Bylaws, no later than the second Board meeting following the annual meeting and shall address all other matters referred to the Board within such time and manner as the Council may determine.

The Board of Directors shall take one of the following actions regarding a non-Bylaws resolution adopted by the Council:

1. Implement the resolution as adopted by the Council.
2. Overrule the resolution by a three-fourths vote. The vote and position of each Board member shall be reported at the next meetings of the Steering Committee and the Council.
3. Amend the resolution in a way that does not change the basic intent of the Council. At its next meeting, the Steering Committee must either accept or reject the amendment. If accepted, the amended resolution shall be implemented without further action by the Council. If the Steering Committee rejects the amendment, the Board at its next meeting shall implement the resolution as adopted by the Council, propose a mutually acceptable amendment, or overrule the resolution.

The ACEP Council Speaker and Vice Speaker or their designee shall provide to the College a written summary of the Council meeting within ~~14~~45 calendar days of the adjournment of the Council meeting. This summary shall include:

1. An executive summary of the Council meeting.
2. A summary and final text of each passed and referred resolution.

Thereafter, the Board of Directors shall provide to the College written and comprehensive communication regarding the actions taken and status of each adopted and referred resolution. A summary of the Board of Directors' intent, discussion, and decision for each referred resolution shall be included. These communications shall be provided at ~~30 calendar day~~ quarterly intervals until these communications demonstrate that no further Board action is required according to the Bylaws listed previously in this section.

Resolution 14 Establishing a Young Physician Position on the ACEP Nominating Committee

RESOLVED, That the Council Steering Committee submit a Bylaws amendment to the Council in 2022 to support the establishment of a young physician position on the Nominating Committee.

Resolution 18 Change to ACEP Conflict of Interest Statement (as amended)

RESOLVED, That the ACEP Conflict of Interest form include all immediate family members or intimate partners as well as non-adopted children of a current spouse; and be it further

RESOLVED, That the ACEP Conflict of Interest forms be provided to all members and relevant staff and be included in the introductory materials for the project, committee, or task force; and be it further

RESOLVED, That a question be added to the College's Conflict of Interest form to indicate if the person completing the form is related to a non-physician provider; and be it further

RESOLVED, That every candidate for the College President, Board of Directors, or Council Officer positions, including those running from the floor, complete the ACEP Conflict of Interest (COI) form and copies of those COI statements be included in election materials and available to all councillors.

Resolution 19 Clear and Complete Conflict of Interest Disclosure at the Council Meeting (as substituted)

RESOLVED, that the Council Steering Committee develop a Conflict of Interest form to be utilized by councillors, alternate councillors, or any person providing testimony at the Council meeting and develop means for councillors to access such forms during or prior to the Council meeting.

Resolution 21 Diversity, Equity, and Inclusion

RESOLVED, That ACEP convene a summit meeting inviting the societies of emergency medicine to align efforts to address diversity, equity, and inclusion within the next year; and be it further

RESOLVED, That ACEP embed diversity, equity, and inclusion into its strategic plan and the internal and external work of ACEP; and be it further

RESOLVED, That ACEP report back to the 2022 Council meeting the outcome of the summit and have a road map created to promote diversity, equity, and inclusion in the specialty of emergency medicine.

Resolution 22 Expanding Diversity and Inclusion in Educational Programs

RESOLVED, That ACEP survey its speakers and educational presenters and report on speaker/educator demographics; and be it further

RESOLVED, That ACEP set guidelines for including material pertaining to diversity, inclusion, and/or healthcare disparities related to educational content being presented.

Resolution 23 Media Marketing of Value of Emergency Medicine Board Certification (as amended)

RESOLVED, That ACEP focus more on marketing to and educating the public on the value of ABEM/AOBEM board certification in emergency medicine, focusing on the differences in education and training that ABEM/AOBEM board certified emergency physicians go through compared to non- ABEM/AOBEM board certified emergency physicians and non-physician practitioners; and be it further

RESOLVED, That ACEP focus more resources on a local, state, and national level campaign of marketing to the public through TV, radio, newspaper, social media, and public service announcements.

Resolution 26 Advocacy for Syringe Services Programs and Fentanyl Test Strips (as amended)

RESOLVED, That ACEP support federal funding of syringe services programs; and be it further

RESOLVED, That ACEP develop advocacy materials to assist and encourage chapters to advocate for state and local laws permitting syringe services programs intended to reduce the risk of harm associated with injection drug use in addition to naloxone and educational material; and be it further

RESOLVED, That ACEP update harm reduction materials and resources available to its members to include informing patients of the risks of fentanyl analogues and other potentially harmful admixtures and the utilization and limitations of fentanyl test strips and other methods of testing for contaminants and adulterants.

Resolution 28 Consumer Awareness Through Classification of Emergency Departments (as substituted)

RESOLVED, That the ACEP ED Accreditation Task Force specifically consider the merits of a tiered ED classification based upon qualification of the clinician as part of the accreditation process with a report of findings to the Council by July 1, 2022.

Resolution 29 Downcoding (as amended)

RESOLVED, That ACEP develop strategies to assist chapters in identifying if downcoding is occurring in their state; and be it further

RESOLVED, That ACEP work with the Centers for Medicare & Medicaid Services and private insurers to prevent the practice of downcoding in state Medicaid programs and by private insurers; and be it further

RESOLVED, That ACEP work with chapters to develop specific model legislative language to require transparency when insurance companies make changes to or require additional information for a claim.

Resolution 30 Unfair Health Plan Payment Policies

RESOLVED, That ACEP develop model legislation and advocate for enactment at both the state and federal levels, prohibiting health plans from implementing new payment policies during the term of a provider's contracts unless the new policy is required by new laws or regulations; or the provider consents in writing to the specific policy change prior to its being implemented; and be it further

RESOLVED, That ACEP advocate at the American Medical Association to promote legislation prohibiting health plan contracts from requiring adherence to new health plan payment policies unless the new policy is required by new laws or regulations.

Resolution 31 Employment-Retaliation, Whistleblower, Wrongful Termination (as amended)

RESOLVED, That ACEP submit a resolution to the June 2022 AMA House of Delegates Annual Meeting promoting the concepts of Arizona house bill 2622 (2021) as signed into law as model state and national legislation to protect emergency physicians from corporate, workplace, and/or employer retaliation when reporting safety, harassment, or fraud concerns at the places of work (licensed health care institution) or government, which also includes independent and third-party contractors providing patient services at said facilities; and be it further

RESOLVED, That ACEP develop model legislation emulating Arizona house bill 2622 (2021) to share with chapters through mechanisms such as the State Legislative/Regulatory Committee and other membership outreach.

Resolution 32 Firearm Ban in EDs Excluding Active-Duty Law Enforcement (as amended)

RESOLVED, That ACEP promote and endorse that Emergency Departments become "Firearm Free" Zones, with the exception of active duty law enforcement officers, hospital security, military police, and federal agents; and be it further

RESOLVED, That ACEP endorse and promote screening for firearms weapons in the emergency department; and be it further

RESOLVED, That ACEP promote public education and academic research to decrease workplace violence.

Resolution 33 Formation of a National Bureau for Firearm Injury Prevention

RESOLVED, That ACEP support the creation of a National Bureau for Firearm Injury Prevention that would lead and coordinate a long-term, multidisciplinary campaign to reduce firearm injury and deaths based on proven public health research and practices.

Resolution 34 Global Budgeting for Emergency Physician Reimbursement in Rural and Underserved Areas

RESOLVED, That ACEP engage appropriate stakeholders, including at the federal and state levels, to find innovative staffing, payment, and reimbursement models, including but not limited to potential global budgeting for emergency physician professional services that incentivize and maintain financial viability of the coverage of emergency departments in rural and underserved areas by board eligible/certified emergency physicians.

Resolution 35 Preserving Rural Emergency Care in Rural Critical Access Hospitals and Rural Emergency Hospitals – *first two resolved*

RESOLVED, That ACEP support the rural critical access hospital program including the conversion of struggling rural critical access hospitals to rural emergency hospitals and state and federal governments should increase rural hospital access to low-cost capital to support the conversion of these facilities and preserve access to emergency care; and be it further

RESOLVED, That ACEP support rural health services research, including financial analyses of rural hospitals to better define the optimal funding model for rural critical access hospitals and rural emergency hospitals.

Resolution 36 Mitigating the Unintended Consequences of the CURES Act

RESOLVED, That ACEP work with appropriate stakeholders to highlight patient safety issues that may disproportionately impact the emergency department population related to implementation of the CURES Act; and be it further

RESOLVED, That ACEP develop a policy statement advocating for release of records only after the treating physician and team have had sufficient opportunity and time to review those results and discuss them with the patient.

Resolution 38 Prehospital Oversight and Management of Patients Experiencing Hyperactive Delirium with Severe Agitation (as amended)

RESOLVED, That ACEP advocate, at both state and national levels, that ABEM/AOBEM-certified physicians serve as the highest level of medical experts on the matter of management of patients with hyperactive delirium with severe agitation in the out-of-hospital and emergency department settings; and be it further

RESOLVED, That ACEP play an active role, at both state and national levels, in advocating against any non-ABEM/AOBEM-certified specialty's assertion to having greater expertise in the acute therapeutic (i.e., pharmacologic and non-pharmacologic) management of patients with hyperactive delirium in the out-of-hospital setting; and be it further

RESOLVED, That ACEP oppose any non-ABEM/AOBEM-certified specialty's medical oversight of out-of-hospital medical direction, particularly when pertaining to the management of hyperactive delirium with severe agitation; and be it further

RESOLVED, That ACEP partner with the National Association of EMS Physicians (NAEMSP) to work with state and national regulators and legislators on all issues pertaining to the out-of-hospital management of hyperactive delirium with severe agitation.

Resolution 41 Take Home Naloxone Programs in Emergency Departments (as substituted in lieu of resolutions 40 and 41).

RESOLVED, That ACEP amend the current policy statement "Naloxone Prescriptions by Emergency Physicians" to include endorsement for Take-Home Naloxone programs in emergency departments; and be it further

RESOLVED, That ACEP seek to increase the distribution of naloxone from the emergency department by researching and advocating for a standardized, lower barrier, and cost-effective take-home model for naloxone for at risk patients; and be it further

RESOLVED, That ACEP partner with other like-minded organizations to promote Take-Home Naloxone programs as a best practice for patients at risk of opioid overdose, and work to increase the number of Take-Home Naloxone programs in emergency departments; and be it further

RESOLVED, That ACEP advocate for regulatory and payment reform that would facilitate reimbursement from public and private payers, to hospitals and emergency departments for naloxone dispensed directly to patients as part of Take-Home Naloxone programs, thus removing financial disincentives for hospitals to have Take-Home Naloxone programs; and be it further

RESOLVED, That ACEP educate emergency physicians about strategies to implement Take Home Naloxone programs in their emergency department.

Resolution 42 Administration of COVID-19 Vaccines in the Emergency Department

RESOLVED, That ACEP advocate for the administration of vaccines against COVID-19 to qualified patients that present to the emergency department (ED); and be it further

RESOLVED, That ACEP support the development of best practices for discussing COVID-19 vaccines with patients, clinical decision making around when to administer the vaccine, building capacity to administer vaccines to emergency department patients, and integrating ED vaccination programs into larger community vaccination efforts.

Resolution 44 Caring for Transgender and Gender Diverse Patients in the Emergency Department

RESOLVED, That ACEP promote the equitable, culturally competent, and knowledgeable treatment of transgender and gender diverse patients receiving care in the emergency department; and be it further

RESOLVED, That ACEP compile information on the unique needs and best practices related to care of transgender and gender diverse patients in the emergency department; and be it further

RESOLVED, That ACEP encourage hospitals to provide adequate and appropriate education, training, and resources to all emergency department physicians on the needs and best practices related to care of transgender and gender diverse patients; and be it further

RESOLVED, That ACEP encourage emergency departments to foster and develop practices and policies that uphold supportive and inclusive environments and remove structural barriers to care.

Resolution 46 Effects of EM Practice Ownership on the Costs and Quality of Emergency Care

RESOLVED, That ACEP study the impact of emergency medicine practice ownership models on the cost and quality of emergency care.

Resolution 48 Financial Incentives to Reduce ED Boarding (as amended)

RESOLVED, That ACEP study financial and other incentives that might be used to reduce boarding of admitted patients in the emergency department.

Resolution 49 Forced EMS Diversion – *first resolved*

RESOLVED, That ACEP work with other stakeholders to discourage states and hospitals from using forced EMS diversion to substitute for system-wide hospital admission load balancing.

Resolution 50 Complications of Marijuana Use (as amended)

RESOLVED, That ACEP develop practice guidelines on the treatment of complications of marijuana use as seen in emergency department presentations; and be it further

RESOLVED, That ACEP provide education and guidance to emergency physicians in relationship to documentation and overall awareness of cannabis related ED diagnoses; and be it further

RESOLVED, That ACEP develop and disseminate public facing information on the complications of marijuana use as seen in the emergency department.

Resolution 52 Standardization of Medical Screening Exams of Arrested Persons Brought to the ED (as amended)

RESOLVED, That ACEP work with interested state chapters and other stakeholders to develop guidelines for the medical screening examination of individuals who are in law enforcement custody when the arresting agency requests a medical evaluation of that individual prior to processing into a detention center; and be it further

RESOLVED, That ACEP develop best practice guidelines for the conveying of an arrested person's pertinent medical information to medical personnel at the receiving correctional facility, consistent with medical ethics and medical privacy laws.

Resolution 54 Understanding the Effects of Law Enforcement Presence in the Emergency Department (as amended)

RESOLVED, That ACEP support the research, development, and adoption of best practices regarding law enforcement and security personnel presence in the hospital environment, including but not limited to the ED, to create transparency and protect the rights of its vulnerable patient populations; and be it further

RESOLVED, That ACEP collaborate with other interested organizations to create easily accessible transparent toolkits that outline state-specific policies and laws regarding law enforcement presence in the hospital environment, including but not limited to the ED.

Resolution 55 Patient Experience Scores (as amended)

RESOLVED, That ACEP acknowledge and affirm existing ACEP policy (e.g., the 2016 "Patient Experience of Care Surveys" policy statement); and be it further

RESOLVED, That ACEP define standardized inclusion and exclusion criteria for patient experience survey populations; and be it further

RESOLVED, That ACEP define improved methodologies for patient experience surveys, including wording to reduce or eliminate bias, and appropriate power calculations such that sufficient surveys are collected to yield more statistically valid results; and be it further

RESOLVED, That ACEP aggressively advocate for patient experience survey validity and work with CMS and other stakeholders to implement prompt, actionable change to current ED survey practices.

Resolution 56 Race-Based Science and Detrimental Impact on Black, Indigenous, and People of Color Communities (as amended)

RESOLVED, That ACEP issue a statement to the membership regarding the lack of validity in race-based science and its detrimental impact on the health of Black, Indigenous, and People of Color patients and communities; and be it further

RESOLVED, That ACEP commit to the education of its membership by denouncing the use of race-based calculators in its clinical policies; and be it further

RESOLVED, That ACEP commit to not support research studies that utilize race-based calculations that are not supported by sound scientific evidence.

Resolution 57 Social Determinants of Health Screening in the Emergency Department (as amended)

RESOLVED, That ACEP seek to improve the recognition of, and attention to, social determinants of health (SDH) by supporting research of evidence-based SDH screening and interventions in the ED; and be it further

RESOLVED, That ACEP advocate for the allocation of private and public sector resources for identifying and addressing social determinants of health in the emergency department; and be it further

RESOLVED, That ACEP push for legislative and political action to achieve broad, systemic solutions to those social determinants of health that create inequity in health status and outcomes so that to the greatest extent possible, addressing social determinants of health is considered integral to improving the health of the country.

Resolution 58 Updating and Enhancing ED Buprenorphine Treatment Training and Support

RESOLVED, That ACEP support the development of training sessions focused solely on the implementation of buprenorphine induction and prescribing in the emergency department setting to replace the 8-hour training that had previously been required for X-waiver applications; and be it further

RESOLVED, That ACEP develop an online peer mentoring platform, similar to Providers Clinical Support System, but limited to emergency physicians, that utilizes the expertise of members of the College to support the development and implementation of ED substance use disorder practices while responding to specific practice-based challenges that arise in an asynchronous messaging forum available to all ACEP members.

Resolution 59 Use of Medical Interpreters in the Emergency Department (as amended)

RESOLVED, That ACEP promote the use of qualified medical interpreters for emergency department patient interactions with patients with limited English proficiency.

Resolution 60 Accountable Organizations to Resident and Fellow Trainees (as amended)

RESOLVED, That ACEP submit a resolution to the AMA that requests the AMA establish a taskforce consisting of relevant stakeholders with the following goals:

1. Determine which organizations or governmental entities are best suited for being permanently responsible for resident and fellow interests without conflicts of interests.
2. Determine how these organizations can be held accountable for fulfilling their duties to protect the rights and well-being of resident and fellow trainees.
3. Determine methods of advocating for residents and fellows that are timely and effective, without jeopardizing trainees' current and future employability.
4. Study and report back on how such an organization may be created, in the event that no organizations or entities are identified that meet the above criteria; and
5. determine transparent methods to communicate available residency positions to displaced residents.

Resolution 61 Advocating for a Required Emergency Medicine Experience at All U.S. Medical Schools (as substituted)

RESOLVED, That ACEP advocate that all U.S. medical schools, allopathic and osteopathic, require formal exposure to the specialty of emergency medicine, including but not limited to a formal clerkship or other activities to ensure that graduating medical students understand the role of emergency

departments and the practice of emergency medicine.

Resolution 62 Support of Telehealth Education in Emergency Medicine Residency (as amended)

RESOLVED, That ACEP promote and endorse telehealth training opportunities for emergency medicine residents; and be it further

RESOLVED, That ACEP advocate for inclusion of telehealth in The Model of the Clinical Practice of Emergency Medicine; and be it further

RESOLVED, That ACEP support the development of additional telehealth fellowship programs.

Resolution 63 Physician-Led Team Leader Training (as amended)

RESOLVED, That ACEP engage with the Accreditation Council for Graduate Medical Education, the Council of Residency Directors in Emergency Medicine, the Society of Emergency Medicine Physician Assistants, the American Academy of Emergency Nurse Practitioners, and the American Association of Physician Leaders, and other interested parties to develop a standardized curriculum for teaching physicians to function as team leaders in support of physician-led teams; and be it further

RESOLVED, That ACEP develop continuing medical education to instruct physician-led teams based on the curriculum identified by the stakeholders for physicians who are post residency; and be it further

RESOLVED, That ACEP advocate to the American Board of Emergency Medicine and the American Osteopathic Board of Emergency Medicine that specific competencies in team leadership be incorporated in the next revision of *The Model of the Practice of Clinical Emergency Medicine*.

Resolution 64 Rural Emergency Medicine Education and Recruitment (as amended)

RESOLVED, That ACEP support staffing rural hospitals with ED volumes greater than 5,000 patients per year with ABEM/AOBEM board-certified/eligible emergency physicians including cost-based reimbursement that covers the cost of 24/7 ABEM/AOBEM board-certified/eligible physician coverage and support expanded ACEP-led rural provider education, board-certified emergency physician medical direction, and telemedicine access for all rural emergency departments including those who do not yet have full ABEM/AOBEM-certified/eligible physician coverage or those with extremely low volumes; and be it further

RESOLVED, That ACEP support the creation of links between rural hospitals and larger health networks and academic institutions, including medical schools and colleges, to facilitate the creation of rural medicine internships and electives for interested learners at the undergraduate and medical school level; and be it further

RESOLVED, That ACEP support the use of government funding for rural elective rotations for emergency medicine residents at rural critical access hospitals to better train residents for this work and recruit residents to rural practice, where they are most needed; and be it further

RESOLVED, That ACEP support student loan forgiveness for physicians choosing to practice emergency medicine in rural areas.

Resolution 65 Rural Provider Support and a Call for Data (as amended)

RESOLVED, That ACEP support the Rural Section in collecting survey data from rural emergency departments to investigate volumes, clinician staffing patterns, and common barriers of care and staffing based and stratified as follows:

Extreme Frontier	< 0.25 pts/hr (annual volume < 2,190)
Frontier	0.25 pts/hr - 0.5 pts/hr (annual volume 2,191 to 4,380)
Small Rural	0.5 pts/hr – 2 pts/hr (annual volume 4,381 to 17,520)
Medium Rural	2 pts/hr – 4 pts/hr (annual volume 17,521 to 35,040)
Large rural	> 4 pts/hr (annual volume > 35,041); and be it further

RESOLVED, That ACEP recognize that ABEM/AOBEM-certified or eligible physicians are underrepresented in rural emergency departments and that very low volume EDs generally cannot support full-time ABEM/AOBEM-certified physicians; and be it further

RESOLVED, That ACEP encourage rural emergency departments to retain ABEM/AOBEM-certified physicians to serve as emergency department medical directors so there will be physician-led teams in all U.S. EDs; and be it further

RESOLVED, That ACEP support and endorse rural-specific tools including telemedicine initiatives, the development of regional expedited transfer agreements, regional hub and spoke model integration, and rural specific educational tools.

Resolution 70 Creation of Specialized Scope Expansion Advocacy Teams for State Level Advocacy (as amended)

RESOLVED, That ACEP create a toolkit for members to use at the state level to address practice scope expansion efforts that emphasizes the importance of a physician led team for optimal patient safety; and be it further

RESOLVED, That ACEP's advocacy team create a tracking system for unsupervised practice efforts in each state to ensure that the voice of emergency physicians can be heard for this important patient safety topic; and be it further

RESOLVED, That ACEP's advocacy team create a "strike team" of advocacy experts in emergency medicine scope expansion issues that can be tasked to help engage states who are actively involved in scope expansion legislation and support the state chapters and physicians at the local level; and be it further

RESOLVED, that ACEP report on efforts to maintain and challenge scope of practice for our Council's consideration highlighting, at a minimum, activities by ACEP and state chapters in states where scope of practice is being challenged and outcomes of those efforts.

Resolution 72 Fair Compensation to Emergency Physicians for Collaborative Practice Agreements & Supervision (as amended)

RESOLVED, That ACEP support emergency physicians be fairly compensated to supervise ABEM/AOBEM Board Certified/ eligible physician led teams.

Resolution 74 Regulation by State Medical Boards of All Who Engage in Practice of Medicine (as amended)

RESOLVED, That ACEP support that anyone, physicians or non-physician practitioners, who engage in the practice of medicine be regulated by the respective state medical board of their respective states; and be it further

RESOLVED, That ACEP work with the AMA and submit a resolution to their house of delegates to create a universal definition of the practice of medicine to include the ordering of diagnostic tests, diagnosing clinical condition/disease, prescribing of medications, and/or ordering of treatments on human beings.

Resolution 78 In Memory of Leon L. Haley, Jr., MD, MHSA, CPE, FACEP, FACHE

RESOLVED, That the American College of Emergency Physicians remembers with honor and appreciation the accomplishments and contributions of a gifted emergency physician, Leon L. Haley, Jr., MD, MHSA, CPE, FACEP, FACHE, and extends condolences and gratitude to his parents Leon and Elizabeth Ann, his children Grant, Wesley, and Nichelle, his sister Lisa, family, friends, and colleagues for his remarkable service to the specialty of emergency medicine, patient care, and the communities he served so well.

Resolution 79 In Memory of Juan Francisco Fitz, MD, FACEP

RESOLVED, That the American College of Emergency Physicians recognizes the scope, breadth, and lasting impact of the magnanimous life of Juan Francisco Fitz, MD, FACEP, on the State of Texas and the Texas College of Emergency Physicians; and be it further

RESOLVED That the American College of Emergency Physicians and the Texas College of Emergency Physicians acknowledges the substantial loss to the medical community and bereavement of his many colleagues and friends, but above all extend condolences to his family.

Resolution 80 In Memory of Jay Edelberg, MD, FACEP

RESOLVED That the American College of Emergency Physicians remember with honor and gratitude this trailblazing pioneer, Jay Edelberg, MD, FACEP, and his selfless contributions to emergency medicine; and be it further

RESOLVED that the American College of Emergency Physicians extends the same gratitude and condolences to his wife, Caral, his family members, colleagues, and friends who are deeply saddened by this loss.

Resolution 81 Leon L. Haley, Jr. Award

RESOLVED, That the American College of Emergency Physicians create a national award to honor champions of diversity, inclusion, and health equity and it be named the "Leon L Haley Jr Award" in honor of one of the emergency medicine leaders who promoted diversity, inclusion, health equity and eliminating health disparities throughout his career; and be it further

RESOLVED, That each year at the ACEP Scientific Assembly that there should be a "Leon L Haley Jr Lecture" that will focus on diversity, equity, and inclusion and on the outstanding qualities exemplified by Leon Haley, including professionalism, humanitarianism, and advocacy for the elimination of healthcare disparities.

Resolution 82 Defining the Job Description of an Emergency Physician (as amended)

RESOLVED, That, the American College of Emergency Physicians (ACEP) work with appropriate stakeholders and the insurance industry to develop ACEP policy defining an accurate job description that can apply to all emergency physicians; and be it further

RESOLVED, That ACEP consider developing an accurate job description for emergency physicians, which can be used to support appeals of long term disability claim denials, until an acceptable ACEP policy is created.

Council Standing Rules Resolution

(Do not require action by the Board of Directors.)

Resolution 12 Permitting Bylaws Amendments on the Unanimous Consent Agenda – Council Standing Rules Amendment

RESOLVED, That the ACEP Council Standing Rules “Unanimous Consent Agenda” section, paragraph two, be amended to read as follows with the proviso that the change will become effective after the 2021 Council meeting:

“All resolutions assigned to a Reference Committee, ~~except for Bylaws resolutions~~, shall be placed on a Unanimous Consent Agenda.”

Resolution Referred to the Council Steering Committee

Resolution 15 Member Determined Council Representation

RESOLVED, That a task force or committee be appointed to consider an alternative method of determining representation of the membership with specific consideration given to addressing the following:

1. Council composition to be determined by the allocation of credits or points that each individual emergency physician members in good standing of the College will be allotted equally.
2. Each and every full member in good standing who pays full membership dues will be assigned five (5) points or credits that the individual emergency physician is free to assign in whatever breakdown the member wishes towards his/her state chapter, another state chapter, a particular section, or any combination the member wishes to assign the points/credits.
3. Council representation will be determined by the total number of votes/points that were assigned by all paying emergency physician members, i.e., total number of Council positions available (councillors) will be divided into the total number of points to determine how many available councillors will be assigned to each specific chapter, section, etc.
4. Consider maintaining a minimum number of councillor positions i.e., one (1) could be assigned to each state and each section with a minimum of 100 paying members, with the remaining councillor positions assigned according to the pro-rated number of credits/points that the individual emergency physicians assigned.
5. Consider a hybrid that gives preference as seen fit; and be it further

RESOLVED, That a task force or committee assigned to review alternative methods of determining representation of the members in the Council conclude its investigation, research, and suggestions and report back to the Board with sufficient time for the Board to report the information to the Council at least one month before the resolution submission deadline for the 2022 Council meeting.

Resolutions Referred to the Board of Directors

Resolution 25 ACEP Report Card

RESOLVED, That ACEP undertake a new state chapter survey with questions similar to previous Report Card studies but edited to reflect current emergency medicine practice issues in 2021; and be it further

RESOLVED, That ACEP publish and widely distribute the results of a state chapter survey in a National Report Card 2022 and provide assistance and resources for chapter activities to improve access and quality of emergency care in their state.

Resolution 35 Preserving Rural Emergency Care in Rural Critical Access Hospitals and Rural Emergency Hospitals – last three resolveds

RESOLVED, That ACEP support cost-based reimbursement for rural critical access hospitals and rural emergency hospitals at a minimum of 101% of patient care, including emergency care, to enable rural critical access hospitals to provide a safety net for rural patients and cost-based reimbursement should be increased beyond this 101% minimum according to the proportion of Medicare, Medicaid, and uninsured patients seen in the emergency department; and be it further

RESOLVED, That ACEP support changes in Center for Medicare and Medicaid Services regulation that would allow rural off-campus emergency departments and rural emergency hospitals to collect the facility fee as well as the professional fee, as this essential for rural emergency hospital financial viability; and be it further

RESOLVED, That ACEP advocate for insurance plans to aggregate all institutional and professional billing related to an episode of care and send one unified bill to the patient for their portion to shift the burden of collecting from the patient with a high-deductible insurance plan to the insurance company and allow for more equitable payments to both the rural and referral hospitals for initial stabilization in a rural area and definitive care at a tertiary center.

Resolution 37 Physician Pay Ratio

RESOLVED, That ACEP support legislation to establish a Minimum Emergency Physician Pay Ratio that all Contract Management Groups and employers are required to pay individual emergency physicians based on what is collected on the billings for the services provided by that individual emergency physician, before collection costs; and be it further

RESOLVED, That ACEP support that when a nominal compensation amount is stated to compensate the emergency physician, the amount must meet or exceed an established Minimum Emergency Physician Pay Ratio; and be it further

RESOLVED, That ACEP support legislation to establish a Minimum Emergency Physician Pay Ratio that all Contract Management Groups and employers are required to pay individual emergency physicians a reasonable, prorated percentage of any other revenue that the contract management group or employer receives as a direct or indirect result of the individual, or group of individual, emergency physicians, providing his/her/their services with a suggested starting point: 0.80-0.85 (80-85%).

Resolution 43 Autonomous “Shared Governance” Due Process

RESOLVED, That ACEP adopt and promote a practice of “shared governance based due process” that has the following general qualities and that it applies to:

1. Employees of a hospital or health system.
2. Independent contractors or employees of a large group with a MSO
3. Independent contractors or employees of a small group

Definitions

1. Individual Physician (IP) requesting due process.
2. Management Service Organization (MSO) or individual or entity that makes decisions, negotiates contracts, or provides management services. This can also apply to administrative physicians in small group or deans/chairs/administrative faculty.
3. Practicing physicians in Physician Group (PPG) would be the entity deciding that outcome of the IP and be limited to the physicians practicing in the group at that hospital in that department. Their vote would be based on number of clinical hours worked in the past six months. Groups could establish some type of seniority multiplier based on years worked or full votes to each full-time clinical physician based on a minimum hours such as 80/hours a month.

The hospital, health system, medical group, or MSO would still arrange and sign contracts with individual physicians (IP). However, in the event a hospital administration, MSO, or health system requests the immediate removal of an IP, or removes them from the schedule, or fails to schedule them for their usual numbers of shifts, the IP would have the opportunity to have a hearing before the PPG. The PPG would then determine if the IP should be immediately terminated or removed from the schedule. The proceedings/vote would be confidential, but results would be reported to the MSO. If the MSO or IP disagrees with the decision, the MSO or IP could still initiate a hospital medical staff due process complaint (if available to them), arbitration process, or legal remedy.

Resolution 47 Family and Medical Leave – *third resolved*

RESOLVED, That ACEP develop a policy statement in support of paid family leave outside of the language in ACEP’s “Family and Medical Leave” policy statement revised in 2019.

Resolution 49 Forced EMS Diversion – *second resolved*

RESOLVED, That ACEP collect data on the clinical impact of EMS diversion policies.

Resolution 51 Medical Bill of Rights for Detained and Incarcerated Persons While Receiving Emergency Medical Care

RESOLVED, That ACEP adopt the following Medical Bill of Rights for detained and incarcerated persons in reference to patients presenting under custody for medical evaluation:

Detained, arrested, and incarcerated persons have the right to:

1. Medical neutrality – equal evaluation and treatment for emergency medical conditions regardless of their status as a detained or incarcerated person.
2. Speak with their provider privately.
3. Removal of physical restraints for the purpose of a physical exam at the request of the treating physician.
4. Medical care at a facility that has a protocol for and supports quality analysis of medical care.
5. Privacy and protection from inquiry regarding charges, conviction, or duration of sentence unless expressly pertinent to delivery of care.
6. Informed consent – to be adequately informed of diagnoses, treatment options, risks and alternatives, and follow-up plans.
7. Refuse care and diagnostic testing, including nutrition, laboratory studies, medications, and procedures, with the exception of psychoactive medications if the patient is deemed a potential harm to self or others if psychoactive medications are withheld OR with the exception of previously set forth state policies or contracts determining otherwise.
8. Administration of interventions and requests for consultations in a timely manner consistent with local standards of care.
9. Make their healthcare decisions independently, if deemed competent, and to appoint an appropriate surrogate medical decision-maker in the event they become incompetent. Wardens, sheriffs, guards, police officers, prison administrators, and other law enforcement officials are not eligible medical decision-makers.
10. Visitation by their medical decision-maker according to state laws regardless of the policies of law enforcement or carceral institutions.; and be it further

RESOLVED, That ACEP work with interested parties and key stakeholders to develop federal legislation requiring health care facilities to inform patients in custody about their rights as a patient.

Resolution 66 ACEP Promotion of Emergency Physician Led Teams (as substituted in lieu of Resolutions 66, 67, and 76)

RESOLVED, That ACEP publish and promote a policy explicitly stating that all patients presenting to an emergency department deserve to be assessed by an ABEM/AOBEM board certified emergency physician; and be it further

RESOLVED, That ACEP support the standard that board-certified/eligible emergency physicians are to be involved in every patient encounter presenting to an emergency department.

Resolution 73 Offsite Supervision of Nurse Practitioners and Physician Assistants

RESOLVED, That the ACEP policy statement, “Guidelines Regarding the Role of Physician Assistants and Nurse Practitioners in the Emergency Department,” be revised to remove “offsite” supervision, including via telephone, telehealth, or video, as a type of indirect supervision of physician assistants and nurse practitioners in the emergency department; and be it further

RESOLVED, That ACEP oppose staffing of emergency departments with physician assistants and nurse practitioners without onsite emergency physician supervision.