

Memorandum

To: 2023 Council

From: Susan E. Sedory, MA, CAE
Executive Director and Council Secretary

Date: October 3, 2023

Subj: Action on 2022 Resolutions

The 2022 Council considered 65 resolutions: 45 were adopted, 17 were not adopted, and four were referred to the Board of Directors. There are five commendation resolutions, 10 memorial resolutions, one Bylaws resolution, and two Council Standing Rules resolutions.

Note: The first resolved of Resolution 19 was not adopted and the second resolved was adopted as amended.

The attached report summarizes the actions taken on the 2022 resolutions adopted by the Council and those that were referred to the Board of Directors. The [updated actions](#) are also available on the ACEP website (scroll to the end of the document to see amended or substituted language and to see the implementation action).

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Action on 2022 Council Resolutions

Resolution 1 Commendation for Michael L. Callaham, MD, FACEP

RESOLVED, That the American College of Emergency Physicians recognizes the scope, breadth, and lasting impact of the contributions of Michael L. Callaham, MD, FACEP, to the advancement of science and success of *Annals of Emergency Medicine*; and be it further

RESOLVED, That the American College of Emergency Physicians commends Michael L. Callaham, MD, FACEP, for his outstanding service, leadership, and commitment to the College and the specialty of emergency medicine.

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

Resolution 2 Commendation for Virginia Kennedy Palys, JD

RESOLVED, That the American College of Emergency Physicians commends Virginia (Ginny) Kennedy Palys, JD, for her career of dedicated service, outstanding leadership, commitment to the College, the emergency physicians of Illinois, the specialty of emergency medicine, and the patients that we serve.

Action: A framed resolution was sent to Ms. Kennedy-Palys.

Resolution 3 Commendation for Commendation Paul Pomeroy, MD, FACEP

RESOLVED, That the American College of Emergency Physicians commends Paul R Pomeroy, Jr., MD, FACEP, for his outstanding service, leadership, commitment to the College and the specialty of emergency medicine, and to the patients we serve.

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

Resolution 4 Commendation for Loren Rives, MNA

RESOLVED, That the American College of Emergency Physicians commends Loren Rives, MNA, for her outstanding service and commitment to the College and the specialty of emergency medicine.

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

Resolution 5 Commendation for Mark S. Rosenberg, MD, MBA, FACEP

RESOLVED, That the American College of Emergency Physicians commends Mark S. Rosenberg, DO, MBA, FACEP, for his outstanding service, leadership, commitment to the College and the specialty of emergency medicine, and to the patients we serve.

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

Resolution 6 In Memory of Carey D. Chisholm, MD

RESOLVED, That the American College of Emergency Physicians recognizes the outstanding contributions of Carey D. Chisholm, MD, to the specialty of emergency medicine, especially as an educator, and extends the College's condolences to his wife of almost 40 years, Robin Chisholm, as well as to their daughters, Kelsey and Tyler.

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

Resolution 7 In Memory of Loren A. Crown, MD, FACEP

RESOLVED, That the American College of Emergency Physicians remembers with honor and gratitude the accomplishments and contributions of a gifted emergency physician, Loren A. Crown, MD, FACEP, and extends condolences and gratitude to his wife, Elaine Kathleen Ellis, family, and friends for his service to the specialty of emergency medicine and to patient care.

Resolution 8 In Memory of Sherill Mullenix

RESOLVED, That the American College of Emergency Physicians, the Delaware Chapter, and the friends and colleagues of Sherrill Mullenix recognizes her longstanding dedication and incredible contributions to the current state and the future of emergency medicine and acknowledges that she is irreplaceable and is missed.

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

Resolution 9 In Memory of Adetolu "Tolu" Odufuye, MD

RESOLVED, That the American College of Emergency Physicians extends to the family of Adetolu "Tolu" Odufuye MD, FACEP, her friends, and her colleagues our condolences and gratitude for her tremendous service to the specialty of emergency medicine and to the patients and physicians of Florida and the United States.

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

Resolution 11 Establishing a Young Physician Position on the ACEP Nominating Committee

RESOLVED, That the ACEP Bylaws Article VIII – Council, Section 7 – Nominating Committee be amended to read:

A Nominating Committee for positions elected by the Council shall be appointed annually and chaired by the speaker. The speaker shall appoint five members, at least one of which shall be a young physician, defined as a member under the age of 40 or within the first ten years of practice, and the president shall appoint the president-elect plus two additional Board members. A member of the College cannot concurrently accept nomination to the Board of Directors and Council Office. Nominations will also be accepted from the floor.

Action: The Bylaws were updated.

Resolution 15 Electronic Voting During the Council Meeting – Council Standing Rules Amendment (as amended)

RESOLVED, That the ACEP Council Standing Rules, "Election Procedures" section, paragraph one, and the "Voting on Resolutions and Motions" first paragraph be amended to read:

Election Procedures

Elections of the president-elect, Board of Directors, and Council officers shall be by a majority vote of councillors voting. Voting shall be by written or electronic ballot, which may include remote communication and voting technology. There shall be no write-in voting. Individual connectivity issues or individual disruption of remote communication technology shall not be the basis for a point of order and/or other challenge to any voting utilizing such technology. However, points of order related to perceived or potential mass discrepancies in voting are still in order. The Chair of the Tellers, Credentials, & Elections Committee will monitor the voting for large discrepancies between votes and notify the Speaker.

Voting on Resolutions and Motions

Voting may be accomplished by an electronic voting system, including remote communication technology, voting cards, standing, or voice vote at the discretion of the speaker. Numerical results of electronic votes and standing votes on resolutions and motions will be presented before proceeding to the next issue. Individual connectivity issues or individual disruption of remote communication and voting technology shall not be the basis for a point of order and/or other challenge to any voting utilizing such technology. However, points of order related to perceived or potential mass discrepancies in voting are still in order. The Chair of the Tellers, Credentials, & Elections Committee will monitor the voting for large discrepancies between votes and notify the Speaker.

Action: The Council Standing Rules were updated.

Resolution 16 Required Candidate Campaign Materials from Floor Candidates

RESOLVED, That the ACEP Council Standing Rules, "Nominations" section, be amended to read:

Nominations

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

Members not nominated by the Nominating Committee may **self-nominate by** declaring themselves “floor candidates” at any time after the release of the Nominating Committee report and before the speaker closes nominations during the Council meeting. All floor candidates must notify the Council speaker in writing. Upon receipt of this notification, the candidate becomes a “declared floor candidate,” has all the rights and responsibilities of candidates otherwise nominated by the Nominating Committee, and must comply with all rules and requirements of the candidates. **All required candidate materials (including but not limited to professional photo, CV, Candidate Campaign Rules Attestation, responses to written questions, candidate data sheet, conflict of interest disclosure statement) must be available immediately at the time of floor nomination – either completed by the due date for all nominees or at the time of notification to the Speaker of intent to seek nomination, whichever date is later.**

Action: The Council Standing Rules were updated.

Resolution 17 Criteria for the Location of Future National ACEP Events (as substituted)

RESOLVED, That in considering where to schedule future national level ACEP events, ACEP shall take into consideration whether that location restricts access to reproductive health care.

Action: Assigned to educational meetings staff to consider when developing recommendations for future national ACEP meetings.

Resolution 19 Due Process and Interaction with ACEP (as amended) – second resolved

RESOLVED, That ACEP create a method for members to report incidents of denial of due process, review member-submitted contractual clauses, or other methods of denying such that are of concern.

Action: Assigned to legal staff to guide the appropriate development and implementation of this reporting mechanism for members.

There are a growing number of [resources available on the ACEP website](#) dedicated to the topics of employment contracts and other practice and legal issues, including a checklist to negotiate the best contract and an on-demand course on standard contract provisions. The site also includes a list of local attorneys available to review contracts and assist with other legal matters. In addition, ACEP partnered with Resolve, a well-established physician contract review service, in March 2023, to provide all ACEP members a 20% discount on contract review services, ranging in price from \$499 to \$1,999 based on the complexity of review required. Resolve also provides insight into compensation data and the competitiveness of other terms in the contract. The service was tested by two ACEP members needing contract review for their real-life employment agreements prior to finalizing the partnership and both members had positive feedback about their experiences.

Resolution 24 Access to Reproductive Rights (as amended)

RESOLVED, That ACEP support equitable, nationwide access to reproductive health care procedures, medications, and other interventions.

Action: Assigned to the Emergency Medicine Reproductive Health & Patient Safety Task Force to develop a comprehensive policy statement on access to reproductive health care and include the tenets of Resolutions 24, 25, 26, and 27. Review ACEP’s policy statement “[Emergency Contraception for Women at Risk of Unintended and Preventable Pregnancy](#)” and determine if revisions are needed for a stand-alone policy statement or if it can be included in the comprehensive policy statement on access to reproductive health care. Assigned to Advocacy & Practice Affairs staff for federal and state advocacy initiatives.

The Emergency Medicine Reproductive Health & Patient Safety Task Force developed a new and comprehensive policy statement “[Access to Reproductive Healthcare in the Emergency Department](#)” that includes and expands on the policy statement “Emergency Contraception for Women at Risk of Unintended and Preventable Pregnancy.” The new policy statement is intended to focus on protecting the patient-physician relationship, which will allow it to be used to serve patients throughout the United States. The policy statement was approved by the Board in June 2023. Elements of the new policy statement were used in ACEP’s response to HIPAA Privacy Rule to Support Reproductive Health Care Privacy.

Resolution 25 Advocacy for Safe Access to Full Spectrum Pregnancy Related Health Care (as amended)

RESOLVED, That ACEP affirm that: 1) abortion is a medical procedure and should be performed only by a duly licensed physician, surgeon, or other medical professional in conformance with standards of good medical practice and the Medical Practice Act of that individual’s state; and 2) no physician or other professional personnel shall be required to

perform an act violative of good medical judgment and this protection shall not be construed to remove the ethical obligation for referral for any medically indicated procedure; and be it further

RESOLVED, That ACEP support the position that the early termination of pregnancy (publicly referred to as “abortion”) is a medical procedure, and as such, involves shared decision making between patients and their physician regarding: 1) discussion of reproductive health care; 2) performance of indicated clinical assessments; 3) evaluation of the viability of pregnancy and safety of the pregnant person; 4) availability of appropriate resources to perform indicated procedure(s); and 5) is to be made only by health care professionals with their patients; and be it further

RESOLVED, That ACEP oppose statutory provision of criminal penalties for any medically appropriate care provided in the emergency department and additionally oppose mandatory reporting with the intent (explicit or implicit) to prosecute patients or their health care professionals, which includes, but is not limited to, care for any pregnancy, pregnancy-related complications, or pregnancy loss; and be it further

RESOLVED, That ACEP specifically oppose the imposition of penalties, or other retaliatory efforts against patients, patient advocates, physicians, health care workers, and health systems for receiving, assisting, or referring patients within a state or across state lines to receive reproductive health services or medications for contraception and abortion, and will further advocate for legal protection of said individuals; and be it further

RESOLVED, That ACEP support an individual’s ability to access the full spectrum of evidence-based pre-pregnancy, prenatal, peripartum, and postpartum physical and mental health care, and supports the adequate payment from all payers for said care;

Action: Assigned to the Emergency Medicine Reproductive Health & Patient Safety Task Force to develop a comprehensive policy statement on access to reproductive health care and include the tenets of Resolutions 24, 25, 26, and 27. Review ACEP’s policy statement “[Emergency Contraception for Women at Risk of Unintended and Preventable Pregnancy](#)” and determine if revisions are needed for a stand-alone policy statement or if it can be included in the comprehensive policy statement on access to reproductive health care. Assigned to Advocacy & Practice Affairs staff for federal and state advocacy initiatives.

The Emergency Medicine Reproductive Health & Patient Safety Task Force developed a new and comprehensive policy statement “[Access to Reproductive Healthcare in the Emergency Department](#)” that includes and expands on the policy statement “Emergency Contraception for Women at Risk of Unintended and Preventable Pregnancy.” The new policy statement is intended to focus on protecting the patient-physician relationship, which will allow it to be used to serve patients throughout the United States. The policy statement was approved by the Board in June 2023. Elements of the new policy statement were used in ACEP’s response to HIPAA Privacy Rule to Support Reproductive Health Care Privacy, specifically regarding a proposed prohibition on use or disclosure of PHI, in accordance with the 3rd and 4th resolveds.

Resolution 26 Promoting Safe Reproductive Health Care for Patients (as amended)

RESOLVED, That ACEP encourage hospitals and emergency medicine residency training programs to provide education, training, and resources outlining evidence-based clinical practices on acute presentations of pregnancy-related complications, including miscarriage, post-abortion care, and self-managed abortions; and be it further

RESOLVED, That ACEP continue to develop clinical practices and policies that protect the integrity of the physician-patient relationship, the legality of clinical decision-making, and possible referral to additional medical care services – even across state lines – for pregnancy-related concerns (including abortions); and be it further.

RESOLVED, That ACEP support clear legal protections for emergency physicians providing federally-mandated emergency care, particularly in cases of conflict between federal law and state reproductive health laws.

Action: Assigned to the Emergency Medicine Reproductive Health & Patient Safety Task Force to develop a comprehensive policy statement on access to reproductive health care and include the tenets of Resolutions 24, 25, 26, and 27. Review ACEP’s policy statement “[Emergency Contraception for Women at Risk of Unintended and Preventable Pregnancy](#)” and determine if revisions are needed for a stand-alone policy statement or if it can be included in the comprehensive policy statement on access to reproductive health care. Assigned to Advocacy & Practice Affairs staff for federal and state advocacy initiatives.

The Emergency Medicine Reproductive Health & Patient Safety Task Force developed a new and comprehensive policy statement “[Access to Reproductive Healthcare in the Emergency Department](#)” that includes and expands on the policy statement “Emergency Contraception for Women at Risk of Unintended and Preventable Pregnancy.” The new policy statement is intended to focus on protecting the patient-physician relationship, which will allow it to be used to serve patients throughout the United States. The policy statement was approved by the Board in June 2023. Elements of the new policy statement were used in ACEP’s response to HIPAA Privacy Rule to Support Reproductive Health Care Privacy, specifically in support of legal protections in accordance with the 3rd resolved.

Resolution 27 Equitable Access to Emergency Contraception in the ED

RESOLVED, That ACEP develop a policy statement endorsing the accessibility of emergency contraception in emergency departments nationwide; and be it further

RESOLVED, ACEP advocate for universal access to emergency contraception in the emergency department.

Action: Assigned first resolved to the Emergency Medicine Reproductive Health & Patient Safety Task Force to develop a comprehensive policy statement on access to reproductive health care and include the tenets of Resolutions 24, 25, 26, and 27. Review ACEP's policy statement "[Emergency Contraception for Women at Risk of Unintended and Preventable Pregnancy](#)" and determine if revisions are needed for a stand-alone policy statement or if it can be included in the comprehensive policy statement on access to reproductive health care. Assigned to Advocacy & Practice Affairs staff for federal and state advocacy initiatives.

The Emergency Medicine Reproductive Health & Patient Safety Task Force developed a new and comprehensive policy statement "[Access to Reproductive Healthcare in the Emergency Department](#)" that includes and expands on the policy statement "Emergency Contraception for Women at Risk of Unintended and Preventable Pregnancy." The new policy statement is intended to focus on protecting the patient-physician relationship, which will allow it to be used to serve patients throughout the United States. The policy statement was approved by the Board in June 2023.

Resolution 28 Billing and Collections Transparency and Interaction with ACEP (as amended)

RESOLVED, That ACEP advocate to establish the requirement that revenue cycle management entities will, upon request, directly provide every emergency physician it bills or collects for with a detailed itemized statement of billing and remittances for medical services they provide.

Action: Assigned to Advocacy & Practice Affairs staff for federal, state, and local advocacy initiatives, in accordance with ACEP's policy statement "[Emergency Physician Contractual Relationships](#)" and the associated [Policy Resource and Education Paper \(PREP\)](#) supporting the rights of an emergency physician to review what is billed and collected in their name. ACEP continues to advocate for the importance of billings and collections transparency. One of the questions employers, including revenue cycle management entities, are asked as part of ACEP's [Open Book](#) project is to identify if, and how often, physicians in their group are provided with billing and collections data.

Resolution 29 Buprenorphine is an Essential Medicine and Should be Stocked in Every ED

RESOLVED, That ACEP advocate on behalf of its patients and members that the FDA add buprenorphine to its list of essential medications; and be it further

RESOLVED, That ACEP recommend and advocate that every emergency department stock buprenorphine and medications for opioid use disorder so that patients with opioid use disorder or in opioid withdrawal may receive the best evidence-based care; and be it further

RESOLVED, That ACEP work with the American Hospital Association, American Medical Association, state agencies, and federal agencies to promote availability of medications for opioid use disorder in emergency departments and hospital settings; and be it further

RESOLVED, That ACEP support hospitals and emergency physicians in initiating treatment protocols for opioid use disorder and opioid withdrawal using buprenorphine and medications for opioid use disorder to enhance best evidence-based practices in emergency medicine throughout the United States.

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

The Substance Abuse and Mental Health Services Administration (SAMHSA) and the Drug Enforcement Administration (DEA) [issued guidance on the removal of the X-waiver](#) on January 12, 2023. This is an ACEP priority that was included in the Consolidated Appropriations Act, 2023. ACEP has advocated for years for Congress to repeal the X-waiver requirement, which was a significant barrier to the treatment of opioid use disorder and contributed to stigma around the disease. ACEP contacted SAMSHA and the DEA immediately upon the passage of the legislation to request that they issue guidance effectuating the policy change as soon as possible. As stated in the guidance, an X-waiver is no longer required to treat patients with buprenorphine for opioid use disorder. Going forward, all prescriptions for buprenorphine will only require a standard DEA registration number. There are no longer any limits or patient caps on the number of patients a prescriber may treat for opioid use disorder with buprenorphine. Existing state laws or regulations still apply. SAMHSA also will [no longer be accepting new waiver applications](#). Separately, the Consolidated Appropriations Act, 2023 also introduced new training requirements for all prescribers. These requirements were effective June 21, 2023. The DEA and SAMHSA are actively working to provide further guidance and DEA will follow up with additional information on the requirements. All physicians and other health care professionals with a regular DEA license

can now prescribe buprenorphine. ACEP developed a BUPE [point-of care tool](#) and training courses to provide best practices and the most up-to-date evidence-based protocols regarding this treatment.

ACEP submitted [a letter](#) to the Food and Drug Administration (FDA) on February 15, 2023, asking the agency to add buprenorphine to the list of essential medicines. The FDA list is often used as a reference for what EDs are required to stock, and because buprenorphine is not currently recognized as an essential medicine, many EDs do not carry it and are not required to stock buprenorphine and other medications for opioid use disorder by accrediting bodies or government agencies. Also, since buprenorphine is classified as a “suspicious order” according to current Drug Enforcement Agency (DEA) regulations, many community pharmacies are hesitant to stock it, and there is a misperception that there are limits around how much of the medication pharmacies can carry at one time. Adding buprenorphine to the list of essential medicines would help address these barriers and ensure that individuals are able to access this important medication.

ACEP advocacy resulted in an additional \$7.4 million in Substance Abuse and Mental Health Services Administration ([SAMHSA](#)) [grant funding](#) for Emergency Department Alternative to Opioids (ALTO) programs and an additional \$18.4 million for programs providing Medication-Assisted Treatment (MAT). ACEP [developed, advocated for, and secured enactment of the law](#) passed by Congress in 2018 to establish the ALTO grant program, and successfully advocated for [follow-up legislation](#) with a \$2 million funding increase to make the emergency physician-led program permanent. We also strongly supported MAT expansion – including the recent [repeal of the “X-waiver”](#) to prescribe buprenorphine.

Resolution 32 Supervised Consumption Facilities/Safe Injection Sites

RESOLVED, That ACEP support the development and implementation of Supervised Consumption Facilities/Supervised Injection Sites (SCF/SIS) in the United States that would be designed, monitored, and evaluated to include additional data to inform policymakers on the feasibility, effectiveness, and legal aspects of SCF/SIS in reducing harm and health care costs related to injection drug use.

Action: Assigned to the Public Health & Injury Prevention Committee to develop a policy statement in support of supervised consumption facilities/supervised injection sites. The committee submitted a proposed policy statement for the Board of Directors to consider at their October 6, 2023, meeting.

Resolution 33 Telehealth Bridge Model for the Treatment of Opioid Use Disorder

RESOLVED, That ACEP support the development and implementation of low-barrier telehealth medication treatment services to address gaps in opioid use disorder care; and be it further

RESOLVED, That ACEP advocate for state and federal regulatory and legislative solutions that will permit the ongoing integration of opioid use disorder treatment including medication therapy through telehealth into the continuum of addiction care.

Action: Assigned to Advocacy & Practice Affairs staff for federal and state advocacy initiatives and consult with the Emergency Telehealth Section.

ACEP responded on March 28, 2023, to a proposed rule issued by the DEA regarding the continued use of telehealth to prescribe buprenorphine in cases where patients have never before been treated in-person by the prescriber. Comments focused on: 1) **Advocating for a 90-day instead of a 30-Day Prescription Limit:** The DEA is proposing to continue to allow the use of telemedicine to initially prescribe buprenorphine for the treatment of MOUD. However, in these circumstances, the DEA is proposing a prescription limit of 30 days (it can be multiple prescriptions as long as the total number of days does not exceed 30), after which an in-person examination would be required in order to receive refills. ACEP has concerns about the 30-day limitation for buprenorphine prescriptions. We acknowledge the DEA’s reasoning that obtaining an in-person medical appointment with a practitioner is often difficult due to the shortage of health care workers and various economic, geographical, sociological, and logistical limitations. However, these limitations are not entirely dissolved after 30 days. Many patients have transportation challenges and inflexible work schedules and must navigate finding an in-network provider that is accepting patients. It also takes significantly longer than 30 days to find an appointment in some areas. We therefore request that DEA extend the limit to 90 days so patients can more easily maneuver these logistical barriers. 2) **Opposing the PDMP Restrictions:** The DEA is requiring that prescribers consult a PDMP before writing the prescription. If they do not (even if the PDMP is down and is not the fault of the prescribers), the prescribers can only write a 7-day buprenorphine prescription (otherwise they can write up to a 30-day prescription). ACEP believes that PDMPs play an important role in addressing the opioid crisis as well as deaths related to other prescription drugs. Physicians should make good faith efforts to consult PDMPs before prescribing controlled substances. However, although instances in which a PDMP is inaccessible, such as a server outage, disconnect with the electronic medical record, or a ransomware attack, are rare, they are not impossible occurrences. Infrequent instances in which the PDMP is inaccessible should be documented but should not impede the ability to prescribe a

greater supply of buprenorphine, which may cause a disruption in care. Practitioners and patients should not be punished for something out of their control, including non-operational PDMPs. Therefore, the DEA should omit this requirement from the final rule. 3) ***Pushing back against Diversion Rhetoric***: The DEA includes a discussion of buprenorphine diversion in the proposed rule. We push back against the the DEA’s assertion that “diversion of buprenorphine and other prescription opioids remains an issue across the country.” The DEA’s evidence to make its assertions around diversion are based on findings prior to the COVID-19 public health emergency (PHE), in which flexibilities in prescriptions via telemedicine were granted. Therefore, we believe more investigation is necessary to analyze the effects of telemedicine prescribing of buprenorphine on diversion and health outcomes. There are numerous other studies that demonstrate that diversion is decreasing-- and when diversion does occur, it appears from studies that individuals actually wind up using it for its intended purpose, and the only reason why it was diverted initially was because it was difficult to access through the proper channels.

Resolution 34 Emergency Department Safety

RESOLVED, That ACEP work with the American Hospital Association, other relevant stakeholders, and law enforcement officials to ensure best practices are established and promoted to protect patients and staff from weapons in the ED.

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

ACEP helped inform and supports the “Safety from Violence for Healthcare Employees (SAVE) Act,” (H.R. 7961), bipartisan legislation re-introduced into the 118th Congress by Madeleine Dean (D-PA-04) and Larry Buschon MD (R-IN-08) in April, 2023 that would establish federal criminal penalties for violence against health care workers (as this resolution seeks to do), based on federal penalties that already exist for violence against airline and airport employees. This legislation is also supported by the American Hospital Association. ACEP president Gillian Schmitz, MD, FACEP, was quoted in the [press release](#) issued previously by the sponsors of the legislation on June 7, 2022.

The “[Safety from Violence for Healthcare Employees \(SAVE\) Act](#)” was introduced in the Senate by Senators Marco Rubio (R-FL) and Joe Manchin (D-WV). The legislation establishes federal criminal penalties for individuals who assault health care workers and is modeled after existing protections for airline employees. This bill serves as the Senate companion to the previously-introduced House bill that ACEP advocated for during Hill visits at LAC23 in May. The Senate version is essentially identical in terms of the federal penalties language and who would be covered, but there are two key differences from the House version. The Senate bill strips out the grants for hospitals, and includes a new section requiring a GAO report on the effectiveness of criminal penalties and prosecutions for violence against health care workers. ACEP’s letter of support can be found [here](#), and ACEP President Christopher Kang, MD, FACEP, was quoted in the press release.

Resolution 35 Workplace Violence Towards Health Care Workers (as amended)

RESOLVED, That ACEP advocate for legislation at the state and federal level that includes clear language outlining consequences for those who assault a healthcare worker at the workplace.

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

ACEP helped inform and supports the “Safety from Violence for Healthcare Employees (SAVE) Act,” (H.R. 7961), bipartisan legislation re-introduced into the 118th Congress by Madeleine Dean (D-PA-04) and Larry Buschon MD (R-IN-08) in April, 2023 that would establish federal criminal penalties for violence against health care workers (as this resolution seeks to do), based on federal penalties that already exist for violence against airline and airport employees. This legislation is also supported by the American Hospital Association. ACEP president Gillian Schmitz, MD, FACEP, was quoted in the [press release](#) issued previously by the sponsors of the legislation on June 7, 2022.

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Resolution 36 Emergency Medical Services Are Essential Services (as amended)

RESOLVED, That ACEP advocate for EMS to be considered and funded as an essential service; and be it further

RESOLVED, That ACEP work with the American Medical Association, the American Hospital Association, the National Association of EMS Physicians, and other stakeholder organizations to actively promote the inclusion of Emergency Medical Services among federally and locally funded essential services, including efforts to educate the public in this regard.

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

Resolution 37 Enhance Patient Safety and Physician Wellness

RESOLVED, That ACEP support the protection of all participants in discussions of cases of potential medical error, whether Morbidity & Mortality Conferences (M&M), Root Cause Analysis (RCA), or any patient safety forum, from legal discovery; and be it further

RESOLVED, That ACEP encourage and support state chapters in identifying pending or existing state laws limiting free discussion of cases of potential medical error in quality assurance/quality improvement, Morbidity & Mortality Conferences (M&M), Root Cause Analysis (RCA), and similar environments, and in lobbying against them.

Action: Assigned first resolved to the Medical-Legal Committee to develop a policy statement. Assigned second resolved to Advocacy & Practice Affairs staff for federal and state advocacy initiatives and assist chapters with identifying pending or existing state laws.

Resolution 38 Focus on Emergency Department Patient Boarding as a Health Equity Issue (as amended)

RESOLVED, That ACEP, through legislative venues and lobbying efforts, focus regulatory bodies, i.e., Centers for Medicare & Medicaid Services, The Joint Commission, etc., to establish a reasonable matrix of standards including acceptable boarding times and handoff of clinical responsibility for boarding patients; and be it further

RESOLVED, That ACEP publish best-practice action plans for hospitals to improve emergency department capacity; and be it further

RESOLVED, That ACEP work to define criteria to determine when an emergency department is considered over capacity and hospital action plans are triggered to activate.

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

Assigned second and third resolves to the ED Boarding Task Force created by ACEP President Christopher Kang, MD, FACEP. Objectives also include: 1) create an agenda for a boarding summit along with recommendations for organizations to be represented; and 2) create a list of potential solutions to boarding with an emphasis on what the state/federal government can do to reduce boarding.

ACEP President Christopher Kang, MD, FACEP, met with senior officials of the Biden Administration in mid-October 2022 to discuss several issues and specifically recommended that the White House host a summit on ED boarding and workforce issues that would bring together key stakeholders from the clinician, hospital, nursing home, emergency medical services (EMS), and patient communities to discuss potential solutions. ACEP sent a letter to the White House on October 28, 2022, calling attention to the boarding problems in the U.S. and formally asked the Administration to convene a meeting of stakeholders to identify immediate and long-term solutions. Many other medical organizations signed on to the letter. ACEP also sent a letter sent to the National Governors Association on November 9, 2022, that included a copy of the White House boarding letter. A template letter was also created for ACEP chapters to share the White House letter with their individual governors. ACEP began a communications campaign in November 2022 to keep members informed of the initiatives underway to address boarding. A comprehensive [resource page](#) was created on acep.org and a [digital storybook](#) to highlight many of the stories ACEP collected.

The Emergency Medicine Practice Committee developed an ED Boarding Toolkit that will be available on the ACEP Website once it is finalized. The committee also revised the “[Boarding of Admitted and Intensive Care Patients in the Emergency Department](#)” policy statement and it was approved by the Board in February 2023.

ACEP hosted a Boarding Summit on September 27, 2023. Attendees included representatives from the Agency for Healthcare Research and Quality (AHRQ), Health & Human Services’ Administration for Strategic Preparedness & Response-Biomedical Advanced Research and Development Authority (ASPR-BARDA), nursing homes/post-acute care, hospitals, psychiatry, nursing, emergency nursing, patients, National Governors’ Association, Association for State and Territorial Health Officials, and others. The summit participants identified what they perceived as the causes of boarding, discussed barriers to overcome them, and then reached group consensus on areas to prioritize for addressing. The next steps include writing up a report of the Summit and creating a listserv for continued collaboration with the group and others, as appropriate, for advocating at the state and federal level. Information about the Summit will be publicized along with the results of public opinion polling that is being conducted.

Resolution 39 Signage at Emergency Departments With Onsite Emergency Physicians (as amended)

RESOLVED, That ACEP encourage all emergency departments to advertise that they are staffed by a board-certified or -eligible emergency physician where care is delivered.

Action: Assigned to communications staff to work with ABEM to disseminate ABEM-developed messaging and/or other tools that can be utilized by EDs to promote their staffing of board certified/board eligible emergency physicians.

Throughout the spring of 2023, ABEM [piloted a campaign](#) promoting the value of board certification in three markets (urban, suburban, and rural) that included billboards and other environmental ads, a digital campaign, and pre- and post-campaign surveys. Enduring materials for the campaign are available to diplomates and the public on the [ABEM website](#), which includes video content provided by ACEP. Co-branded advertisements from this campaign will be displayed in Philadelphia, PA, concurrent with ACEP23.

Resolution 40 Support for Medicaid Expansion

RESOLVED, That ACEP develop a policy statement in support of the expansion of Medicaid to the levels allowable by federal law in recognition of the benefit of increasing health care access to eligible patients, including some of our most vulnerable, while decreasing the uncompensated care provided by emergency physicians; and be it further

RESOLVED, That ACEP develop a toolkit to assist ACEP state chapters in their efforts to advocate for such expansion of Medicaid in their states.

Action: Assigned to the State Legislative/Regulatory Committee to develop a policy statement and toolkit. The committee will continue working on this objective in the 2023-24 committee year.

Resolution 41 Addressing Stigma in the Emergency Department (as amended)

RESOLVED, That ACEP develop an educational resource on identifying and addressing stigma in the emergency department that can be provided to emergency physicians and residency programs, highlighting the role of important practices such as person-first language.

Action: Assigned to the Public Health & Injury Prevention Committee to develop an educational resource and work with the Pain Management & Addiction Medicine Section and the Social Emergency Medicine Section. Seek input from EMRA and CORD regarding the type of resource that is needed. Review the [Substance Use Disorder Emergency Medicine Residency Curriculum](#) that was developed by ACEP, ABEM, CORD, and EMRA and recommend revisions to the curriculum if needed. The SUD Emergency Medicine Residency Curriculum was reviewed, and multiple modules were updated and approved for CME for the period June 30, 2023, through June 19, 2026. The curriculum is available as a member benefit with CME in the [ACEP online learning center](#).

Resolution 43 Endorsing ED Resident Competency in Buprenorphine Initiation (as amended)

RESOLVED, That ACEP support the integration of buprenorphine training and harm reduction skills into the core curriculum for residents graduating from Accreditation Council for Graduate Medical Education accredited emergency medicine programs; and be it further

RESOLVED, That ACEP coordinate with other organizations in emergency medicine (Council of Residency Directors in Emergency Medicine, Society for Academic Emergency Medicine, and the American Board of Emergency Medicine) to further endorse integration of buprenorphine training and harm reduction skills into curriculum or simulation sessions during residency and should focus on identification of patients with opioid use disorder and initiation of buprenorphine treatment as well as sharing harm reduction information and resources.

Action: Assigned to the Academic Affairs Committee to develop strategies to address the resolution and seek input from EMRA. The committee worked with ABEM, CORD, EMRA, and SAEM to develop a policy statement and it has been submitted to the ACEP Board of Directors to consider at their October 6, 2023, meeting. The policy will be submitted to the other organizations for approval after it is approved by the ACEP Board.

Resolution 45 Onsite Supervision of Nurse Practitioners and Physician Assistants

RESOLVED, That the ACEP policy statement “Guidelines on the Role of Physician Assistants and Advanced Practice Registered Nurses in the Emergency Department” [sic] be revised so that onsite emergency physician presence to supervise nurse practitioners and physician assistants is stated as the gold standard for staffing all emergency departments.

Action: Assigned to the Emergency Medicine Practice Committee to revise the policy statement. The Board of Directors approved the revised policy statement “[Guidelines Regarding the Role of Physician Assistants and Nurse Practitioners in](#)

[the Emergency Department](#)” in June 2023.

Resolution 46 Safe Staffing for Nurse Practitioner and Physician Assistant Supervision (as amended)

RESOLVED, That ACEP investigate and make recommendations regarding appropriate and safe staffing roles, ratios, responsibilities, and models of emergency physician-led teams, taking into account appropriate variables to allow for safe, high-quality care and appropriate supervision in the setting of a physician-led emergency medicine team.

Action: Assigned to the Emergency Medicine Practice Committee. The committee will continue working on the resolution during the 2023-24 committee year.

Resolution 47 Independent Agency Report for Nurse Practitioner Schools (as amended)

RESOLVED, That ACEP work with the American Medical Association to provide recommendations for nurse practitioner education reform to improve the quality and standards of nurse practitioner training for the purpose of improving physician-led patient care.

Action: Assigned to the AMA Section Council on Emergency Medicine.

Resolution 50 Supporting Emergency Physicians to Work in Rural Settings (as amended)

RESOLVED, That ACEP support and encourage emergency medicine trained and board certified emergency physicians to work in rural EDs; and be it further

RESOLVED, That ACEP help establish, with the Council of Residency Directors in Emergency Medicine, a standardized training program for emergency medicine residents with aspirations to work in rural settings; and be it further

RESOLVED, That ACEP support working with the Accreditation Council for Graduate Medical Education and Centers for Medicare and Medicaid Services to increase resident exposure and remove regulatory barriers to rural emergency medicine.

Action: Assigned to the Academic Affairs Committee to develop strategies to address the resolution. The committee will continue working on the resolution during the 2023-24 committee year.

Resolution 51 Implementation of Social Determinants of Health Evaluation in the ED (as amended)

RESOLVED, That ACEP support evaluation of social determinants of health in the emergency department; and be it further

RESOLVED, That ACEP advocate for national, state, and local resources and responses to be paired with the evaluation for social determinants of health.

Action: Assigned first resolved to the Public Health & Injury Prevention Committee to work with the Social Emergency Medicine Section and review ACEP’s policy statements “[Safe Discharge from the Emergency Department](#)” and “[Social Work and Case Management in the ED](#)” to determine if revisions are needed to address the first resolved or if a separate policy statement, PREP, and/or other resources are needed. Seek input from the Emergency Medicine Practice Committee if policy revisions are recommended. Assigned second resolved to Advocacy & Practice Affairs staff for federal and state advocacy initiatives.

The Public Health & Injury Prevention Committee and the Social Emergency Medicine Section determined that the policy statement “Safe Discharge from the Emergency Department” did not require any revisions and the “Social Work and Case Management in the Emergency Department” required revisions to the content and language, including changing the title. The committee submitted a revised policy statement for the Board of Directors to consider at their October 6, 2023, meeting. The current policy statement has an accompanying Policy Resource & Education Paper (PREP) that will be reviewed by the committee to determine if additional changes are needed beyond changing the title to correspond to the policy statement.

Resolution 56 Policy Statement on the Corporate Practice of Medicine (as amended)

RESOLVED, That ACEP work with relevant experts to develop a policy statement opposing the corporate practice of medicine.

Action: Assigned to the Emergency Medicine Practice Committee to review ACEP’s “[Statement on Private Equity and Corporate Investment in Emergency Medicine](#)” and develop a policy statement as directed in the resolution. The committee developed the policy statement “[Corporate Practice of Medicine](#)” and it was approved by the Board of

Directors in June 2023. ACEP issued a [press release](#) on July 14, 2023, announcing the policy statement. A dedicated page on the topic of [Corporatization](#) was added to the ACEP website.

Resolution 57 Recognized Bodies for Emergency Physician Board Certification (as amended)

RESOLVED, That ACEP amend its policy statement “ACEP Recognized Certifying Bodies in Emergency Medicine” to reflect that no certifying organizations beyond those already listed in the policy statement are recognized by ACEP.

Action: Assigned to the Academic Affairs Committee to revise the policy statement. The Board of Directors approved the revised policy statement “[ACEP Recognized Certifying Bodies in Emergency Medicine](#)” in April 2023.

Resolution 58 Removing Intrusive Medical Exams and Questionnaires from Employment Contracts (as amended)

RESOLVED, That ACEP support the cessation of intrusive medical evaluation exams and questionnaires that may unduly and unnecessarily invade the privacy of emergency medicine physicians seeking and continuing employment beyond that necessary to confirm ability to perform duties associated with the individual’s role as hired.

Action: Assigned to the Emergency Medicine Practice Committee to determine if revisions are needed to ACEP’s policy statement “[Physician Impairment](#)” or whether a separate policy statement or other resources are needed to address the resolution. The committee will continue working on the resolution during the 2023-24 committee year.

Resolution 59 In Memory of Brian Robb, DO, MBA, FACEP

RESOLVED, That the American College of Emergency Physicians recognize and salute Brian Robb, DO, MBA, FACEP, and offer our heartfelt condolence to his wife of 43 years, Sharon, his three children, and many grandchildren.

Action: A framed resolution was sent to Dr. Robb’s family.

Resolution 60 In Memory of James R. Roberts, MD, FACEP

RESOLVED, That the American College of Emergency Physicians cherishes the memory and legacy of James R. Roberts, MD, FACMT, FAAEM, 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 partner Lydia (Forte) to whom he was married for over 40 years, daughter Martha, son Matthew, his grandchildren Eleanor Cronin and Liam Roberts, his brother George Roberts, his sister Mary Peterlin, nieces, nephews, and family-in-law gratitude for his tremendous service as one of the pillars of emergency medicine, a consummate clinician and educator, as well as for his dedication and commitment to the specialty of emergency medicine.

Action: A framed resolution was sent to Dr. Robert’s family.

Resolution 61 In Memory of Douglas D. Rockacy, MD, FACEP

RESOLVED, That the American College of Emergency Physicians cherishes the memory and legacy of Douglas D. Rockacy, MD, FACEP, who dedicated himself to his patients, to his trainees, 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 wife Wendy, daughter Claire, and son Russell gratitude for his tremendous service as one of the finest emergency physicians the University of Pittsburgh has ever seen, as well as for his dedication and commitment to the specialty of emergency medicine.

Action: A framed resolution was sent to Dr. Rockacy’s family.

Resolution 62 In Memory of Robert J. Teichman, MD, FACEP

RESOLVED, That the American College of Emergency Physicians remembers with honor and gratitude the accomplishments and contributions of a gifted emergency physician, Robert J. Teichman, MD, PhD, and extends condolences and gratitude to his wife, Geri Young, MD, of Kapa’a, Kaua’i, and his sons Kurt Teichman of Brooklyn, NY and Grant Teichman of Honolulu, Hawaii, and other family members for his service to the community, his patients, his students, and the specialty of emergency medicine.

Action: A framed resolution was sent to Dr. Teichman’s family.

Resolution 63 In Memory of Jason M. White, MD, FACEP

RESOLVED, That the American College of Emergency Physicians recognizes the outstanding contributions of Jason M White, MD, FACEP, to the specialty of emergency medicine and extends the College's condolences to his wife of almost 40 years, Carol, and also to their sons and daughters, Ken, Christopher, Brittany, and Allison, and grandchildren Olivia, Finn, Rosalyn, Easton, and Cassius.

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

Resolution 64 In Memory of J. David Barry, MD, FACEP

RESOLVED, That the American College of Emergency Physicians remembers with gratitude the many contributions made by J. David Barry, MD, FACEP, as one of the leaders in emergency medicine and the greater medical community; and be it further

RESOLVED, That the American College of Emergency Physicians extends to the family of J. David Barry MD, FACEP, his friends, and his colleagues our condolences and gratitude for his tremendous service to his country, the specialty of emergency medicine, and to the patients and physicians of the Department of Defense, Veteran's Affairs, and the United States.

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

Resolutions Referred to the Board of Directors

Resolution 10 Candidate Members in the ACEP Council – Bylaws Amendment

RESOLVED, That the ACEP Bylaws Article IV – Membership, Section 2.3 – Candidate Members, paragraph two be amended to read:

“The rights of candidate members at the chapter level are as specified in their chapter's bylaws. At the national level, candidate members shall not be entitled to hold office, but ~~physician members~~ may serve on the Council. Candidate members appointed to national committees shall be entitled to vote in committees on which they serve.”; and be it further

RESOLVED, That the ACEP Bylaws Article VIII – Council, Section 1 – Composition of the Council, paragraph one, of the ACEP Bylaws be amended to read:

“Each chartered chapter shall have a minimum of one councillor as representative of all of the members of such chartered chapter. There shall be allowed one additional councillor for each 100 members of the College in that chapter as shown by the membership rolls of the College on December 31 of the preceding year. However, a member holding memberships simultaneously in multiple chapters may be counted for purposes of councillor allotment in only one chapter. Councillors shall be elected or appointed from regular and candidate ~~physician~~ members in accordance with the governance documents or policies of their respective sponsoring bodies.”

Action: Assigned to the Bylaws Committee to review and work with the Membership Committee to provide a recommendation to the Council Steering Committee and the Board of Directors regarding the advisability of implementing the resolution.

The Bylaws Committee reviewed the resolution and concluded that the resolution does not conflict with any other portions of the Bylaws and the resolution language is appropriate as prepared from a Bylaws standpoint. The Bylaws Committee also discussed what had been presented as a possible amendment at Reference Committee A: limiting candidate student member eligibility only to the EMRA delegation. However, without knowing the authors intent going forward, the Bylaws Committee did not believe it was within their purview to discuss the merits of a potential new resolution and deferred that determination to the Membership Committee to provide a membership prospective. The Membership Committee was asked to address whether or not resubmitting the resolution for the Council to consider is in the best interests of the membership. The Membership Committee recommended that the existing language limiting Council representation to physician members be reaffirmed. While student input on matters pertaining to the Council and the profession is always welcomed and appreciated, it was determined that since they have not yet made a commitment to emergency medicine, as evidenced by acceptance into an EM residency program, they may not be fully invested and/or reasonably informed in the outcome of decisions being made. In addition, it was expressed that they often would lack the full context necessary to understand the long-term impact. The Membership Committee encouraged EMRA to continue to involve student members in the Council process as appropriate and to create opportunities for exposure that can help guide them into future leadership pathways. The Board of Directors affirmed that no further action is needed regarding

Referred Resolution 10(22) Candidate Members in the ACEP Council based on the review by the Bylaws Committee and Membership Committee.

Resolution 20 Expert Consultation for Employee Contracts

RESOLVED, That ACEP provide, as a member benefit at no charge, legal education, expert consultation, and document review for new graduates who are actively negotiating employment contracts.

Action: Assigned to membership and legal staff to work with EMRA to review the resolution and provide a recommendation to the Board of Directors regarding the advisability of implementing the resolution, including potential cost estimates.

ACEP and EMRA recognize the importance of equipping all emergency physicians, especially those new to practice, with the resources and tools needed to ensure that any potential contracts they consider include fair compensation and benefits, adequate due process, and protection for themselves and their patients during the course of medical practice. There are a growing number of [resources available on the ACEP website](#) dedicated to the topics of employment contracts and other practice and legal issues, including a checklist to negotiate the best contract and an on-demand course on standard contract provisions. The site also includes a list of local attorneys available to review contracts and assist with other legal matters. In addition, ACEP partnered with Resolve, a well-established physician contract review service, in March 2023, to provide all ACEP members a 20% discount on contract review services, ranging in price from \$499 to \$1,999 based on the complexity of review required. Resolve also provides insight into compensation data and the competitiveness of other terms in the contract. The service was tested by two ACEP members needing contract review for their real-life employment agreements prior to finalizing the partnership and both members had positive feedback about their experiences. EMRA representatives reviewed the referred resolution and concluded that the financial burden of creating and implementing a free contract review service for residents would outweigh the benefits received. While it would likely be utilized by some EMRA's members, EMRA leadership determined it is reasonable to expect that physicians will pay for this type of service. The ACEP Board of Directors affirmed in June 2023 that no further action was needed to address the referred resolution based on analysis by ACEP and EMRA staff and the new partnership with Resolve for discounted contract review.

Resolution 22 State Chapter Funding

RESOLVED, That ACEP return 10% of national dues to each chapter calculated by $0.1 \times \text{number of state dues-paying members every year}$.

Action: Assigned to member engagement and state government relations staff to review and provide a recommendation to the Board of Directors regarding the advisability and cost implications of implementing the resolution.

The high-level fiscal impact of returning 10% of national dues revenue to state chapters for advocacy would be \$1,218,567.87 in expense added to the bottom line. This number would change slightly on an annual basis as dues revenue fluctuates. Given the wide variation between chapters, it is possible that not all chapters will have the staff and/or volunteer capacity or the knowledge to use these funds effectively toward state advocacy efforts. Additional unbudgeted staff resources would be required to administer a formal grant program or oversee accountability of spending the funds toward their dedicated purpose, as well as accounting for calculation and payment of the funds on a monthly or annual basis. ACEP has moved the state government affairs functions from the Clinical Affairs line of service to the Public Affairs line of service to ensure better alignment and coordination across ACEP's federal and state advocacy initiatives. Past state and federal advocacy efforts had, at times, been siloed and fragmented, leading to missed opportunities for stronger advocacy impact and victories. ACEP has invested in resources to increase support for chapter engagement in state advocacy with a dedicated state government relations staff member, continued budget for state public policy grants and plans to simplify the application process and increase awareness of the program, expanded grassroots efforts beyond federal actions to include state-level actions, new toolkits and advocacy resources specifically for state chapters, and financial support to the American Medical Association's Scope of Practice Partnership.

ACEP does not have purview over or approval of the member dues rates set at the chapter level. Chapters that wish to raise funds for advocacy initiatives could consider a variety of options that would allow them to allocate greater resources in that area. ACEP is willing to provide operational assistance or subject matter expertise with the establishment of PACs, volunteer committees, or other sustainable methods of increasing a chapter's ability to impact legislation. ACEP staff are available to assist chapters with implementing chapter specific financial programs such as Virginia ACEP's Statewide Action Trust (STAT) and California ACEP's California Emergency Medicine Advocacy Fund to generate non-dues related financial support for state advocacy. ACEP does not currently have the financial resources to fulfill the resolution nor does it have the staff resources to administer a formal grant program or to ensure that the funds are spent toward their dedicated purpose. ACEP will continue to provide and refine support provided to chapters to meet their state

advocacy needs. That support includes, but is not limited to:

- a dedicated staff member for chapter engagement in state advocacy
- state-level grassroots alerts
- state public policy grants
- financial support to the American Medical Association's Scope of Practice Partnership
- collaboration with the State Legislative/Regulatory Committee
- continued development of toolkits and advocacy resources specifically for chapters
- operational assistance or subject matter expertise with the establishment of:
 - PACs,
 - Advocacy Funds,
 - volunteer committees,
 - or other sustainable methods of increasing a chapter's ability to impact legislation,
- expanded educational opportunities on state policy issues and tools and tips for grassroots and political action

The Board affirmed in June 2023 that initiatives already in place meet the intention of the referred resolution.

Resolution 53 Law Enforcement and Intoxicated Patients in the ED

RESOLVED, That ACEP investigate alternative care models to evaluate patients in police custody, such as telehealth, to determine necessity of an in-person evaluation; and be it further

RESOLVED, That ACEP encourage law enforcement to stay with any patient they choose to bring to the ED who are intoxicated, altered, agitated, or otherwise pose a risk to the safety of themselves or others until a disposition has been determined or the physician determines their assistance is no longer needed.

Action: Assigned to the Emergency Medicine Practice Committee to work with the Tactical Emergency Medicine Section and provide a recommendation to the Board of Directors regarding the advisability of implementing the resolution. The committee will continue working on the resolution during the 2023-24 committee year.