American College of Emergency Physicians®
ADVANCING EMERGENCY CARE

2016 Council Meeting

Report of REFERENCE COMMITTEE C

Presented by: Kelly Gray-Eurom, MD, MMM, FACEP, Chair

Mr. Speaker and Councillors:

Reference Committee C gave careful consideration to the several items referred to it and submits the following report:

(1) Unanimous Consent Agenda

For adoption:

- **RESOLUTION 21(16): Best Practices for Harm Reduction Strategies, Including Warm Handoffs, in the ED**
- **RESOLUTION 22(16): Court Ordered Forensic Evidence Collection in the ED**
- **AMENDED RESOLUTION 25(16): Military Medics Integration into Civilian EMS**
- **AMENDED RESOLUTION 26(16): Opposition of Exclusive Imaging Contracts Limiting Clinical Ultrasound Use and Billing by Emergency Physicians**
- **RESOLUTION 27(16): Pediatric Surgery Centers**
- **RESOLUTION 28(16): Reimbursement for Opioid Counseling**

RESOLUTION 21(16): Best Practices for Harm Reduction Strategies, Including Warm Handoffs, in the ED

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Resolution 21(16) be adopted.

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.

Testimony

There was limited testimony provided on the resolution. There was agreement that resources for providers are limited and that there is a need for more education.

RESOLUTION 22(16): Court Ordered Forensic Evidence Collection in the ED

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Resolution 22(16) be adopted.

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.

Testimony

Testimony was overwhelmingly provided in favor of adoption. Many expressed that the physician's duty is to the patient and that liability concerns could arise if forensic collection of evidence became mandated. All comments in opposition were primarily raised for clarification.

AMENDED RESOLUTION 25(16): Military Medics Integration into Civilian EMS

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Amended Resolution 25(16) be adopted.

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 ~~and assessment for national registry testing and certification in recognition of the~~ **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.

Testimony

Testimony was overwhelmingly in support of this resolution. Language was added to eliminate referring to a single certifying body.

AMENDED RESOLUTION 26(16): Opposition of Exclusive Imaging Contracts Limiting Clinical Ultrasound Use and Billing by Emergency Physicians

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Amended Resolution 26(16) be adopted.

RESOLVED, That ACEP supports users of ~~clinical~~ **emergency** ultrasound with a statement declaring opposition to the use of exclusive imaging contracts to limit the use of ~~clinical~~ **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 ~~clinical~~ **emergency** ultrasound programs who face opposition in hospitals where radiologists or others hold exclusive imaging contracts.

Testimony

There was unanimous support for the resolution and the proposed amendment to change "clinical ultrasound" to "emergency ultrasound." It was noted that ultrasound is part of residency training, yet there is no mechanism for billing for these services in many institutions.

RESOLUTION 27(16): Pediatric Surgery Centers

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Resolution 27(16) be adopted.

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.

Testimony

Testimony was overwhelmingly in support of the resolution. It was noted that this document was created without ACEP input. It was also noted that the recommendations were not evidence based. Several individuals testified that their institutions were already implementing these guidelines. Care of children is a core component of emergency care.

RESOLUTION 28(16): Reimbursement for Opioid Counseling

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Resolution 28(16) be adopted.

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.

Testimony

The majority of the testimony was in favor of the resolution and that physicians should be reimbursed for counseling. Testimony was heard that the code should allow for any professional personnel to perform the service. It was noted that similar codes have a time-based requirement for the length of counseling.

End of Consent Agenda

---

(2) AMENDED RESOLUTION 23(16): Medical Assisted Therapy for Patients with Substance Use Disorders in the ED

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Amended Resolution 23(16) be adopted.

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 ~~and maintenance~~ programs **such as** ~~(including methadone~~, buprenorphine~~)~~ **,**from the Emergency Department.

Testimony

Testimony was divided; concerns were raised that this could lead to a mandate for treatment or establish a standard of care, and that emergency physicians would be required to provide this treatment. Testimony was given that there is a lack of resources available in many communities for patient follow up and referral. Supporters of the resolution noted that the resolution did not include a mandate and that it would allow physicians to choose this as a

treatment option for their patients. Additional comments were made that there is medical evidence in support of this treatment.

---

(3) AMENDED RESOLUTION 24(16): Mental Health Boarding Solutions

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Amended Resolution 24(16) be adopted.

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 the National Academy of Medicine~~ **appropriate stakeholders** to develop community and hospital based benchmark performance metrics for ED mental health flow and ~~linking~~ inpatient psychiatric facilities acceptance of patients ~~to licensure~~.

Testimony

Testimony was overall in favor of the first and second Resolveds. Concern was raised about the third Resolved because stating specific organizations limits the number of stakeholders that could be involved. There were also concerns regarding the linking of licensure. The language was amended to address these concerns.

---

(4) AMENDED RESOLUTION 29(16): The Opioid Epidemic – A Leadership Role for ACEP

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Amended Resolution 29(16) be adopted.

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 ~~such~~ innovative treatments**.** ~~as allowing school nurses and other trained school personnel to administer Naloxone, "safe injection sites," and needle exchange programs.~~

Testimony

Testimony was in overwhelming support of the first two Resolveds. Many opposed the third Resolved as written. Concern was raised about specific interventions, particularly safe injection sites and needle exchange programs. Concerns were raised that the emergency department might become the site for such services. Therefore, the third Resolved was amended to reflect these concerns.

---

(5) RESOLUTION 30(16): Treatment of Marijuana Intoxication in the ED

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Resolution 30(16) not be adopted.

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.

Testimony

Testimony highlighted that this was a complicated issue. During the discussion, questions were raised whether the resolution would also include synthetic cannabinoids. However, inclusion of these agents would significantly change the scope of the resolution. There was also testimony that requiring a task force would utilize considerable resources of the College. Referral to the Board was considered; however, there was no clarity about what was being referred. Additionally, there is limited evidence-based information to support a clinical policy. While all considered the issue to be important, the resolution lacks sufficient clarity and specificity.

---

(6) AMENDED RESOLUTION 31(16): Opposing the Development of Sublingual Sufentanil

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Amended Resolution 31(16) be adopted.

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.~~; and be it further~~

~~RESOLVED, That ACEP create a report detailing the risks, benefits, and alternatives to the use of narcotic analgesics that, by their specific route of administration or formulation, carry a higher risk of misuse or abuse than other similarly classified drugs, in EMS and Emergency Medicine.~~

Testimony

Testimony was in strong support for the first Resolved. It was noted that FDA testimony on this product will take place in the next several months. Due to the fact that this was a late resolution, no background information was developed. It is therefore unclear what information currently exists and what resources the College would need to develop an extensive information paper.

Mr. Speaker, this concludes the report of Reference Committee C. I would like to thank Sabina A. Braithwaite, MD, FACEP; Gregory Cannon, MD, FACEP; Nathaniel T. Hibbs, DO, FACEP; Ramon W. Johnson, MD, FACEP; Harry E. Sibold, MD, FACEP; Margaret Montgomery, RN, MSN; Sandy Schneider, MD, FACEP; and Loren Rives, MNA for their excellent work in developing these recommendations.