American College of Emergency Physicians®

ADVANCING EMERGENCY CARE

Memorandum

To: 2017 Council

From: Dean Wilkerson, JD, MBA, CAE
Executive Director & Council Secretary

Date: September 26, 2017

Subj: Action on 2016 Resolutions

The attached report summarizes the actions taken by the Board of Directors on the 25 resolutions (24 non-Bylaws, and one Bylaws) adopted by the 2016 Council. Five resolutions were referred to the Board of Directors.

The actions on resolutions are also included on the ACEP Website.

HEADQUARTERS
Post Office Box 619911
Dallas, Texas 75261-9911

4950 W. Royal Lane
Irving, Texas 75063-2524

972-550-0911
800-798-1822
972-580-2816 (FAX)
www.acep.org

American College of Emergency Physicians®
ADVANCING EMERGENCY CARE

Action on 2016 Council Resolutions

Resolution 1 Commendation for Michael J. Gerardi, MD, FACEP

RESOLVED, That the American College of Emergency Physicians commends Michael J. Gerardi, MD, FACEP, for his exemplary service, leadership, and commitment to the College, the specialty of emergency medicine, and to the patients we serve.

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

Resolution 2 In Memory of Kenneth L. DeHart, MD, FACEP

RESOLVED, That the American College of Emergency Physicians remembers with gratitude and honors the many contributions made by Kenneth L. DeHart, 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 Kenneth L. DeHart, MD, FACEP, his friends, and his colleagues our condolences and gratitude for his tremendous service to the specialty of emergency medicine and to the patients and physicians of South Carolina and the United States.

Action: A framed resolution was prepared for Dr. DeHart's family.

Resolution 4 Legacy Fellows – Housekeeping Change – Bylaws Amendment

RESOLVED, That the ACEP Bylaws Article V – ACEP Fellows, Section 2 – Fellow Status, be amended to read:

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

Action: The Bylaws were updated.

Resolution 6 Assuring Safe and Effective Care for Patients by Senior/Late Career Physicians (as amended)

RESOLVED, That the ACEP Board of Directors create a task force to study issues specific to Senior/Late Career Emergency Physicians. The task force shall make recommendations regarding identified issues to the Board, which shall deliver an update on this matter to the 2017 ACEP Council.

Action: The American Board of Emergency Medicine is undergoing a substantial review of cognitive skill and physician age and has data from their ConCert exam. Additionally, the AMA and the American College of Surgeons are reviewing this issue. A task force was appointed and another meeting is scheduled during *ACEP17*.

Resolution 7 Diversity in Emergency Medicine Leadership (as amended)

RESOLVED, That the ACEP Board of Directors work in a coordinated effort with the component bodies of the Council to develop strategies to increase diversity within the Council and its leadership and report back to the Council on effective means of implementation.

Action: The resolution is being addressed through the work of the Diversity & Inclusion Task Force, the Leadership Development Advisory Group, the Leadership Diversity Task Force, and the National/Chapter Relations Committee. The majority of ACEP's 26 committees were assigned objectives in the 2016-17 committee year to address diversity and inclusion.

Resolution 9 Accreditation Standards for Freestanding Emergency Centers

RESOLVED, That ACEP explore the possibility of setting ACEP-endorsed minimum accreditation standards for freestanding emergency centers; and be it further

RESOLVED, That ACEP explore the feasibility of ACEP serving as an accrediting (not licensing) entity for freestanding emergency centers, where they are allowed by state law.

Action: A task force was appointed with representation from the Freestanding Emergency Centers Section. Their work is underway and a meeting will be held during *ACEP17*.

Resolution 11 CMS Recognition of Independently Licensed Freestanding Emergency Centers

RESOLVED, That ACEP lobby to MedPAC and CMS that all licensed emergency centers, regardless of being hospital based or independent, be subject to the same regulations and payment for the technical component of care provided; and be it further

RESOLVED, That ACEP suggest the AMA lobby MedPAC and CMS that all licensed emergency centers, regardless of being hospital based or independent, be subject to the same regulations and payment for the technical component of care provided.

Action: Assigned the first resolved to Public Affairs staff to include in advocacy and regulatory initiatives. Assigned the second resolved to the AMA Section Council on Emergency Medicine. The Board will discuss the Section Council's recommendation at their October 2017 meeting.

ACEP staff discussed this issue with MedPAC's Executive Director, Mark Miller, as well as with the director of CMS' outpatient payment program Marc Hartstein. Both individuals reminded us about the methods CMS uses to collect cost data as the basis for adjusting Medicare reimbursements. This same approach was used several years ago, which resulted in Type A and Type B emergency department designations based on 24/7 emergency department versus less than 24/7 availability for reductions in the "technical" (facility payments in the Outpatient Prospective Payment System) for Type B facilities.

Resolution 13 ED Boarding and Overcrowding is a Public Health Emergency (as amended)

RESOLVED, That ACEP request that the Secretary of the Department of Health and Human Services (HHS) under section 319 of the Public Health Service (PHS) Act determines that emergency department boarding and hallway care is an immediate threat to the public health and public safety; and be it further

RESOLVED, That ACEP work with the United States Department of Health and Human Services, the United States Public Health Service, The Joint Commission, and other appropriate stakeholders to determine the next action steps to be taken to reduce emergency department crowding and boarding with a report back to the ACEP Council at the Council's next scheduled meeting; and be it further

RESOLVED, That ACEP publicly promote the following as sustainable solutions to hospital crowding which have the highest impact on patient safety, hospital capacity, ICU availability, and costs:

1. Smoothing of elective admissions as a mechanism for sustained improvement in hospital capacity.
2. Early discharge strategies (e.g., 11:00 am discharges, scheduled discharges, staggered discharges) as a mechanism for sustained improvement in hospital capacity.
3. Enhanced weekend discharges as a mechanism for sustained improvement in hospital capacity.
4. The requirement for a genuine institutional solution to boarding when there is no hospital capacity, which must include both providing additional staff as needed AND redistributing the majority of ED boarders to other areas of the hospital.
5. The concept of a true 24/7 hospital.

Action: Assigned first resolved to Public Affairs staff to include in advocacy initiatives and the third resolved to the Public Relations Committee to develop messaging.

ACEP continues to work with HHS and the appropriate committees of jurisdiction to identify emergency department boarding solutions, which include a variety of options. This issue was addressed specifically in comment letters responding to the 2018 proposed Medicare Physician Fee Schedule and the 2018 proposed Outpatient Prospective Payment System rules. ACEP has continued efforts to work with The Joint Commission, most recently at a meeting in June 2017, and with other stakeholders to address and eliminate boarding in the ED

Regarding the second resolved, in June 2016, the Board reviewed the updated information paper, "Emergency Department Crowding High-Impact Solutions" The Emergency Medicine Practice Committee and representatives from the Emergency Nurses Association, the Society of Emergency Medicine Physician Assistants, and the American College of Osteopathic Emergency Physicians collaborated on the revisions. ACEP has in the past and will continue to hold meetings with TJC and other organizations about boarding.

The Public Relations Committee updated ACEP's crowding and boarding messaging to include the solutions proposed in the resolution. Boarding solutions were promoted to news media organizations, including WLOS-TV in Ashville, NC, which received ACEP's journalism award, an Emmy, and an Edward R. Murrow award.

ACEP sponsored the Hospital Flow Conference in Boston, MA in May 2017.The conference focused on improving hospital efficiency, capacity, and flow and provided participants with the knowledge and tools needed to eliminate ED boarding, improve hospital capacity, enhance patient safety, shorten length of stay, and improve patient and staff satisfaction. The processes discussed do not add cost or staff, are associated with significant and sometimes dramatic savings to the institution, and focus on a small number of practically proven key processes that can dramatically improve overall hospital capacity. The conference provided an introduction to these processes, followed by workshops to discuss the practical details, both procedural and political, in implementing institutional change. The faculty included individuals who have had firsthand experience in implementing these processes at their own institutions. There were 233 attendees. Resources are available on ACEP's and cosponsor's Websites.

Resolution 14 Development & Application of Dashboard Quality Clinical Data Related to the Management of Behavioral Health Patients in EDs (as amended)

RESOLVED, That the ACEP promote the development and application of throughput quality data measures and dashboard reporting for behavioral health patients in EDs; and be it further

RESOLVED, That ACEP endorse integration of a dashboard for reporting and tracking of behavioral health patients boarding in EDs in electronic health record systems as a means for linking to broader priority systems, for communicating the impact of boarded behavioral health patients, and to further collaborate with all appropriate health care and government stakeholders.

Action: Assigned to the Quality & Patient Safety Committee. In June 2017, the Board approved the committee's recommendation to develop a toolkit for reporting of behavioral health patients that can be implemented independently in Emergency Departments. The Clinical Emergency Department Registry (CEDR) currently has dashboard functionality and the ED throughput measures are included in the registry and reportable to CMS for the Quality Payment Program (QPP). CMS currently collects data on CMS OP-18c measure for arrival to ED departure time for psychiatric and mental health patients and CMS ED-2c measure for admit decision to ED departure time for psychiatric and mental health patients. The Quality Improvement & Patient Safety (QIPS) Section is currently working on an ACEP-funded grant titled "Best Practices for Reducing Behavioral Health Patient Length of Stay in the Emergency Department White Paper." The paper will address issues pertinent to the length of stay of behavioral health patients in the ED and describe best practices to reduce length of stay. The section will apply for another section grant in the next cycle to develop the toolkit.

Resolution 15 Enactment of Narrow Networks Requirements (as amended)

RESOLVED, That ACEP shall create a study of the impact of narrow networks laws and potential solutions that address balance billing issues without increasing the burden on the patient; and be it further

RESOLVED, That ACEP dedicate resources and support to ensure any proposed legislation regarding narrow networks protects fair payment for emergency medical care.

Action: Assigned to Public Affairs staff to discuss with ACEP's health policy consultants and to Chapter & State Relations staff for recommendations.

Two bills have been introduced in Congress this year, the "End Surprise Billing Act" (H.R. 817/S. 284), which would limit how much an out-of-network hospital or provider could be reimbursed for their services to the in-network or participating provider rate and prohibit balance billing. ACEP opposes these bills.

The "Patient Freedom Act" (S. 191), has also been introduced by Sens. Bill Cassidy (R-LA), Susan Collins (R-ME), Shelley Moore Capito (R-WV), and Johnny Isakson (R-GA) that would limit reimbursement for emergency medical services for individuals with a Health Savings Account to the "cash price" for these services or 85% of the usual, customary, and reasonable (UCR) charge. ACEP has been working with these offices to modify the language to the 85th percentile (not percent) of UCR.

In June 2017, the ACEP Board of Directors approved model legislation for payment of out-of-network services, which was prepared by the ACEP/EDMA Joint Task Force on Reimbursement. The model legislation includes a provision for payment directly to the provider. The model legislation was shared with chapters and is important for state legislatures that are considering out-of-network and balance billing legislation and look to emergency medicine for guidance.

The Public Relations Committee developed a "Fair Coverage" campaign about out-of-network issues, which counters health insurance industry statements about "surprise billing." The campaign focuses on coverage for emergency patients, not payment for physicians. Committee members also participated in a letters to the editor campaign promoting ACEP's key fair coverage messages and participated as cast members of ACEP's parody Cigna video. The video served to promote ACEP's fair coverage campaign messages and generated more than 300,000 views on Facebook and YouTube, and resulted in a meeting with Cigna. The messaging was tested with focus groups consisting of policymaker audiences.

Network adequacy and fair payment for out of network services was a constant emphasis of state advocacy in 2016-17. State legislation related to network adequacy was included in the legislative tracking reports provided to chapters. Staff also participated in meetings and communications with other hospital based specialties about proposals regarding network adequacy and the sufficiency of efforts by regulators to enforce existing laws.

Resolution 16 Freestanding Emergency Centers as a Care Model for Maintaining Access to Emergency Care in Underserved and Rural Areas of the U.S. (as amended)

RESOLVED, That ACEP develop a report or information paper analyzing the use of Freestanding Emergency Centers as an alternative care model to maintain access to emergency care in areas where Emergency Departments in Critical Access and Rural Hospitals that have closed, or are in-the process of closing.

Action: In 2015, Sen. Chuck Grassley's (R-IA) office developed a paper outlining the unique challenges rural hospitals face and the need to protect emergency medical services in these rural communities. Based on the findings of the white paper, ACEP worked with Sens. Grassley, Amy Klobuchar (D-MN), and Cory Gardner (R-CO) to develop legislation (REACH Act) that would allow a Critical Access Hospital (CAH) to voluntarily convert to a new category of hospital, the Rural Emergency Hospital (REH), if it eliminated all inpatient services and maintained 24-hour emergency medical care, among other things. ACEP met with Senator Grassley's health legislative assistant and health policy fellow on January 10, 2017, to discuss ACEP's positions heading into ACA reform and the REACH Act. Senator Grassley re-introduced the bill, S. 1130, in the 115th Congress. ACEP continues to support the bill.

Resolution 18 Opposition to CMS Mandating Treatment Expectations (as amended)

RESOLVED, That ACEP work with CMS regarding mandated reporting standards that may result in harm to patients without the recognition of evidence based care of individual patients; and be it further

RESOLVED, That ACEP actively communicate to members and hospitals the dangers that quality indicators could present harm to potential patients, and the importance of physician autonomy in treatment.

Action: Assigned first resolved to Public Affairs staff to include in advocacy initiatives. Assigned second resolved to the Public Relations Committee to develop messaging.

A similar resolution was submitted to the AMA, from ACEP members, and it was referred to the Board of Trustees:

> **Development of Quality Measures with Appropriate Exclusions and Review Processes H-450.927**
>
> 1. Our AMA will advocate for quality measures, including those in the Hospital Inpatient Quality Reporting Program, to have appropriate exclusions to ensure patient and clinical differences are accounted for and do not interfere with clinical decision making, and for denominators of quality measures to be appropriately defined to ensure patients for whom the treatment may not be appropriate are adjusted for or excluded.
> 2. Our AMA will advocate for CMS to allow for any proposed quality measures to be reviewed by the appropriate medical specialty societies prior to adoption.

Resolution 19 Health Care Financing Task Force (as amended)

RESOLVED, That ACEP create a Health Care Financing Task Force as originally intended to study alternative health care financing models, including single-payer, that foster competition and preserve patient choice and that the task force report to the 2017 ACEP Council regarding its investigation.

Action: A task force was appointed in June 2017 and the first meeting will be held during *ACEP17*. The name was changed to "Single-Payer Task Force" to differentiate it from the previously appointed Health Care Financing Task Force that has focused on alternate payment models.

Resolution 20 Support & Advocacy for 24/7 Hyperbaric Medicine Availability

RESOLVED, That the American College of Emergency Physicians work with the Undersea & Hyperbaric Medical Society (UHMS) and the Divers Alert Network (DAN) to support and advocate for improved 24/7 emergency hyperbaric medicine availability across the United States to provide timely and appropriate treatment to patients in need.

Action: Assigned to Public Affairs staff to include in advocacy initiatives, in collaboration with UHMS and DAN.

ACEP supported a legislative effort to authorize the Department of Defense to provide hyperbaric oxygen therapy (HBOT) to service members with post-traumatic stress disorder (PTSD) or traumatic brain injuries (TBIs) as

part of the FY 18 National Defense Authorization Act. This language is included in the House-approved version of the bill (H.R. 2810), but not its Senate counterpart. However, based on projections by the Congressional Budget Office (CBO) of what it would cost to implement this treatment option at the roughly 50 military facilities that could house such equipment, the Department of Defense is not expected to offer this service.

Resolution 21 Best Practices for Harm Reduction Strategies

RESOLVED, That ACEP develop guidelines for harm reduction strategies with health providers, local officials, and insurers for safely transitioning Substance Use Disorder patients to sustainable long-term treatment programs from the ED; and be it further

RESOLVED, That ACEP provide educational resources to ED providers for improving direct referral of Substance Use Disorder patients to treatment.

Action: Assigned to the Emergency Medicine Practice Committee and the Public Health Committee.

There are resources on the ACEP Website that address alcohol screening and brief intervention in the ED. Other resources include the Sobering Centers and "Alcohol Screening in the ED" information papers. The alcohol screening information paper was submitted to *Annals of Emergency Medicine* for publication consideration. It was not accepted and then was submitted to the *Western Journal of Emergency Medicine* and accepted. A publication date has not been determined. It will be available on ACEP's Website after publication.

There are currently three ACEP policy statements that address alcohol misuse: "Addressing the Public Safety Dangers Associated with Impaired or Distracted Driving," "Alcohol Screening in the Emergency Department" and "Alcohol Taxation."

The Public Health & Injury Prevention Committee has prepared a draft information paper on Medication Assisted Therapy. It will be shared with the Emergency Medicine Practice Committee and the Pain Management Section for comments prior to submission to the Board.

The intent of this resolution is being met through objectives assigned to multiple committees. The policy statement Optimizing the Treatment of Acute Pain in the Emergency Department was approved by the Board in April 2017. Additional resources are available on the ACEP Website. The Emergency Medicine Practice Committee was assigned an objective in 2016-17 objective to "Work with the Pain Management Section to compile and develop resources for opiate free emergency departments." The plan is to provide a brief overview for each modality indications, contraindications, dosing, charting tips, special considerations and references for each. Topics to include: nerve blocks, nitrous, buprenorphine, trigger point injections, ketamine, etc. The Public Health & Injury Prevention Committee was assigned an objective in 2016-17 to "Develop an information paper on the transition of care for patients seen in the ED with substance abuse issues (e.g., "warm handoffs," sobering centers, prescribing Suboxone, etc.). The committee is drafting an information paper focused on transitions of care for patients with opioid abuse issues. The information paper is in development and will address screening for opiate abuse, symptomatic relief for withdrawal, prescribing Naloxone, and referral to treatment centers. The Pain Management Section will continue to develop resources for members on pain management and addiction medicine. Discussions were initiated on the development of the ACEP website to feature resources for providers on pain management in the ED and development of a "DART" type app for members.

Resolution 22 Court Ordered Forensic Evidence Collection in the ED

RESOLVED, That ACEP study the moral and ethical responsibilities of emergency physicians within the context of court-ordered forensic collection of evidence in the context of patient refusal of consent, and if appropriate, develop policy to support emergency physicians' professional responsibilities when in conflict with court-ordered forensic collection of evidence and or medical treatment.

Action: Assigned to the Ethics Committee and the Medical-Legal Committee. The committees collaborated to revise the policy statement "Law Enforcement Information Gathering in the ED" and it was approved by the Board in June 2017.

Resolution 23 Medication Assisted Therapy for Patients with Substance Use Disorders in the ED (as amended)

RESOLVED, That ACEP review the evidence on ED-initiated treatment of patients with substance use disorders to provide emergency physician education; and be it further

RESOLVED, That ACEP support, through reimbursement and practice regulation advocacy, the availability and access of novel induction programs from the Emergency Department.

Action: Assigned to the Emergency Medicine Practice Committee and the Public Health & Injury Prevention Committee. The Public Health & Injury Prevention Committee has prepared a draft information paper on Medication

Assisted Therapy. It will be shared with the Emergency Medicine Practice Committee and the Pain Management Section for comments prior to submission to the Board for review.

Resolution 24 Mental Health Boarding Solutions (as amended)

RESOLVED, That ACEP partner with stakeholders including the American Psychiatric Association, the Substance Abuse and Mental Health Services Administration, the National Alliance of Mental Illness, and other interested parties, to develop model practices focused on building bed capacity, enhancing alternatives, and reducing the length of stay for mental health patients in EDs; and be it further

RESOLVED, That ACEP develop and share these ED mental health best practices designed to reduce ED mental health visits, reduce ED mental health boarding, and improve the overall care of patients who board in our EDs; and be it further

RESOLVED, That ACEP work with the Agency for Healthcare Research and Quality and other appropriate stakeholders to develop community and hospital based benchmark performance metrics for ED mental health flow and psychiatric facilities acceptance of patients.

Action: This resolution is being addressed primarily by the Coalition on Psychiatric Emergencies. The Coalition stemmed from a psychiatric emergency summit held in December 2014 comprised of multiple stakeholder groups from emergency medicine, emergency psychiatry, and patient advocacy to improve the treatment of psychiatric emergencies for patients and providers. The overarching goals of the Coalition are to bring awareness and recognition to the national challenges surrounding psychiatric emergencies and work collaboratively to address these problems and create change. There are four working groups (Education, Research, Operations/Boarding, Advocacy) each with their own objectives and tasks. A repository of resources is available on the Emergency Medicine Foundation Website.

The Coalition sponsored a research consensus conference on December 7, 2016, with experts from around the country, on the evidence that rapid treatment of patients with acute mental health disorders leads to better patient outcomes. The goal of the conference was to address underlying questions related to time to treatment, and if early intervention can affect patient outcomes. Breakout sessions included: acute psychosis, depression and suicidality, substance use disorder and agitation in the elderly. Manuscripts are being developed that will be sent to peer reviewed publications.

The Coalition worked with ACEP's Emergency Medicine Practice Committee to develop the information paper, Practical Solutions to Boarding of Psychiatric Patients in the Emergency Department, on best practices for boarding patients with mental health disorders. A podcast is in development and will be available on the ACEP website.

The Clinical Policies Committee revised the Clinical Policy: Critical Issues in the Diagnosis and Management of the Adult Psychiatric Patient in the Emergency Department and it was approved by the Board in January 2017.

In June 2017, the Board approved the Quality & Patient Safety Committee's recommendation to develop a toolkit for reporting of behavioral health patients that can be implemented independently in Emergency Departments. The Clinical Emergency Department Registry (CEDR) currently has dashboard functionality and the ED throughput measures are included in the registry and reportable to CMS for the Quality Payment Program (QPP). CMS currently collects data on CMS OP-18c measure for arrival to ED departure time for psychiatric and mental health patients and CMS ED-2c measure for admit decision to ED departure time for psychiatric and mental health patients. The Quality Improvement & Patient Safety (QIPS) Section is currently working on an ACEP-funded grant titled "Best Practices for Reducing Behavioral Health Patient Length of Stay in the Emergency Department White Paper." The paper will address issues pertinent to the length of stay of behavioral health patients in the ED and describe best practices to reduce length of stay. The section will apply for another section grant in the next cycle to develop the toolkit.

Resolution 25 Military Medics Integration into Civilian EMS (as amended)

RESOLVED, That the American College of Emergency Physicians, in order to promote high quality, safe, and efficient emergency medicine care, support current state and federal initiatives for accelerated training to allow transition of current military pre-hospital personnel to the civilian sector and which recognize the current level of training and experience of military medical specialist providers in our nation's service.

Action: Assigned to the EMS Committee to develop a policy statement and to Public Affairs and State Legislative staff to include in federal and state advocacy initiatives.

The EMS Committee worked with several members with past military experience as well as representatives from the Government Services Chapter to develop a draft policy statement. The committee also reviewed current projects underway that are supported by the National Association of State EMS Officials (NASEMSO), the National Association of EMS Educators (NAEMSE), the National Association of EMTs (NAEMT) and the National Registry of EMT's (NREMT) on military to civilian EMS transition to ensure ACEP's policy is consistent with these

initiatives. The Board approved the policy statement "Support for Transition of Military Medics into Civilian EMS Careers" in June 2017.

Resolution 26 Opposition of Exclusive Imaging Contracts Limiting Clinical Ultrasound Use and Billing by Emergency Physicians (as amended)

RESOLVED, That ACEP supports users of emergency ultrasound with a statement declaring opposition to the use of exclusive imaging contracts to limit the use of emergency ultrasound by non-radiology specialists and the billing for such services; and be it further

RESOLVED, That ACEP continue to support emergency physicians working to develop and implement emergency ultrasound programs who face opposition in hospitals where radiologists or others hold exclusive imaging contracts.

Action: Assigned to the Emergency Medicine Practice Committee and the Emergency Ultrasound Section to develop a policy statement. The Board approved the policy statement "Advocacy for Emergency Department Ultrasound Privilege and Practice" in June 2017.

Resolution 27 Pediatric Surgery Centers

RESOLVED, That ACEP dispute the current Pediatric Surgery Center Guidelines and work with appropriate stakeholders to amend the guidelines; and be it further

RESOLVED, That ACEP reaffirm the Guidelines for the Care of Children in the Emergency Department as the standard for pediatric emergency care.

Action: Assigned to the Pediatric Emergency Medicine Committee. The committee was assigned objective in 2016-17 to work with the Pediatric Surgery Society to revise the guidelines.

ACEP discussed concerns with the leadership of the Pediatric Surgical Society and the American College of Surgeons (ACS) in March 2017. ACEP met with leaders of the American Academy of Pediatrics (AAP) during the 2017 ACEP Advanced Pediatric Emergency Medicine Assembly. AAP indicated they were not aware of the concerns prior to this meeting and agreed to review their processes on endorsement of documents and involve ACEP in future revisions of the Pediatric Surgery Center Guidelines. The ACEP Board had further discussions on this issue at their June 2017 meeting and a letter was sent to ACS on August 28, 2017. ACS responded on September 25, 2017, providing additional background about development of the Guidelines and agreed to include representation from ACEP in future revisions.

Resolution 28 Reimbursement for Opioid Counseling

RESOLVED, That ACEP develop a strategy to seek reimbursement for counseling on safe opiate use, reversal agent instruction, and drug abuse counseling for our patients; and be it further

RESOLVED, ACEP develop a toolkit and education for implementing safe opioid use, reversal agent instruction, and drug abuse counseling in our Emergency Departments.

Action: Assigned first resolved to the Coding & Nomenclature Committee. Assigned second resolved to the Emergency Medicine Practice Committee.

The Emergency Medicine Practice Committee compiled resources on opioid counseling and reversal agents. The resources will be reviewed by the Board in October 2017.

Resolution 29 The Opioid Epidemic – A Leadership Role for ACEP (as amended)

RESOLVED, That ACEP advocates and supports the training and equipping of all first responders, including police, fire, and EMS personnel to use injectable and nasal spray Naloxone; and be it further

RESOLVED, That ACEP advocates and supports that appropriately trained pharmacists be able to dispense Naloxone without prescription; and be it further

RESOLVED, That ACEP develop a comprehensive policy on the prevention and treatment of the opioid use disorder epidemic including innovative treatments.

Action: Assigned to the Emergency Medicine Practice Committee (EMPC) to review current policies and resources and determine if revisions or additional resources are needed. The following resources and activities were identified:

- 2012 Clinical Policy: Critical Issues in the Prescribing of Opioids for Adult Patients in the Emergency Department. The Clinical Policies Committee has started work on a revision to this policy that will be completed in 2018. The critical questions have been finalized and literature searches completed. The literature is being obtained and grading will begin in the fall 2017.

- Naloxone Prescriptions by Emergency Physicians policy statement approved October 2015.
- Naloxone Access and Utilization for Suspected Opioid Overdoses policy statement approved June 2016.
- Optimizing the Treatment of Acute Pain in the Emergency Department policy statement approved April 2017.
- 2014 PREP Equipment for Ground Ambulances. Naloxone is listed under required equipment for advanced life support (ALS) emergency ground ambulances.
- *ACEP Website Resources:* In September 2014, the Emergency Medicine Practice Committee compiled resources on opioid prescribing in the ED, including information on the scope of the problem, resources on pain management in the ED, state initiatives, regulatory information, prescribing guidelines, prescription drug monitoring programs, and patient education materials and treatment resources.
- Emergency Medicine Practice Committee 2016-17 objective to "Work with the Pain Management Section to compile and develop resources for opiate free emergency departments." The plan is to provide a brief overview for each modality indications, contraindications, dosing, charting tips, special considerations and references for each. Topics to include: nerve blocks, nitrous, buprenorphine, trigger point injections, ketamine, etc.
- Public Health & Injury Prevention Committee 2016-17 objective to "Develop an information paper on the transition of care for patients seen in the ED with substance abuse issues (e.g., "warm handoffs," sobering centers, prescribing Suboxone, etc.). The committee is drafting an information paper focused on transitions of care for patients with opioid abuse issues. The information paper is in development and will address screening for opiate abuse, symptomatic relief for withdrawal, prescribing Naloxone, and referral to treatment centers.
- Public Health & Injury Prevention Committee has prepared a draft information paper on Medication Assisted Therapy. It will be shared with the Emergency Medicine Practice Committee and the Pain Management Section for comments prior to submission to the Board.
- The Pain Management Section will continue to develop resources for members on pain management and addiction medicine. Discussions were initiated on the development of the ACEP website to feature resources for providers on pain management in the ED and development of a "DART" type app for members.
- State Legislative/Regulatory Committee 2016-17 objective expanding and updating previous work to "research and report on successful approaches to opioid prescribing legislation impacting EDs, with a focus on state mandates related to PDMP's, the use of clinical guidelines, programs with state agencies (e.g., "warm hand off" programs and expansion of local treatment programs) and the availability of naloxone." A panel discussion was held at the 2017 Leadership & Advocacy Conference that featured creative responses led by ACEP members to the opioid crisis in Paterson, NJ and northwestern NM. The committee is developing a tool kit of legislative resources that will be made available on ACEP's website.
- State legislative staff tracks legislation related to opioid prescribing, PDMP's, and the availability of naloxone, and provides that information to state chapters.

In April 2017, the Board approved the committee's recommendation to take no further action and concurred that the intent of the resolution had been addressed.

Resolution 31 Opposing the Development of Sublingual Sufentanil (as amended)

RESOLVED, That ACEP actively oppose the FDA approval of sublingual formulations of synthetic fentanyl analogs, including sufentanil, via direct testimony or other means that the Board may find suitable.

Action: Assigned to the EMS Committee to obtain more information and provide a recommendation to the Board. The resolution was initiated as a result of the pharmaceutical company contacting EMS providers and indicating that EMS was supportive of the development. A letter was sent to the FDA in January 2017 opposing the use of sublingual fentanyl by EMS and in civilian emergency departments. ACEP leaders have had multiple discussions with the pharmaceutical company that developed the drug to inform them of ACEP's concerns.

Referred Resolutions

Resolution 8 Opposition to Required High Stakes Secured Examination for Maintenance of Certification

RESOLVED, That ACEP work with members, other interested organizations, and interested certifying bodies to develop reasonable, evidence based, cost-effective, and time sensitive methods to allow individual practitioners options to demonstrate or verify their content knowledge for continued practice in Emergency Medicine.

Action: The officers of ACEP and ABEM met several times since the 2016 Council meeting to discuss these issues. ACEP has relayed the growing discontent among some ACEP members with the Maintenance of Certification (MOC) process and particularly the high-stakes ConCert exam. ABEM has been active in exploring alternative approaches to physician assessment. This exploration includes detailed analyses of every pilot project in which other specialty boards are involved. ABEM informs ACEP that it is participating in direct discussions and research consortia with

other American Board of Medical Specialties (ABMS) specialty boards to understand the strengths and weaknesses of alternative forms of longitudinal assessment. Unfortunately, the pilots of other specialty boards are so new that outcomes or validity data are extremely limited. ABEM has assembled panels of senior ABEM leaders to explore modification and options to the ConCert examination. ABEM held a special Board meeting in September 2017 to explore modifications and options to the ConCert examination. ABEM will hold a national ConCert Summit October 2-3, 2017, that will include representatives from every emergency medicine organization to explore modifications and options to the ConCert examination. ABEM is also looking to keep the ConCert examination as an option and decrease the anxiety, cost, and consequence of the ConCert examination as an assessment option for some diplomates. Additionally, ACEP, along with dozens of other specialty societies and state medical societies will meet with ABMS and its certifying boards in early December 2017 to discuss concerns regarding both MOC and the high-stakes exams.

Resolution 10 Criminal Justice Reform – National Decriminalization of Possession of Small Amounts of Marijuana for Personal Use

RESOLVED, That ACEP adopt and support a national policy that the possession of small amounts of marijuana for personal use be decriminalized; and be it further

RESOLVED, That ACEP submit a resolution to the American Medical Association for national action on decriminalization of possession of small amounts of marijuana for personal use.

Action: Assigned to the Ethics Committee, Medical-Legal Committee, and the Public Health & Injury Prevention Committee to review and provide a recommendation to the Board regarding further action on the resolution.

The Ethics Committee was initially assigned as the lead committee to work on the resolution, but opined that this was not an ethical issue and the work should be led by the Public Health & Injury Prevention Committee. The resolution was subsequently assigned to the Emergency Medicine Practice Committee as this committee was also assigned Referred Resolution 30(16) Treatment of Marijuana Intoxication in the ED. After extensive discussion, there was not a consensus on a recommendation to the Board. A two-question survey was developed and shared with the four committees identified to review this resolution. The questions asked were: 1) Should ACEP adopt a policy supporting decriminalization of marijuana? and 2) Should ACEP submit a resolution to the AMA in support of decriminalization? While approximately 67% of the respondents were opposed to ACEP adopting a policy in favor of decriminalization of marijuana, all but one of the comments were in opposition. Others commented they are in favor of decriminalization of position of small amounts of marijuana, but did not believe this is an issue for ACEP to address. After review of the survey results and consideration of the comments, the Emergency Medicine Practice Committee recommended that no further action be taken on the resolution. The Board approved the committee's recommendation in June 2017.

Resolution 12 Collaboration with Non-Medical Entities on Quality and Standards (as amended)

RESOLVED, That the American College of Emergency Physicians reach out and build coalitions with non-medical organizations involved in developing non-clinical quality standards that include an evaluation of the cost of providing the highest level quality of care.

Action: Assigned to the Quality & Patient Safety Committee. In June 2017, the Board approved the committee's recommendation to support new and existing partnerships with non-medical organizations involved in developing quality standards including: 1) renewing membership in the National Quality Forum; 2) continue participation in Technical Expert Panels (TEP) that developing quality measures for CMS; and 3) conduct outreach and communications with international associations for emergency physicians, such as the Canadian Association of Emergency Physicians (CAEP) and other organizations within the International Federation of Emergency Medicine (IFEM), for international visibility and collaboration for ACEP.

Resolution 17 Insurance Collection of Beneficiary Deductibles (as amended)

RESOLVED, That ACEP add to its legislative agenda as a priority to advocate for health care insurance companies to be required to collect patients' deductibles for EMTALA-related care after the insurance company pays the physician; and be it further

RESOLVED, That ACEP submit a resolution to the American Medical Association House of Delegates that advocates for a national law requiring health care insurance companies to collect patient's deductibles after the insurance company pays the physician for EMTALA related care.

Action: Assigned to the Federal Government Affairs Committee to review and provide a recommendation to the Board regarding further action on the resolution. The committee did not support adding this issue to the legislative and regulatory priorities given the scope of work on initiatives related to the repeal and/or replacement of the Affordable Care Act. The committee's recommendation will be discussed by the Board at their October 2017 meeting.

The AMA adopted a similar resolution in November 2016. The AMA Board of Trustees was directed to make a decision and provide a report at the June 2017 AMA Annual meeting. At their April 2017 meeting, the AMA Board of Trustees determined:

> Health Insurance Companies Should Collect Deductible From Patients After Full Payment to Physicians – The Board received a report in response to Resolution 805-I-16 which was referred for decision at the 2016 Interim Meeting of the House of Delegates. Resolution 805, sponsored by the Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont delegations, asks our AMA to "seek federal and state legislation that requires health insurers to reimburse physicians the full negotiated payment rate for services to enrollees in high deductible plans and that the health insurers collect any patient financial responsibility, including deductibles and co-insurance, directly from the patient."
>
> Those in support of Resolution 805-I-16 argued that such legislative action was necessary to address the potential increase in bad debt as a result of patient collections becoming more challenging due to the growth in high-deductible health plans. Conversely, others expressed concern over the unintended consequences to physician practices and the larger political challenges of successfully enacting such legislation.
>
> In lieu of Resolution 805-I-16, the Board voted to approve that the AMA: 1. Reaffirm Policies H-165.849, "Update on HSAs, HRAs, and Other Consumer-Driven Health Care Plans," and D-190.974, "Administrative Simplification in the Physician Practice;" 2. Engage in a dialogue with health plan representatives (e.g., America's Health Insurance Plans, Blue Cross and Blue Shield Association) about the increasing difficulty faced by physician practices in collecting co-payments and deductibles from patients enrolled in high-deductible health plans.

In June 2017, the ACEP Board of Directors approved model legislation for payment of out-of-network services, which was prepared by the ACEP/EDMA Joint Task Force on Reimbursement. The model legislation includes a provision for payment directly to the provider. The model legislation was shared with chapters and is important for state legislatures that are considering out-of-network and balance billing legislation and look to emergency medicine for guidance.

Resolution 30 Treatment of Marijuana Intoxication in the ED

RESOLVED, That ACEP investigate the scope of treatment of marijuana intoxication in the ED that has legal implications; and be it further

RESOLVED, That ACEP determines if there are state or federal laws that provide guidance to emergency physicians in the treatment of marijuana intoxication in the ED; and be it further

RESOLVED, That the Board of Directors assign an appropriate committee or task force to answer clinically relevant questions that address the need to care for ED patients with possible marijuana (or other drug) intoxication; and be it further

RESOLVED, That ACEP investigate how other medical specialties address the treatment of marijuana intoxication in other clinical settings; and be it further

RESOLVED, That ACEP provide the resources necessary to coordinate the treatment of marijuana intoxication in the ED.

Action: Assigned to the Emergency Medicine Practice Committee, the Public Health Committee, and the State Legislative/Regulatory Committee to review and provide a recommendation to the Board regarding further action on the resolution. A thorough analysis was conducted and in June 2017, the Board approved the committee's recommendation to take no further action on the first, second, and fourth resolveds; assign the third resolved to the Toxicology Section or other body for additional work; and for the fifth resolved, educate ED providers to document diagnosis of marijuana intoxication and make subsequent efforts to correlate the diagnosis with concerning emergent presentations, including those in high-risk populations such as children, pregnant patients, and those with mental illness. Once that data is obtained, ACEP can then focus on determining the resources needed to coordinate treatment of marijuana intoxication.