American College of Emergency Physicians®

ADVANCING EMERGENCY CARE

Memorandum

To: 2016 Council

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

Date: September 13, 2016

Subj: Action on 2013 Resolutions

The attached report summarizes the actions taken by the Board of Directors on the 37 resolutions (32 non-Bylaws, 3 Bylaws, and 2 College Manual resolutions) adopted by the 2013 Council. Six resolutions, and one resolved from another resolution, were referred to the Board of Directors.

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

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American College of Emergency Physicians®
ADVANCING EMERGENCY CARE

Action on 2013 Council Resolutions

Resolution 1 Commendation for Marco Coppola, DO, FACEP

RESOLVED, That the American College of Emergency Physicians commends Marco Coppola, DO, FACEP, for his service as Council Speaker and Council Vice Speaker and for his commitment and dedication to the specialty of emergency medicine and to the patients we serve.

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

Resolution 2 Commendation for David C. Seaberg, MD, CPE, FACEP

RESOLVED, That the American College of Emergency Physicians commends David C. Seaberg, MD, CPE, FACEP, for his outstanding service, leadership, and commitment to the specialty of emergency medicine and to the College.

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

Resolution 3 In Memory of Stephen J. Dresnick, MD, FACEP

RESOLVED, That the American College of Emergency Physicians remembers with honor the contributions made by Stephen J. Dresnick, MD, FACEP, for serving as President of FCEP, serving a Speaker and Vice Speaker of ACEP, and through his promotion of the specialty of emergency medicine; and be it further

RESOLVED, That the American College of Emergency Physicians extends to the family, friends, and colleagues of Dr. Dresnick our deepest sympathy, our sense of sadness and loss, and our gratitude for having worked with and learned from a remarkable individual.

Action: A framed resolution was prepared and sent to the family of Dr. Dresnick.

Resolution 4 In Memory of Ronald L. Krome, MD, FACEP

RESOLVED, That the American College of Emergency Physicians extends its deepest sympathy to the family, friends, and colleagues of Ronald L. Krome MD FACEP; and be it further

RESOLVED, That the American College of Emergency Physicians respectfully celebrates the life and legacy of Dr. Krome and will continuously honor his achievements on behalf of emergency physicians, the specialty of Emergency Medicine, and all emergency patients; and be it further

RESOLVED, That Dr. Krome will always be remembered as a tireless doer who led by example, by accomplishment, and by nurturing the people around him – Ron was a true mensch.

Action: A framed resolution was prepared and sent to the family of Dr. Krome.

Resolution 5 In Memory of Thomas C. Madden, MD, FACEP

RESOLVED, That the American College of Emergency Physicians remembers with gratitude and honor the contributions made by Thomas C. Madden, MD, FACEP, as one of the leaders in emergency medicine; and be it further

RESOLVED, That national ACEP and the Indiana Chapter extends to his wife, Terri, his children, Lauren, Erin and Austin, his friends, family, and his colleagues our condolences and gratitude for his service to the specialty of Emergency Medicine.

Action: A framed resolution was prepared and sent to the family of Dr. Madden.

Resolution 6 In Memory of Stephen Tantama, MD, FACEP

RESOLVED, That the American College of Emergency Physicians recognizes Stephen Tantama, MD, FACEP, for his dedication, professionalism, and contributions to emergency medicine, ACEP, the Council, the Government Services Chapter, the Young Physicians Section, EMRA and the RRC-EM; and be it further

RESOLVED, That ACEP extends to Dr. Tantama' s family, friends, and colleagues our sympathy, great sense of sadness and loss, and our gratitude for having been able to share a part of his life.

Action: A framed resolution was prepared and sent to the family of Dr. Tantama.

Resolution 7 Candidate Members in Fellowship Training (as amended)

RESOLVED, That the ACEP Bylaws, Article IV – Membership, Section 2.5 – Candidate Members, and Article V – Fellowship, Section 1 – Fellow Status, be amended to read:

Section 2.5 — Candidate Members

Any **medical** ~~**allopathic**~~ or osteopathic medical student, intern, or physician participating in an emergency medicine residency ~~or fellowship~~ shall be eligible for candidate membership. **Individuals going directly from any residency into subspecialty fellowship training, the** ~~**that upon**~~ **completion of which would qualify them for active membership,** ~~**may opt**~~ **are eligible to be candidate members for the duration of their fellowship.** ~~Effective January 1, 2000, p~~**P**hysicians in the uniformed services while serving as general medical officers shall be eligible for candidate membership for a maximum of four years.

ARTICLE V – FELLOWSHIP

Section 1 – Fellow Status

Fellows of the College shall meet one of the following two sets of criteria:

1. Be active, life, honorary, or international members for three continuous years immediately prior to election and must have been certified in emergency medicine at the time of election by the American Board of Emergency Medicine, the American Osteopathic Board of Emergency Medicine, or in pediatric emergency medicine by the American Board of Pediatrics. Maintenance of Fellow status requires continued membership in the College. In addition, the following requirements demonstrating evidence of high professional standing must be met by candidates some time during their professional career prior to application.
   A. At least three years of active involvement in emergency medicine as the physician's chief professional activity, exclusive of **residency** training, and;
   B. Satisfaction of at least three of the following individual criteria during their professional career:
      1. active involvement, beyond holding membership, in voluntary health organizations, organized medical societies, or voluntary community health planning activities or service as an elected or appointed public official;
      2. active involvement in hospital affairs, such as medical staff committees, as attested by the emergency department director or chief of staff;
      3. active involvement in the formal teaching of emergency medicine to physicians, nurses, medical students, out-of-hospital care personnel, or the public;
      4. active involvement in emergency medicine administration or departmental affairs;
      5. active involvement in an emergency medical services system;
      6. research in emergency medicine;
      7. active involvement in ACEP chapter activities as attested by the chapter president or chapter executive director;
      8. member of a national ACEP committee, the ACEP Council, or national Board of Directors;
      9. examiner for, director of, or involvement in test development and/or administration for the American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine;
      10. reviewer for or editor or listed author of a published scientific article or reference material in the field of emergency medicine in a recognized journal or book.
2. Be active, life, honorary, or international members for six continuous years immediately prior to election and eligible for membership at the close of business on December 31, 1999. Candidate must complete and submit application along with all documentation and supporting elements prior to close of business December 31, 2009. After that date, no further new applications for fellow status under the second set of criteria (subsection 2) will be considered. Furthermore, all applications received by close of business December 31, 2009, will have either final approval or disapproval no later than close of business December 31, 2010. Maintenance of Fellow status requires continued membership in the College. In addition, the following requirements demonstrating evidence of high professional standing must be met by candidates sometime during their professional career prior to application:
   A. At least ten years of active involvement in emergency medicine as the physician's chief professional activity, exclusive of training, and;

B. Satisfaction of at least three of the following individual criteria, of which one of the three must be number 7 or number 8, during their professional career:
   1. active involvement, beyond holding membership, in voluntary health organizations, organized medical societies, or voluntary community health planning activities or service as an elected or appointed public official;
   2. active involvement in hospital affairs, such as medical staff committees, as attested by the emergency department director or chief of staff;
   3. active involvement in the formal teaching of emergency medicine to physicians, nurses, medical students, out-of-hospital care personnel, or the public;
   4. active involvement in emergency medicine administration or departmental affairs;
   5. active involvement in an emergency medical services system;
   6. research in emergency medicine;
   7. active involvement in ACEP chapter activities as attested by the chapter president or chapter executive director;
   8. member of a national ACEP committee, the ACEP Council, or national Board of Directors;
   9. examiner for, director of, or involvement in test development and/or administration for the American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine;
   10. reviewer for or editor or listed author of a published scientific article or reference material in the field of emergency medicine in a recognized journal or book.

In addition, the candidate must provide a written letter of recommendation from their chapter, as attested by the chapter president or chapter executive director, or two letters of recommendation from current Fellows of the College.

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

Fellows shall be authorized to use the letters FACEP in conjunction with professional activities. Fees, procedures for election, and reasons for termination of Fellows shall be determined by the Board of Directors.

Action: The Bylaws were updated.

Resolution 8 Council Officers "Standing" in the ACEP Bylaws

RESOLVED, That the ACEP Bylaws Article X – Officers/Executive Director, Section 11 – Speaker and Section 12 – Vice Speaker, be amended to read:

Section 11 — Speaker

The term of office of the speaker of the Council shall be two years. The speaker shall attend meetings of the Board of Directors **and may address any matter under discussion**. The speaker shall preside at all meetings of the Council, except that the vice speaker may preside at the discretion of the speaker. The speaker shall prepare, or cause to be prepared, the agendas for the Council. The speaker may appoint committees of the Council and shall inform the councillors of the activities of the College. The speaker's term of office shall begin immediately following the conclusion of the annual meeting at which the election occurred and shall conclude at such time as a successor takes office. The speaker shall not have the right to vote in the Council except in the event of a tie vote of the councillors. During the term of office, the speaker is ineligible to accept nomination to the Board of Directors of the College. No speaker may serve consecutive terms.

Section 12 — Vice Speaker

The term of office of the vice speaker of the Council shall be two years. The vice speaker shall attend meetings of the Board of Directors **and may address any matter under discussion**. The vice speaker shall assume the duties and responsibilities of the speaker if the speaker so requests or if the speaker is unable to perform such duties. The term of the office of the vice speaker shall begin immediately following the conclusion of the annual meeting at which the election occurred and shall conclude at such time as a successor takes office. During the term of office, the vice speaker is ineligible to accept nomination to the Board of Directors of the College. No vice speaker may serve consecutive terms.

Action: The Bylaws were updated.

Resolution 9 Criteria for Inclusion of Orgs in the ACEP Council (as amended)

RESOLVED, The ACEP Bylaws Article VIII – Council, Section 1 – Composition of the Council, 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.

An organization currently serving as, or seeking representation as, a component body of the Council must meet, and continue to meet, the criteria stated in the College Manual. These criteria do not apply to chapters or sections of the College.

EMRA shall be entitled to four councillors as representative of all of the members of EMRA, each of whom shall be a candidate or active member of the College.

AACEM shall be entitled to one councillor as representative of all of the members of AACEM, who shall be an active member of the College.

CORD shall be entitled to one councillor, who shall be an active member of the College, as representative of all of the members of CORD.

SAEM shall be entitled to one councillor, who shall be an active member of the College, as representative of all of the members of SAEM.

Each chartered section shall be entitled to one councillor as representative of all of the members of such chartered section if the number of section dues-paying and complimentary candidate members meets the minimum number established by the Board of Directors for the charter of that section based on the membership rolls of the College on December 31 of the preceding year.

A councillor representing one component body may not simultaneously represent another component body as a councillor or alternate councillor.

Each component body shall also elect or appoint alternate councillors who will be empowered to assume the rights and obligations of the sponsoring body's councillor at Council meetings at which such councillor is not available to participate. An alternate councillor representing one component body may not simultaneously represent another component body as a councillor or alternate councillor.

Councillors shall be certified by their sponsoring body to the Council secretary on a date no less than 60 days before the annual meeting.

Action: The Bylaws were updated.

Resolution 12 Procedures for Addressing Charges of Ethical Violations and Other Misconduct – College Manual Amendment

RESOLVED, That the College Manual be amended by substitution of the "Procedures for Addressing Charges of Ethical Violations and Other Misconduct."

The extensive changes have not been included in this report due to the length of the document.

Action: The College Manual was updated.

Resolution 13 Criteria for Eligibility & Approval of Organizations Seeking Representation in the Council – College Manual Amendment

RESOLVED, The College Manual be amended by addition of a new section "Criteria for Eligibility & Approval of Organizations Seeking Representation in the ACEP Council" to read:

Organizations that seek representation as a component body in the Council of the American College of Emergency Physicians (ACEP) must meet, and continue to meet, the following criteria:

A. Non-profit.
B. Impacts the practice of emergency medicine, the goals of ACEP, and represents a unique contribution to emergency medicine that is not already represented in the Council.
C. Not in conflict with the Bylaws and policies of ACEP.
D. Physicians comprise the majority of the voting membership of the organization.
E. A majority of the organization's physician members are ACEP members.
F. Established, stable, and in existence for at least 5 years prior to requesting representation in the ACEP Council.
G. National in scope, membership not restricted geographically, and members from a majority of the states. If international, the organization must have a U.S. branch or chapter in compliance with these guidelines.
H. Seek representation as a component body through the submission of a Bylaws amendment.

The College will audit these component bodies every two years to ensure continued compliance with these guidelines.

Action: The College Manual was updated.

Resolution 16 Members Suffering Unanticipated Financial Hardship

RESOLVED, That ACEP acknowledges the need to support its members during times of economic hardship; be it further

RESOLVED, That ACEP develop policies to address requests for financial consideration for a dues waiver in times of economic hardship, and the procedures by which such cases will be evaluated.

Action: The Membership Committee drafted the "Guidelines for Determining Eligibility for Dues Waivers Due to Financial Hardship." The Board reviewed the guidelines in June 2014 and requested revisions. The final version of the guidelines were approved by the Board in October 2014.

Resolution 17 911 Caller Good Samaritan Laws (as amended)

RESOLVED, That ACEP supports and endorses 911 Caller Good Samaritan policies for overdose victims; and be it further

RESOLVED, That ACEP support 911 Caller Good Samaritan policies through legislative or regulatory advocacy at the local, state, and national levels; and be it further

RESOLVED, That ACEP work with the AMA on 911 Caller Good Samaritan policies.

Action: The Emergency Medicine Practice Committee developed the policy statement, "911 Caller Good Samaritan Laws." It was approved by the Board in June 2014 and is available on the ACEP Website.

The second resolved was assigned to Public Affairs staff and Chapter & State Relations staff for advocacy initiatives. The last resolved was assigned to the AMA Section Council for potential action, pending review of existing AMA policy. A resolution was submitted to the AMA in June 2014 and it was adopted.

Resolution 18 Creation and Funding of a National Prescription Monitoring Program (as amended)

RESOLVED, That ACEP work with all involved parties to support a best practice-based, voluntary, federally funded, nationally accessible Prescription Monitoring Program; and be it further

RESOLVED, That ACEP oppose mandatory query of prescription drug monitoring program data for emergency department patients.

Action: ACEP's policy statement, "Electronic Prescription Monitoring," supports this resolution. Since 2014, ACEP's Strategic Plan has included a strategy to promote federal and state legislative proposals that seek to reduce/eliminate prescription drug abuse and facilitate appropriate treatment for those addicted to prescription opioids or illicit narcotics. ACEP's 2014 and 2015 legislative and regulatory priorities included supporting voluntary, interstate prescription drug monitoring programs through reauthorization of the "National All Schedules Prescription Electronic Reporting Reauthorization (NASPER) Act" (HR 3528), which was introduced on November 18, 2013. The House Energy & Commerce Committee never took action on the bill before the 113th Congress ended. NASPER reauthorization was introduced in the Senate (S. 480) on February 12, 2015, and in the House of Representatives (H.R. 1725) on March 26, 2015. The House approved H.R. 1725 by voice vote on September 8, 2015.

Resolution 20 Disaster Research (as amended)

RESOLVED, That ACEP work with other organizations to develop guidelines for evaluation of new or ongoing projects in the areas of disaster preparedness, response, effectiveness of interventions, and outcomes research to identify the most robust areas to focus funding; and be it further

RESOLVED, That ACEP work with other organizations to increase disaster research funding until guidelines on appropriate funding for research on disaster preparedness, response, and effectiveness of interventions can be established.

Action: The Disaster Preparedness & Response Committee was assigned an objective to "Collaborate with stakeholders including federal and state government agencies, other medical and disaster preparedness organizations, and various private vendors, to develop a methodology by which data regarding disaster related injuries and illness can be extracted in a standardized manner for use in planning for response and research." The committee was tasked with incorporating the directives from this resolution and to work with the Research Committee as needed. The committee developed a list of national level organizations that collect this information and their processes, such as what data is collected and how. A list of state (or local) organizations that perform syndromic surveillance was also developed and included information about HIPPA laws that may affect this pursuit.

Resolution 21 End-of-Life Care Public Hearings (as amended)

RESOLVED, That ACEP work with other relevant stakeholders to engage in a national conversation and make recommendations on end-of-life issues.

Action: Since 2014, ACEP's Strategic Plan has included several strategies to address end-of-life and palliative care: 1) Develop initiatives and explore partnerships with other health care organizations and physician and policy groups to support improved education for physicians and for patients and their families regarding end-of-life decisions; 2) Engage chapters and other medical organizations to promote POLST and other effective advance directive documents; 3) Develop a script for emergency physicians to use when introducing the concept of palliative care to a patient/family in the ED and to promote the value of palliative care with emphasis on its value for patient living with a chronic non-curative disease (not hospice care or withdrawal of care); 4) Work with the Improving Palliative Care in the ICU organization to develop and promote resources on implementation of a palliative care program in the ED; and 5) Promote resources for palliative care in the ED, emphasizing its value for patients living with chronic, non-curative diseases.

ACEP's Palliative Medicine Section microsite includes resources for members and the public: Education in Palliative and End-of-life Care for Emergency Medicine is a two-day conference designed to teach clinical competencies in palliative care to health care professionals working in the emergency department. *Fast Facts*: Available free from the EPERC: End of Life/Palliative Education Research Center. ACEP Palliative Care Toolkit is a resource to implement palliative care in the ED and includes identification criteria, symptom control, goals of care conversations, and disposition planning.

One of the five Choosing Wisely recommendations submitted by ACEP is "Don't delay engaging available palliative and hospice care services in the ED for patients likely to benefit." The American Academy of Hospice and Palliative Medicine and the Center to Advance Palliative Care have promoted this CW recommendation. ACEP has received national recognition for its stand on the importance of palliative care in the ED. An article in the January 2014 *ACEPNow* focused on palliative care and future follow-up articles are planned.

ACEP has three policy statements that address end-of-life care: "Ethical Issues at the End of Life;" "Ethical Issues of Resuscitation," and "Non-Beneficial ('Futile') Emergency Medical Interventions"

The Board of Directors continues to work on end-of-life care as a priority for the College. Potential initiatives were discussed by the Board at their strategic planning retreat in December 2014. An End of Life Task Force was appointed in 2015 with two primary objectives: 1) catalog existing resources available through ACEP; and 2) make recommendations of additional programs and resources that ACEP could develop. One of the task force's recommendations was to survey chapters on end of life issues and resources available in each state. The task force is continuing its work in 2015-16.

ACEP15 in Boston included an educational program relating to end-of-life care. The session was titled, "Policy Frontiers in End-of-Life Care." The 2015 Research Forum added a new abstract category on End-of-Life and Palliative Research. Eight abstracts were accepted and published.

ACEP's 2016-19 Strategic Plan includes a tactic to "Promote resources for palliative and end-of-life care to support education of emergency physicians, patients, and their families in the ED, including exploration of partnerships with healthcare organizations, policy, and physician groups."

Resolution 22 GME Funding and the Match Process (as amended)

RESOLVED, That ACEP continue to support the National Residency Match Program and National Matching Services processes as it currently exists; and be it further

RESOLVED, That ACEP oppose the hiring of emergency medicine residents through processes outside of the National Residency Match Program and National Matching Services; and be it further

RESOLVED, That ACEP support efforts of sponsoring institutions to secure adequate federal funding of Graduate Medical Education (GME) for emergency medicine and support independent financing without replacing currently funded GME positions in emergency medicine or violating the Match process to train emergency medicine residents.

Action: The resolution was assigned to the Academic Affairs Committee to include in their objective "Identify GME issues and advocacy solutions, including ascertaining the value of GME and the effect of healthcare reform on GME funding." Data was gathered from various states, the American Medical Association, and other sources. A report on the status of this objective was provided to the Federal Government Affairs Committee in May 2014. The ACEP-SAEM Joint GME Work Group was also informed.

Since 2014, ACEP's Strategic Plan has included strategies to pursue GME funding for expansion of the overall number of EM residency slots available and to work with other physician organizations to increase the overall number of federally funded GME slots.

ACEP's legislative and regulatory priorities have included working with Members of Congress to increase the overall number of federally funded GME slots. H.R. 1180, H.R. 1201, and S. 577 were introduced in the 113th Congress to expand the number of residency slots by 15,000 over 5 years. ACEP worked with the sponsors and co-sponsors to ensure emergency medicine is not excluded from accessing additional slots. During the 2014 Leadership & Advocacy Conference, ACEP members urged lawmakers to add their support to these GME measures and 10 additional Representatives co-sponsored H.R. 1180 and two more Senators endorsed its counterpart, S. 577. Unfortunately, a report by the Institute of Medicine recommended a radical overhaul of the federal financing and governance of the current GME system and created a further disincentive for Congress to establish a modest expansion of residency training slots. These GME bills expired at the end of the 113th Congress. Public Affairs staff contacted the bills' sponsors to remind them of ACEP's concerns with the original language and asked that appropriate modifications be made before introducing new bills. Identical GME bills were reintroduced in the House of Representatives (H.R. 2124) and in the Senate (S. 1148) on April 30, 2015. The bills were referred to the respective committees of jurisdiction, but as of September 2016 no action has been taken to advance either of these proposals.

The Academic Affairs Committee developed the paper, "GME Financing for Emergency Medicine – From the Traditional to the Innovative." It was reviewed by the Board in January 2015 and submitted for publication consideration. ACEP sent a letter to the House Energy & Commerce Committee in January 2015 commenting on GME and the unique workforce challenges facing emergency medicine.

Resolution 24 Promulgation of Emergency Medicine (as amended)

RESOLVED, That the American College of Emergency Physicians continue efforts, at the direction of the ACEP Board of Directors, to promulgate the value and role of Emergency Medicine as a critical component of an effective health care delivery system to other medical and healthcare organizations, the media, and the American public, and to provide emergency physicians and other interested parties with board-approved materials for use in discussions on the topic.

Action: The resolution was assigned to the Public Relations Committee. Since 2014, ACEP's Strategic Plan has included a priority objective to communicate the value of emergency medicine as an important component of the health care system. Strategies to implement this objective include: 1) Develop resources to demonstrate the value of emergency medicine; 2) Continue to share findings from the Emergency Medicine Value RAND study with Congress and policy makers.

The Public Relations Committee directed promotion of the value of emergency medicine through a re-release of ACEP's Saving Millions campaign. A multi-media news release featuring video, the ads, and the Infographic, was distributed to national health reports and embedded in thousands of Websites. The campaign was featured on a 22-story electronic billboard in Times Square and promoted through Twitter. The Infographic was retweeted multiple times. The infographic was updated in 2015-16 and promoted by email to chapters and the Spokespersons' Network. It was also promoted to ACEP members during *ACEP15* and through ACEP.org. ACEP's Saving Millions campaign is being updated with new high-value messages in 2016 to promote the value of emergency medicine. Once the messages are finalized, the infographic will be updated and promoted again.

In 2014, the Public Relations Committee provided research consultation into the development of a member poll, which was promoted to the public during ACEP's Leadership & Advocacy Conference. Public relations staff conducted a campaign using the results to promote the value of emergency medicine and continue the momentum of the Report Card. In addition to a press release, YouTube video, talking points, and print advertising, ACEP leaders met with *The Wall Street Journal*, Vox Media, *The Los Angeles Times*, Bloomberg News, WTOP Radio (DC), and *Kaiser Health News*. New coverage about the poll featuring quotes from ACEP members appeared in more than 200 online and print publications. These included a significant story in *The Wall Street Journal* (also WSJ blog piece), Bloomberg News, Fox News (Stuart Varney), *Huffington Post, Web MD, Fierce Healthcare, Modern Healthcare, Medscape* and Vox. More than 60 broadcast stories aired, and a secondary wave of coverage occurred several weeks later with news stories appearing in *USA Today, Washington Post* blog, *Kaiser Health News, Houston Chronicle*, the *Detroit Free Press, Corpus Christi News, Roll Call* and supportive editorials in the *Orange County Register* and the Columbian, Fox TV in Fresco. Senator John Barrasso (R-WY) distributed a separate press release about ACEP's poll and appeared on C-SPAN commenting about it on the floor of the U.S. Senate. The committee directed the promotion of the value of emergency medicine to be a goal for the release of ACEP Report Card and:

- Conducted focus groups to develop key messages that promote the value of emergency medicine and to achieve ACEP's strategic goals and objectives.
- Launched the Report Card with a TeleNews Conference, national and state press releases, media relations involving more than 200 ACEP Report Card spokespersons, and a satellite media tour in English and Spanish.
- Eleven chapters received grant awards to conduct press events, desk-side briefings with reporters, and advertising.

- Print and web ads were published in *Roll Call, Politico,* and the Hill newspapers.
- An aggressive social media strategy was employed to promote the Report Card through Twitter, YouTube, and Facebook. Report Card spokespersons, EMRA, and SEMPA were engaged, as well as the Public Relations Committee, which employed a "Twitter Team" to help create a "buzz."

News stories appeared in major newspapers, including *The Washington Post, The Chicago Tribune, The New York Daily News, Forbes, The Huffington Post, The Los Angeles Times, San Francisco Chronicle, The Philadelphia Inquirer, Houston Chronicle,* and *The Seattle Times*. Thirty-two letters-to-the-editors were published in major newspapers including *The Atlanta Journal Constitution, Hartford Courant, Orlando Sentinel, Detroit Free Press, The Las Vegas Sun,* and *The Pittsburgh Post-Gazette.* Along with print stories, nearly 800 broadcast stories aired on news organizations including ABC's World News Tonight with Diane Sawyer, MSNBC, CNN, Fox News' Your World with Neil Cavuto, Fox Business News, CNBC's Kudlow and Kramer, WNBC New York, and Telemundo as well as dozens of local television stations across the country. The estimated audience reach was 72.2 million people. The Report Card was also the topic of conversation on CBS Radio and The Brian Lehrer Show on WNYC Radio.

Resolution 27 Studying Firearm Injuries

RESOLVED, That ACEP advocate for appropriate, adequate funding for rigorous research on firearm injury prevention; and be it further

RESOLVED, That ACEP join with the American Medical Association and other medical societies with similar resolutions to work together toward achieving this common cause.

Action: The resolution was assigned to Public Affairs staff for advocacy initiatives. ACEP's legislative and regulatory priorities have included working with Members of Congress to promote efforts that may prevent firearm-related injuries/deaths and to support public/private initiatives to fund firearm research.

The AMA Section Council on Emergency Medicine reviewed the resolution and noted that the AMA has adopted many policies related to firearm injuries and research and was not considering pursuing additional initiatives.

The Research Committee was assigned to make a recommendation to the Board regarding Referred Resolution 19(13) Developing a Research Network to Study Firearm Violence in EDs. In June 2014, the Board approved the following recommendations: 1) ACEP and EMF staff convene a consensus conference of firearm researchers and other stakeholders to develop a research agenda and to consider the use of available research networks (including the proposed EM-PRN) to perform firearm research; 2) ACEP and EMF staff to identify grant opportunities and promote them to emergency medicine researchers; 3) EMF to consider seeking funding for a research grant specifically supporting multi-center firearm research; and 4) ACEP to advance the development of the EM-PRN to create a resource for representative ED-based research on this topic and others.

The Research Committee was assigned an objective in 2014-15 to "Convene a Technical Advisory Group (TAG) of firearm researchers and other stakeholders to develop a research agenda and to consider the use of available research networks (including the EM-PRN) to perform firearm research." TAG members met on May 12, 2015, and determined the research agenda will be based on questions relating to suicides, unintentional injuries, mass violence, and peer violence. Another meeting was held at *ACEP15* in Boston and the EM-PRN questions were finalized.

In 2016, the EM-PRN survey regarding firearm injury was conducted and the TAG is reviewing the results. A manuscript has been approved for publication submission. The TAG chair held a discussion with the Democratic presidential nominee's advisor regarding Clinton's interest in prevention of firearm injuries. The TAG is now working on a list of potential executive actions to advance firearm injury prevention. The 2016 Research Forum will include a panel discussion on firearms injury prevention research.

Resolution 28 Support for Decriminalization of Behavioral Issues (as amended)

RESOLVED, That ACEP study the emerging alternatives to incarceration for individuals with substance dependence disorders and mental health problems in the United States; and be it further

RESOLVED, That ACEP devise ways to support the appropriate delivery of mental health, psychiatric care, and substance dependence disorder treatment options as alternatives to incarceration.

Action: The resolution was assigned to the Public Health & Injury Prevention Committee to include in their work on sobering centers. The committee developed a report on Sobering Centers that was reviewed by the Board in October 2013. The report includes a literature search, a list of sobering centers, responses to a survey of sobering centers, and recommendations for next steps.

Since 2014, ACEP's legislative and regulatory priorities included supporting the development of sobering centers that provide an alternative location where patients can be taken, evaluated, and provided resources to address mental health issues instead of being transported to a hospital or jail.

Resolution 29 Support of Health Information Exchanges (as amended)

RESOLVED, That ACEP investigate and support Health Information Exchanges; and be it further

RESOLVED, That ACEP work with appropriate stakeholders to promote the development, implementation, and utilization of a national Health Information Exchange; and be it further

RESOLVED, That ACEP develop an Information Paper exploring a national Health Information Exchange.

Action: The resolution was assigned to the Emergency Medicine Informatics Section and to Public Affairs staff for advocacy initiatives.

ACEP sent comments to the Agency for Healthcare Research and Quality in February 2014 strongly supporting the development of well-designed Health Information Exchanges (HIEs) that allow rapid access to patient specific information, integrated into existing clinical workflows, for physician use in the care of emergency patients. ACEP noted that, to realize the many potential benefits of HIEs, it is important that the information being exchanged is timely, available from a comprehensive set of data sources, that patients be matched across and within care settings, and that access to the information be integrated into established clinical workflows.

ACEP's legislative and regulatory priorities include monitoring and commenting on: 1) patient safety/HIT hazards; 2) interoperability; 3) health information exchanges; and 4) transition to meaningful use of electronic quality measure reporting to protect and enhance emergency care.

A workgroup of the Informatics Section was appointed and an information paper was provided to the Board in October 2014. The paper included: Five Stages of HIE Maturity; Challenges to HIE Deployment and Market Drivers; Barriers and Limitations to HIE; and Operational Challenges highlighting several aspects of HIE, including timeliness of data, comprehensive data sources, concordant patient matching, and workflow integration. The paper was published in *Annals of Emergency Medicine*, Health Information Exchange in Emergency Medicine.

ACEP Public Relations staff issued a press release Five Ways to Improve Health Information Exchange in ERs on July 30, 2015. That press release was picked up by the National Coordinator for Health Information Technology and Acting Assistant Secretary for Health, Karen DeSalvo, MD, MPH, MSc, met with lead author of the paper and ACEP leadership to discuss the issues raised. The recommendations in the published paper are becoming actionable policy recommendations. The workgroup made five primary recommendations in support of HIEs in emergency medicine:

1. Emergency physicians must be involved in regional and federal HIE activities;
2. HIE policies must be based on best practices to promote liability protection related to HIE use;
3. Federal regulatory standards must prioritize data elements specific to emergency care and have emergency-specific user design;
4. Care standards and protocols for effective integration of HIE in emergency department electronic health records (EHRs) should be developed, including workflow optimizations and pushing of important HIE information to the clinician through flags in the EHR; and
5. Local professional groups should participate with HIEs to assure delivery of appropriate emergency data.

ACEP Quality and HIT staff conducted focus groups at the 2015 Legislative Advocacy Conference & Leadership Summit to assess which type of information, such as last EKG image, would be the most useful for exchange between emergency departments. Health Information Exchanges continue to be a priority. In April 2016, ACEP entered into an agreement with Collective Medical Technologies for promotion and implementation of an ED Information Exchange program.

Resolution 30 Use of the Title "Doctor" in the Clinical Setting (by substitution)

RESOLVED, That ACEP affirm that a physician is an individual who has received a "Doctor of Medicine" or a "Doctor of Osteopathic Medicine" degree or an equivalent degree following successful completion of a prescribed course of study from a school of medicine or osteopathic medicine; and be it further

RESOLVED, That ACEP require anyone in a hospital environment who has direct contact with a patient who presents himself or herself to the patient as a "doctor," and who is not a "physician" according to the definition above, must specifically and simultaneously declare themselves a "non-physician" and define the nature of their doctorate degree.

Action: The Emergency Medicine Practice Committee developed the policy statement, "Use of the Title 'Doctor' in the Clinical Setting." It was approved by the Board in April 2014.

Resolution 31 Virtual Milk Carton

RESOLVED, That ACEP communicate to its members that they consider using the National Center for Missing and Exploited Children's Missing Children Screensaver and post AMBER Alerts in their emergency departments.

Action: The resolution was assigned to Member Communications staff to include the information in ACEP communication vehicles.

Resolution 32 ACEP Clinical Policy on tPA Use in Stroke (as amended)

RESOLVED, That ACEP reconsider the current "Clinical Policy: Use of Intravenous tPA for the Management of Acute Ischemic Stroke in the Emergency Department" including opening the discussion regarding the use of tPA to the ACEP membership; and be it further

RESOLVED, That any subsequent ACEP clinical policy be open to comment by the ACEP membership for a period of at least 60 days before consideration of adoption.

Action: The resolution was assigned to the Clinical Policies Committee to review the tPA policy, distribute the policy for comments from the membership as soon as possible, conduct an updated literature search, provide a recommendation to the Board in reconsideration of the policy, and revise the clinical policies development procedures to include a minimum 60-day open comment period by members on all draft clinical policies before submitting for approval by the Board of Directors.

The Board had an extensive discussion about clinical policies at their November 2013 retreat and in January 2014 approved specific direction and comments to the Clinical Policies Committee regarding implementation of the resolution. Changes to the clinical policy development process were approved by the Board in June 2014. The tPA policy was posted for a 60-day open comment period and notices were sent to the membership and chapters through multiple communications. Ninety submissions were received during the comment period. A subcommittee was formed and conducted an updated literature search, reviewed and graded the evidence since the policy was published, carefully reviewed all of the open comments and evidence noted, and reviewed again the evidence included in the policy. The subcommittee's report and findings were provided to the Board in June 2014. The Board approved assigning the committee an objective to update the tPA policy as an ACEP-only project and not in conjunction with the American Academy of Neurology (AAN). The AAN was notified of the Board's decision.

A revised draft tPA policy was made available for a 60-day comment period. Notice of the comment period with a link to the draft policy and the comment form was sent to chapters, the Quality & Performance Committee, the Medical-Legal Committee, was publicized in *EM Today*, and made available on the ACEP Web site. The draft was also sent to pertinent outside organizations and experts in the topic. The revised clinical policy was approved by the Board on June 24, 2015; was endorsed by the Emergency Nurses Association on July 14, 2015; and is now available on the ACEP Website. The clinical policy was published in *Annals of Emergency Medicine* in September 2015 and was also submitted to the National Guideline Clearinghouse for abstraction.

Resolution 33 Clinical Ultrasound is a Specific Imaging Modality (as amended)

RESOLVED, That ACEP define Clinical Ultrasonography as a diagnostic modality; and be it further

RESOLVED, That ACEP recognizes that Clinical Ultrasonography goes beyond clinically important data not obtainable by inspection, palpation, auscultation, or other components of the physical exam; and be it further

RESOLVED, That ACEP recognize Clinical Ultrasonography as a unique clinical modality, distinct from the physical examination, and not an adjunct to or extension of the physical examination.

Action: The Board of Directors approved the policy statement Definition of Clinical Ultrasonography in January 2014.

Resolution 34 Community Paramedicine

RESOLVED, That ACEP develop a policy statement defining community paramedicine; and be it further

RESOLVED, That ACEP develop a policy statement outlining the role of the pre-hospital provider in community paramedicine; and be it further

RESOLVED, That ACEP develop guidelines and standards for community paramedicine; and be it further

RESOLVED, That ACEP develop a clinical model for community paramedicine.

Action: The EMS Committee developed a draft policy statement that was reviewed by the Board in April 2014. The Board provided direction to the committee for additional policy development. The Board approved the policy statement, "Medical Direction of Mobile Integrated Healthcare and Community Paramedicine Programs," in October 2014; however, the National Association of EMS Physicians (NAEMSP) expressed concerns with the revisions made by the Board. The EMS Committee worked with NAEMSP on a further revised policy and it was submitted to the Board in January 2015. The revised policy was not adopted and the Board directed that a workgroup of key stakeholders be appointed, including members of the EMS Committee, other ACEP committees as appropriate, and members of the California Chapter, to develop a revised policy statement and an information paper on "mobile integrated healthcare and community paramedicine programs" that provides information on the differences regarding

9-1-1 calls and community paramedicine programs and emphasizes the need to preserve 9-1-1 as it currently exists. The task force continued its work in 2015-16 and is working on developing a Policy Resource & Education Paper as an adjunct to the policy statement on medical direction of MIH/CP programs.

The EMS Committee has an ongoing objective to "Collaborate with EMS stakeholders regarding continued development of resources and guidelines for Community Paramedicine and Mobile Integrated Healthcare programs." A revised "Vision Statement on Mobile Integrated Healthcare & Community Paramedicine" was developed by 12 stakeholder organizations, including a representative from ACEP. The ACEP Board reviewed and approved the revised statement in January 2016. Approval is pending from several of the other stakeholder organizations.

The MIH/CP Task force developed the paper, "Mobile Integrated Healthcare/Community Paramedicine (MIH/CP) Primer." The Board reviewed the paper in June 2016 and it was submitted for publication consideration.

Resolution 35 Credentials for Hospital Privileges and Maintenance of Licensure (as amended)

RESOLVED, That the American College of Emergency Physicians adopt a position that board certification in emergency medicine through the American Board of Emergency Medicine and/or the American Osteopathic Board of Emergency Medicine and/or sub board on Pediatric Emergency Medicine of the American Board of Pediatrics, along with participation in Maintenance of Certification programs currently required by these Boards is sufficient for practicing emergency physicians to maintain hospital privileges, health plan participation and medical group inclusion, and Maintenance of Licensure; and be it further

RESOLVED, That requiring additional certifications beyond board certification for emergency physicians, such as Basic Life Support, Advanced Cardiac Life Support, Advanced Trauma Life Support, and Pediatric Advanced Life Support, and other maintenance programs is redundant and unnecessary.

Action: The resolution was assigned to the Academic Affairs Committee. An article was published in the June 2014 issue of *ACEPNow*.

ACEP's policy statement, "ACEP Recognized Certifying Bodies in Emergency Medicine," states that the College "recognizes and supports the American Board of Emergency Medicine (ABEM) as the sole American Board of Medical Specialties (ABMS) certifying body for emergency medicine. ACEP also acknowledges and values its special relationship with ABEM, which includes ACEP's role as an original sponsor and founder and continuing sponsor of ABEM, and its privilege and responsibility to submit nominations for membership on the Board of Directors of ABEM."

ACEP leaders met with the Federation of State Medical Boards to discuss maintenance of licensure issues. In March 2014, a national ACEP Board member was appointed to serve as ACEP's liaison representative to the FSMB. Additionally, ACEP has multiple policy statements affirming that additional certifications beyond board certification is unnecessary.

ACEP was also represented on a task force convened by ABEM on Maintenance of Licensure. The task force's primary charge was to collaborate and create a program that will provide an opportunity to meet MOL requirements for emergency physicians.

ACEP's policy statement "Use of Short Courses in Emergency Medicine as Criteria for Privileging or Employment" also addresses this issue.

Resolution 36 Development of a Rapid Integration of Care Toolkit

RESOLVED, That ACEP develop a rapid integration of care toolkit that would focus on both transitions of care and care coordination, provide best practices based upon hospital type and location, tools/resources for the design and implementation of rapid integration of care programs, and measures to report success of efforts.

Action: The resolution was assigned to the Emergency Medicine Practice Committee. Resources were compiled and reviewed by the Board in January 2015. The toolkit is available on the ACEP Website.

Resolution 37 Establishing Hospital-Based Violence Intervention Programs

RESOLVED, That ACEP promote awareness of hospital-based violence intervention programs as evidence-based solutions for violence reduction; and be it further

RESOLVED, That ACEP coordinate with relevant stakeholders to provide resources for those who wish to establish hospital-based violence intervention programs.

Action: The resolution was assigned to the Public Health & Injury Prevention Committee. The committee reviewed materials available and compiled information and resources on hospital-based violence intervention programs to introduce the topic for those that wish to explore or establish such a program. The resources were reviewed by the Board in June 2014 and are available on the ACEP Website.

Resolution 40 Golden Care for Quality of Life (as amended)

RESOLVED, That the American College of Emergency Physicians encourage palliative and hospice care consults in the emergency department to increase provider and patient awareness of their utility based on the patient's stage of planning; and be it further

RESOLVED, That emergency physicians respect the dying patient's needs for care, comfort, and compassion and employ communication skills that acknowledge the cultural, religious and individual factors that play into family and patient decision making at the end of life; and be it further

RESOLVED, That ACEP support funding for research related to goal directed care in critically ill patients, palliative and hospice care in the emergency setting, and better access to advance directives and DNAR orders in the emergency department; and be it further

RESOLVED, That ACEP's advocacy initiatives bring more attention to the importance of access to and enforcement of advance directives and/or DNAR orders and the significant amount of health care dollars that are spent on unwanted admissions and invasive procedures at the end of life.

Action: The resolution was assigned to the Palliative Medicine Section for review and to provide recommendations to the Board of Directors.

Since 2014, ACEP's Strategic Plan has included strategies to address end-of-life and palliative care: 1) Develop initiatives and explore partnerships with other health care organizations and physician and policy groups to support improved education for physicians and for patients and their families regarding end-of-life decisions; 2) Engage chapters and other medical organizations to promote POLST and other effective advance directive documents; 3) Develop a script for emergency physicians to use when introducing the concept of palliative care to a patient/family in the ED and to promote the value of palliative care with emphasis on its value for patient living with a chronic non-curative disease (not hospice care or withdrawal of care); 4) Work with the Improving Palliative Care in the ICU organization to develop and promote resources on implementation of a palliative care program in the ED; and 5) Promote resources for palliative care in the ED, emphasizing its value for patients living with chronic, non-curative diseases.

ACEP's Palliative Medicine Section microsite includes resources for members and the public: Education in Palliative and End-of-life Care for Emergency Medicine is a two-day conference designed to teach clinical competencies in palliative care to health care professionals working in the emergency department. *Fast Facts*: Available free from the EPERC: End of Life/Palliative Education Research Center. ACEP Palliative Care Toolkit is a resource to implement palliative care in the ED and includes identification criteria, symptom control, goals of care conversations, and disposition planning.

One of the five Choosing Wisely recommendations submitted by ACEP is "Don't delay engaging available palliative and hospice care services in the ED for patients likely to benefit." The American Academy of Hospice and Palliative Medicine and the Center to Advance Palliative Care have promoted this CW recommendation. ACEP has received national recognition for its stand on the importance of palliative care in the ED. An article in the January 2014 *ACEPNow* focused on palliative care and future follow-up articles are planned.

ACEP has three policy statements that address end-of-life care: "Ethical Issues at the End of Life;" "Ethical Issues of Resuscitation," and "Non-Beneficial ('Futile') Emergency Medical Interventions"

In October 2014, the Board accepted the recommendation of the Palliative Medicine Section that the resolution has been addressed sufficiently through current ACEP policy statements and initiatives.

The Board of Directors continues to work on end-of-life care as a priority for the College. Potential initiatives were discussed by the Board at their strategic planning retreat in December 2014. An End of Life Task Force was appointed in 2015 with two primary objectives: 1) catalog existing resources available through ACEP; and 2) make recommendations of additional programs and resources that ACEP could develop. One of the task force's recommendations was to survey chapters on end of life issues and resources available in each state. The task force is continuing its work in 2015-16.

ACEP15 in Boston included an educational program relating to end-of-life care. The session was titled, "Policy Frontiers in End-of-Life Care." The 2015 Research Forum added a new abstract category on End-of-Life and Palliative Research. Eight abstracts were accepted and published.

ACEP's 2016-19 Strategic Plan includes a tactic to "Promote resources for palliative and end-of-life care to support education of emergency physicians, patients, and their families in the ED, including exploration of partnerships with healthcare organizations, policy, and physician groups."

Resolution 42 Patient Advocates in the ED (as amended)

RESOLVED, That ACEP develop a policy statement regarding the role and the training of the patient advocate in the emergency department.

Action: The Emergency Medicine Practice Committee developed the policy statement, "Emergency Department Patient Advocate Role and Training." It was approved by the Board in June 2014.

Resolution 44 Prescription Drug Overdose Deaths (as amended)

RESOLVED, That ACEP utilize existing organizational structure to review solutions that have worked to decrease the death rate from prescription drug overdoses; and be it further

RESOLVED, That the College create a document offering best practice solutions that can be adopted at any level to impact the epidemic of prescription drug overdoses with the ultimate goal of showing a reduction in the number of deaths from this method.

Action: The resolution was assigned to the Public Health & Injury Prevention Committee. In October 2014, the Board approved the committee's recommendation that ACEP advocate for further research into emergency department (ED)-specific interventions to address prescription drug overdose deaths with the goal of reducing mortality while treating pain for patients seen in the ED.

ACEP's legislative and regulatory priorities include working with Members of Congress on legislative proposals that seek to reduce/eliminate prescription drug abuse; support voluntary, interstate prescription drug monitoring programs through reauthorization of NASPER; work with Members of Congress on legislative proposals to reduce/eliminate drug shortages; enact legislation to help prosecute manufacturers, distributors, and sellers of illicit synthetic drugs; work with the FDA to reduce drug shortages/opioid abuse.; work with other specialty societies and share efforts to reduce opioid abuse; ensure access to appropriate and adequate pain treatment, and work with the DEA to ensure opioid rules account for special circumstances of EMS. Several bills relating to prescription drugs and drug abuse have been introduced in 2015 that are still pending enactment.

In November 2014, the State Legislative/Regulatory Committee developed the information paper, "Opioid Prescribing Legislation," that identified legislative and other developments related to opioid prescribing, prescription monitoring programs, naloxone availability, and Good Samaritan protection for drug overdoses.

The National All-Schedules Prescription Electronic Reporting (NASPER) reauthorization was included in the "Comprehensive Addiction and Recovery Act" (CARA) and was signed into law (P.L. 114-198) on July 22, 2016.

Resolution 46 Support for Nursing Mothers (as amended)

RESOLVED, That ACEP promote and endorse the availability of a private, non-bathroom area for breastfeeding emergency department employees, nurses, and physicians to express breast milk during their workday inside or directly proximal to the emergency department; and be it further

RESOLVED, That ACEP provide a private, non-bathroom area at the ACEP Council as well as at other sponsored meetings at the request of a breastfeeding mother; and be it further

RESOLVED, That ACEP support the education of emergency department provider employers and hospitals on the benefits of breastfeeding support in the workplace for infants, mothers, and the business of emergency medicine.

Action: The first and third resolveds were formatted into the policy statement, "Support for Nursing Mothers." The second resolved was assigned to the Meetings Department staff to ensure private rooms are available at all ACEP meetings for this purpose.

Resolution 47 Supporting Political Advocacy in the ED

RESOLVED, That the American College of Emergency Physicians adopt as policy the following statement from the 2012 American Medical Association's Principles for Physician Employment:

> **Employed physicians should be free to exercise their personal and professional judgment in voting, speaking, and advocating on any matter regarding patient care interests, the profession, health care in the community, and the independent exercise of medical judgment. Employed physicians should not be deemed in breach of their employment agreements, nor be retaliated against by their employers, for asserting these interests.**

Action: The resolution was formatted into the policy statement, "Supporting Political Advocacy in the Emergency Department."

Resolution 48 Topical Anesthetics in the ED (as amended)

RESOLVED, That ACEP provide educational materials to members about the importance of pain reduction with available topical anesthetics such as LMX cream for lumbar punctures in children, and L.E.T. (lidocaine, epinephrine, tetracaine) gel for suturing.

Action: The resolution was assigned to the Pediatric Emergency Medicine Committee. It was reviewed at the American Academy of Pediatrics Committee on Pediatric Emergency Medicine (AAP-COPEM) meeting in March 2014. Both AAP and the Emergency Nurses Association expressed interest in partnering with ACEP. A draft document was developed and will be submitted to the ACEP Board of Directors in October 2016. The committee is considering additional products based upon the paper, such as posters, pocket dosing guides, etc.

Resolution 49 Triage-Based Protocols to Optimize ED Front End Operations (as amended)

RESOLVED, That ACEP, in collaboration with ENA, develop a position statement that will allow the adoption of triage based protocols, which may be initiated prior to a physician's order, as an effective strategy to improve the delivery of emergency care and that this joint position statement be available for dissemination to regulatory agencies at a statewide and national level.

Action: The resolution was assigned to the Emergency Medicine Practice Committee. A policy statement was drafted with input from the Emergency Nurses Association representative on the committee. The ENA Board of Directors was asked to review and approve the draft policy. Comments and recommended changes were received from ENA in May 2015. A draft policy statement, "Standardized Protocols for Optimizing Emergency Department Care," was approved by the Board in October 2015. ENA will review the draft at their September 2016 Board meeting.

Resolution 50 Commendation for Andrew I. Bern, MD, FACEP

RESOLVED, That the American College of Emergency Physicians thanks and commends Andrew I. Bern, MD, FACEP, for his many years of leadership, dedication, service, and his steadfast commitment to his colleagues and fellow members of the College.

Action: A framed resolution was prepared and sent to Dr. Bern.

Referred Resolutions

Resolution 11 Membership Restructuring – Bylaws Amendment

RESOLVED, That the ACEP Bylaws Article IV – Membership, Section 2 – Classes of Membership and Section 4 – Voting & Holding Office be amended to read:
The extensive referred changes are not included in this report because of the length of the document.

Action: A task force was appointed. The Board of Directors reviewed reports from the task force in April and June 2014. In June, the Board approved cosponsoring a resolution on Membership Restructuring for submission to the 2014 Council. The 2014 Council and the Board of Directors adopted the resolution. The Bylaws were amended in October 2014.

Resolution 19 Developing a Research Network to Study Firearm Violence in EDs

RESOLVED, That ACEP form a working task force to develop a research network of emergency departments focused on studying the impact of firearm violence and invite interested stakeholders to participate in this network.

Action: Assigned to the Research Committee to provide a recommendation to the Board regarding action on this resolution.

In June 2014, the Board approved the following recommendations: 1) ACEP and EMF staff convene a consensus conference of firearm researchers and other stakeholders to develop a research agenda and to consider the use of available research networks, including ACEP's Emergency Medicine Practice Research Network (EM-PRN) to perform firearm research; 2) ACEP and EMF staff to identify grant opportunities and promote them to emergency medicine researchers; 3) EMF to consider seeking funding for a research grant specifically supporting multi-center firearm research; and 4) ACEP to advance the development of the EM-PRN to create a resource for representative ED-based research on this topic and others.

The Research Committee was assigned an objective in 2014-15 to "Convene a Technical Advisory Group (TAG) of firearm researchers and other stakeholders to develop a research agenda and to consider the use of available research networks (including the EM-PRN) to perform firearm research." TAG members met on May 12, 2015, and determined the research agenda will be based on questions relating to suicides, unintentional injuries, mass violence, and peer violence. Another meeting was held at *ACEP15* in Boston and the EM-PRN questions were finalized.

In 2016, the EM-PRN survey regarding firearm injury was conducted and the TAG is reviewing the results. A manuscript has been approved for publication submission. The TAG chair held a discussion with the Democratic

presidential nominee's advisor regarding Clinton's interest in prevention of firearm injuries. The TAG is now working on a list of potential executive actions to advance firearm injury prevention. The 2016 Research Forum will include a panel discussion on firearms injury prevention research.

The 2013 Council also adopted Resolution 27 Studying Firearm Injuries. ACEP's legislative and regulatory priorities include working with Members of Congress to promote efforts that may prevent firearm-related injuries/ deaths and to support public/private initiatives to fund firearm research.

Resolution 25 Public Perception of Observation Status and its Financial Responsibility

RESOLVED, That ACEP embark on a public relations campaign to inform the consumer about the pressures put forth by CMS et al. to decrease admissions and rely on observation status to ensure the safety of the public who use our emergency departments every day.

Action: The resolution was assigned to the Public Relations Committee. The committee developed a communication plan to help emergency physicians answer questions about observation status and to educate the public. The communication plan was approved by the Board in April 2014. Talking points and a fact sheet were developed and reviewed by the Board in October 2014. The talking points were distributed to all ACEP spokesperson and the fact sheet was distributed to the news media. Additionally, an educational flyer for the public was developed that explains the financial implication (to Medicare beneficiaries) between being considered a hospital inpatient or classified as an outpatient under observation status – and how the status can change, sometimes while in the same bed. The flyer provided practical tips for patients to determine their status and what to do about it. The flyer was promoted with a press release and made available on ACEP's consumer Website www.EmergencyCareforYou.org.

Resolution 26 Repeal of McCarran-Ferguson Act

RESOLVED, That ACEP supports the repeal of the anti-competitive McCarran–Ferguson Act of 1945; and be it further

RESOLVED, That ACEP ask the American Medical Association via resolution to work legislatively for the repeal of the McCarran-Ferguson Act of 1945.

Action: The resolution was assigned to the Federal Government Affairs Committee to provide a recommendation to the Board regarding action on this resolution. The AMA's Washington office staff reported that the AMA is taking no action to pursue repeal of the McCarran-Ferguson Act. The Board approved the committee's recommendation to take no further action on the resolution in October 2014.

Resolution 43 Patient Satisfaction Scores

RESOLVED, That ACEP affirm that all patient satisfaction measures employed be scientifically validated and reflect relevant measures of our patient's emergency care experience; and be it further

RESOLVED, That ACEP affirm that patient satisfaction instruments are inherently subjective and cannot adequately measure the quality of care provided; and be it further

RESOLVED, That ACEP work with CMS and other relevant agencies to allow individual emergency departments to develop and implement patient experience measures that supplement the EDCAHPS survey process.

Action: The resolution was assigned to the Emergency Medicine Practice Committee to provide a recommendation to the Board regarding action on this resolution. ACEP has undertaken many initiatives in the past few years to address concerns about the utilization of patient satisfaction surveys for patients seen in the emergency department. Actions include:

- Developed the policy statement, "Patient Satisfaction Surveys," October 2010.
- Developed the information paper, "Emergency Department Patient Satisfaction Surveys," June 2011.
- Comments to RAND – input on domains for ED survey questions, August 2012.
- Comments to CMS – on ED patient satisfaction survey development, January 2013.
- ACEP staff and members met with CMS project office for EDCAHPS, Spring 2013.
- Second information paper, "Patient Satisfaction Surveys," reviewed by the ACEP Board, June 2013. The paper was revised and submitted to *Annals of Emergency Medicine* for publication. It was accepted for publication in February 2014.

The committee agreed that ACEP's previous initiatives have addressed the intent of the resolution. It is anticipated that CMS will provide another comment period after the EDCAHPS instruments are tested and ACEP will respond to the request for comments and follow-up on this issue as appropriate. The Board approved the committee's recommendation to take no further action on this referred resolution in April 2014.

Resolution 45 Revision of "AMA Principles for Physician Employment"

RESOLVED, That the American College of Emergency Physicians work to amend the "AMA Principles for Physician Employment" to state that automatic loss of medical staff membership or clinical privileges upon termination of employment should not be part of any physician employment agreement; and be it further

RESOLVED, That the American College of Emergency Physicians work to amend the "AMA Principles for Physician Employment" to state that no physician employment agreement should limit a physician's right to due process as a member of the medical staff if terminated.

Action: The resolution was assigned to the AMA Section Council on Emergency Medicine. The Section Council recommended that the AMA Organized Medical Staff Section (OMSS) review the information and potentially submit a resolution to the AMA Interim Meeting in November 2014. However, AMA staff reported that the AMA amended the Principles for Physician Employment in June 2014 to address the issue of automatic termination of staff privileges following termination of an employment agreement (sections 3e and 5f) based on a report from the OMSS Governing Council that outlined the rationale for the amended language.

Resolution 46 Support for Nursing Mothers (one resolved)

RESOLVED, That ACEP promote and endorse the elimination of any financial disincentive to mothers who choose to breastfeed infants in the first year of life.

Action: The resolution was assigned to the Well-Being Committee to provide a recommendation to the Board regarding action on this resolution. The committee discussed financial disincentives that nursing mothers in emergency medicine may experience, pros and cons of ACEP using its resources to investigate various permeations of disincentives, what specifically ACEP could to do promote and endorse the elimination of any financial disincentives, and whether employers would change their practices based on ACEP recommendations. The committee determined that nursing mothers in the workplace should be included in the Wellness Text currently under revision. Additionally, it was noted that ACEP has taken action on the other portions of the resolution that were adopted by the Council and the Board and developed into a policy statement. The Board approved the committee's recommendation to take no further action on this referred portion of the resolution in April 2014.