

Summary of 2018 Council Resolutions

Resolutions Not Adopted (NA) or Withdrawn (W)

- 10 Achieving Unity by Expanding Criteria for Eligibility & Approval of Organizations Seeking Representation in the Council (NA)
- 15 Divestment from Fossil Fuel-Related Companies (NA)
- 17 Physician Suicide is a Sentinel Event (NA)
- 43 Fair Remuneration in Health Care (NA)
- 37 ACEP Policy Related to “Recreational” Cannabis (NA)

Referred Resolutions

- 27 Generic Injectable Drug Shortages
- 35 ACEP Policy Related to Immigration
- 42 Expert Witness Testimony

Bylaws Resolution

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

- 9 ACOEP Councillor Allocation

Council Standing Rules Resolution

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

- 11 Codifying the Leadership Development Advisory Committee
- 12 Nominating Committee Revision to Promote Diversity

Non-Bylaws Resolutions

Requires a 3/4 vote to amend or overrule.

- 1 Commendation for Hans R. House, MD, FACEP
- 2 Commendation for Jay A. Kaplan, MD, FACEP
- 3 Commendation for Les Kamens
- 4 Commendation for Rebecca P. Parker, MD, FACEP
- 5 Commendation for Eugene Richards
- 6 Commendation for John J. Rogers, MD, CPE, FACEP
- 7 In Memory of Lawrence Scott Linder, MD, FACEP
- 8 In Memory of Kevin Rodgers, MD, FAAEM, FACEP
- 9 In Memory of Robert Wears, MD, FACEP
- 13 Growth of the ACEP Council (as amended)
- 14 Diversity of ACEP Councillors (as amended)
- 16 No More Emergency Physician Suicides
- 18 Reducing Physician Barriers to Mental Health Care
- 19 Reduction of Scholarly Activity Requirements by the ACGME (as amended)
- 20 Verification of Training
- 21 Adequate Resources for Safe Discharge Requirements (as amended)
- 22 Addressing Mental Health Treatment Barriers Created by the Medicaid IMD Exclusion (as amended)
- 23 Advocating for CMS Policy Restraint to Avoid Restricting Quality Emergency Care (as amended)
- 24 ED Copayment for Medicaid Beneficiaries
- 25 Funding Medication Assisted Therapy Treatment Programs (as amended)
- 26 Funding of Substance use Intervention and Treatment Programs (as amended)
- 28 Inclusion of Methadone in State Drug and Prescription Databases
- 29 Insurance Collection of Patient Financial Responsibility
- 30 Naloxone Layperson Training
- 31 Payment of Opioid Sparing Pain Treatment Alternatives (as amended)
- 32 POLST Forms (as amended)

- 33 Separation of Migrating Children from Their Caregivers (as amended)
- 34 Violence is a Health Issue
- 36 ACEP Policy Related to Medical Cannabis (as amended)
- 38 Antimicrobial Stewardship (as amended)
- 39 Care of the Boarded Behavioral Health Patient (as amended)
- 40 Care of Individuals with Autism Spectrum Disorder in the Emergency Department
- 41 Emergency Department and Emergency Physician Role in the Completion of Death Certificates (as amended)
- 44 Firearm Safety and Injury Prevention Policy Statement (as substituted)
- 45 Support for Extreme Risk Protection Orders to Minimize Harm (as amended)
- 46 Law Enforcement Information Gathering in the ED Policy Statement (as amended)
- 47 Supporting Medication for Opioid Use Disorder
- 48 Recording in the Emergency Department (as amended)
- 49 In Memory of C. Christopher King, MD, FACEP
- 50 In Memory of John Emory Campbell, MD, FACEP
- 51 In Memory of Adib Mechrefe, MD, FACEP

2018 Resolutions Adopted by the Council and Board of Directors

Resolution 1 Commendation for Hans R. House, MD, FACEP

RESOLVED, That the American College of Emergency Physicians commends Hans R. House, MD, FACEP, for his service as an emergency physician, clinical investigator, educator, and leader in a life-long quest dedicated to the advancement of the specialty of emergency medicine.

Resolution 2 Commendation for Jay A. Kaplan, MD, FACEP

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

Resolution 3 Commendation for Les Kamens

RESOLVED, That the American College of Emergency Physicians bestows with gratitude this commendation to Les Kamens for his dedicated support and service.

Resolution 4 Commendation for Rebecca B. Parker, MD, FACEP

RESOLVED, That the American College of Emergency Physicians commends Rebecca B. Parker, MD, FACEP, for her outstanding service, leadership, and commitment to the specialty of emergency medicine and to the College.

Resolution 5 Commendation for Eugene Richards

RESOLVED, That the American College of Emergency Physicians bestows with gratitude this commendation to Eugene Richards for capturing the breathtaking moments that comprise the lives and careers of emergency physicians across the United States.

Resolution 6 Commendation for John J. Rogers MD, CPE, FACEP

RESOLVED, that the American College of Emergency Physicians recognizes and commends John J. Rogers, MD, CPE, FACEP, for his lifetime of outstanding and selfless service, leadership, and commitment to the College, the specialty of emergency medicine, and the patients in the communities which we serve.

Resolution 7 In Memory of Lawrence Scott Linder, MD, FACEP

RESOLVED, That the American College of Emergency Physicians and the Maryland Chapter hereby acknowledge the many contributions that Lawrence Scott Linder, MD, FACEP, made 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 his wife, Jeanette Linder, MD, his daughter, Kaylie, our condolences and gratitude for Dr. Linder's trailblazing leadership and service to the specialty of emergency medicine and to the patients and physicians of Maryland and the United States.

Resolution 8 In Memory of Kevin Rodgers, MD, FAAEM, FACEP

RESOLVED, That the American College of Emergency Physicians extends to the family of Kevin Rodgers, MD, FACEP, FAAEM, his friends, and his colleagues our condolences and our immense gratitude for his tireless service to his residents, his students, and the countless patients globally who will continue to benefit from his incredible life spent in service to others.

Resolution 9 American College of Osteopathic Emergency Physicians Councillor Allocation – Bylaws Amendment

RESOLVED, That the ACEP Bylaws Article VIII – Council be amended to read:

The Council is an assembly of members representing ACEP's chartered chapters, sections, the Emergency Medicine Residents' Association (EMRA), the [American College of Osteopathic Emergency Physicians \(ACOEP\)](#), Association of Academic Chairs in Emergency Medicine (AACEM), the Council of Emergency Medicine Residency Directors (CORD), and the Society for Academic Emergency Medicine (SAEM). These component bodies, also known as sponsoring bodies, shall elect or appoint councillors to terms not to exceed three years. Any limitations on consecutive terms are the prerogative of the sponsoring body.

Section 1 — Composition of the Council

Each chartered chapter shall have a minimum of one councillor as representative of all of the members of such chartered chapter. There shall be allowed one additional councillor for each 100 members of the College in that chapter as shown by the membership rolls of the College on December 31 of the preceding year. However, a member holding memberships simultaneously in multiple chapters may be counted for purposes of councillor allotment in only one

chapter. Councillors shall be elected or appointed from regular and candidate physician members in accordance with the governance documents or policies of their respective sponsoring bodies.

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 eight councillors, each of whom shall be a candidate or regular member of the College, as representative of all of the members of EMRA.

ACOEP shall be entitled to one councillor, who shall be a regular member of the College, as representative of all of the members of ACOEP.

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

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

SAEM shall be entitled to one councillor, who shall be a regular 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.

Resolution 13 Growth of the ACEP Council

RESOLVED, That the Council direct the Council officers to appoint a task force of councillors to study the growth of the Council and determine whether a Bylaws amendment should be submitted to the 2019 Council addressing the size of the Council and the relative allocation of councillors.

Resolution 14 Diversity of ACEP Councillors

RESOLVED, That ACEP strongly encourage its chapters to appoint and mentor councillors and alternate councillors that represent the diversity of their membership, including, but not limited to residents, fellows, and young physician members.

Resolution 16 No More Emergency Physician Suicides

RESOLVED, That ACEP study the unique, specialty-specific factors leading to depression and suicide in emergency physicians; and be it further

RESOLVED, That ACEP formulate an action plan to address contributory factors leading to depression and suicide unique to our specialty and provide a report of these findings to the 2019 Council.

Resolution 18 Reducing Physician Barriers to Mental Health Care (as amended)

RESOLVED, That ACEP work with partner organizations to promote a culture where physician mental health issues can be addressed proactively, confidentially, and supportively, without fear of retribution; and be it further

RESOLVED, That ACEP work with the American Medical Association, Federation of State Medical Boards, and the American Psychiatric Association to encourage those state medical boards that request a broad report of mental health information on licensure application forms to end this practice unless there is a current diagnosis that causes physician impairment or poses a potential risk of harm to patients; and be it further

RESOLVED, That ACEP work with ACEP chapters to encourage those state medical boards that inquire about both the physical and mental health of applicants to use the language recommended by the Federation of State Medical Boards: "Are you currently suffering from any condition for which you are not being appropriately treated that impairs your judgment or that would otherwise adversely affect your ability to practice medicine in a competent, ethical and professional manner?"

Resolution 19 Reduction of Scholarly Activity Requirements by the ACGME (as amended)

RESOLVED, That ACEP reaffirms its position on the importance of scholarship as well as protected clinical hours for our core faculty to teach our residents and will advocate with the Accreditation Council for Graduate Medical Education to preserve core faculty teaching and academic time, including support of scientifically rigorous research and education that improves the patient care in emergency medicine; and be it further

RESOLVED, That ACEP develop model policy language on the importance of scholarship and the need for supported core faculty teaching and academic time, which training programs can access and present to hospital systems as evidence for the need for financial support for scholarly activity and protected teaching academic time; and be it further

RESOLVED, That ACEP explore additional ways to provide financial support to residency and training programs to protect core faculty in carrying out scholarly activities; and be it further

RESOLVED, That ACEP work with the Council of Emergency Medicine Residency Directors and the Society for Academic Emergency Medicine to establish initiatives and processes to ensure all areas of scholarship teaching time and academic time are supported; and be it further

RESOLVED, That ACEP provide a statement to the Accreditation Council for Graduate Medical Education to request that accreditation requirements for scholarship and protected clinical time for teaching be explicit to ensure institutional and program funding support is directed toward these activities.

Resolution 20 Verification of Training

RESOLVED, That ACEP work with stakeholders including the Federation of American Hospitals (FAH), American Hospital Association (AHA), and others as appropriate, to develop a standardized and streamlined application process for hospital credentialing; and be it further

RESOLVED, That ACEP support the development of a standardized verification of training form for hospital credentialing and be it further

RESOLVED, That ACEP support the development of a standardized peer reference form for hospital credentialing; and be it further

RESOLVED, That ACEP support the development of a standardized verification of employment form for hospital credentialing; and be it further

RESOLVED, That ACEP support the development of a standardized employment application for board eligible or board certified emergency physicians for hospital credentialing.

Resolution 21 Adequate Resources for “Safe Discharge” Requirements (as amended)

RESOLVED, That ACEP oppose any “safe discharge” mandates and believes that a discharge from the emergency department is a clinical decision of the emergency physician; and be it further

RESOLVED, That ACEP oppose local, state, and federal mandates on discharge requirements.

Resolution 22 Addressing Mental Health Treatment Barriers Created by the Medicaid IMD Exclusion (as amended)

RESOLVED, That ACEP inform members about the Medicaid Institutions for Mental Diseases Exclusion and its impact on ED psychiatric patients; and be it further

RESOLVED, That ACEP continue to work through legislation or regulation to repeal the Medicaid Institutions for Mental Diseases Exclusion; and be it further

RESOLVED, That ACEP support Medicaid waiver demonstration applications that seek to receive federal financial participation for Institutions for Mental Diseases services provided to Medicaid beneficiaries.

Resolution 23 Advocating for CMS Policy Restraint to Avoid Restricting Quality Emergency Care (as amended)

RESOLVED, That ACEP request that any CMS policies restricting the administration of rapid sequence intubation drugs in the emergency department, under the direction of emergency physicians or by EMS physicians, be revised or revoked as soon as possible; and be it further

RESOLVED, That ACEP request that CMS policy reflect the consensus guideline on unscheduled procedural sedation of the American College of Emergency Physicians.

Resolution 24 ED Copayments for Medicaid Beneficiaries (as amended)

RESOLVED, That ACEP oppose imposition of copays for Medicaid beneficiaries seeking care in the ED; and be it further

RESOLVED, That ACEP submit a resolution to the American Medical Association House of Delegates to oppose imposition of copays for Medicaid beneficiaries seeking care in the ED.

Resolution 25 Funding for Medication Assisted Treatment Programs (as amended)

RESOLVED, That ACEP pursues legislation for federal and state appropriation funding and/or grants for purposes of initiating and sustaining medication assisted treatment programs in emergency departments with provided funding for start-up, training, and robust community resources for appropriate patient follow up.

Resolution 26 Funding of Substance Use Intervention and Treatment Programs (as amended)

RESOLVED, ACEP advocate for federal and state appropriations and/or federal and state grants for use in fully funding substance abuse intervention programs that are accessible seven days a week and 24 hours each day and will be initiated in emergency departments; and be it further

RESOLVED, That ACEP advocate for federal and state funding for substance abuse intervention programs that will be fully accessible and utilizable to their fully potential by all patients regardless of insurance status or ability to pay.

Resolution 28 Inclusion of Methadone in State Drug and Prescription Databases (as amended)

RESOLVED, That ACEP adds to its legislative agenda to advocate for an end to the prohibition and corresponding inclusion of Methadone in state and federal prescription databases.

Resolution 29 Insurance Collection of Patient Financial Responsibility (as amended)

RESOLVED, That ACEP add to its legislative and regulatory agenda to advocate for bills and policy changes that would require healthcare insurance companies to pay the professional fee directly to the clinician and subsequently collect whatever patient responsibility remains according to the specific healthcare plan directly from the patient; and be it further

RESOLVED, That ACEP creates an information paper and/or legislative toolkit to assist members in advocating for applicable changes to state insurance laws; and be it further

RESOLVED, That ACEP advocates for a federal law requiring healthcare insurance companies to pay the professional fee directly to the clinician and subsequently the insurance company may collect whatever remaining patient responsibility is required according to the specific healthcare plan directly from the patient.

Resolution 30 Naloxone Layperson Training

RESOLVED, That ACEP supports state chapters in drafting and advocating for state legislation to recommend naloxone training in schools; and be it further

RESOLVED, That ACEP works with national advocacy and capacity-building organizations to advocate for increased naloxone training by laypersons.

Resolution 31 Payment for Opioid Sparing Pain Treatment Alternatives (as amended)

RESOLVED, That ACEP advocate for insurance coverage of opioid sparing therapies without requiring preauthorization or outright denial of these prescribed therapies.

Resolution 32 POLST Forms (as amended)

RESOLVED, That ACEP advocates and assist chapters for broad recognition of POLST, including the use of nationally-recognized, standardized POLST forms; and be it further

RESOLVED, That ACEP supports legislation where states recognize and honor POLST forms from other states; and be it further

RESOLVED, That ACEP encourages appropriate stakeholders (e.g., medical record systems, health information exchanges) to incorporate POLST into their products thus encouraging widespread national availability and adoption.

Resolution 33 Separation of Migrating Children from Their Caregivers (as amended)

RESOLVED, That ACEP opposes the practice of separating migrating children from their caregivers in the absence of immediate physical or emotional threats to the child's well-being.

Resolution 34 Violence is a Health Issue

RESOLVED, That ACEP will recognize violence as a health issue addressable through both the medical model of disease and public health interventions; and be it further

RESOLVED, That ACEP will pursue policies, legislation, and funding for health and public-health-based approaches to reduce violence.

Resolution 36 ACEP Policy Related to Medical Cannabis (as amended)

RESOLVED, That ACEP supports rescheduling of cannabis to facilitate well-controlled studies of cannabis and related cannabinoids for medical use in patients who have serious conditions for which preclinical, anecdotal, or controlled evidence suggests possible efficacy or harm and the application of such results to the understanding and treatment of disease.

Resolution 38 Antimicrobial Stewardship (as amended)

RESOLVED, That ACEP work with relevant stakeholders to educate the public on the health implications of antimicrobial resistance and the importance of antimicrobial stewardship in the emergency department; and be it further

RESOLVED, That ACEP offer education aimed at emergency department clinicians on the hazards of antimicrobial overuse and strategies to prescribe antimicrobials appropriately; and be it further

RESOLVED, That ACEP disseminate an evidence-based resource and/or toolkit for emergency department clinicians to identify and implement clinician-level and system-level opportunities for antimicrobial avoidance.

Resolution 39 Care of the Boarded Behavioral Health Patient (as amended)

RESOLVED, That ACEP develop a psychiatric boarding toolkit to help address the following:

- patient handoff and frequency of evaluation while boarding;
- activities of daily living for the boarded patient;
- initiation of mental health treatment while boarding; and
- development of ED psychiatric observational medicine.

Resolution 40 Care of Individuals with Autism Spectrum Disorder in the Emergency Department

RESOLVED, That ACEP work with relevant stakeholders to develop and disseminate educational materials for emergency physicians on the common conditions that cause individuals with Autism Spectrum Disorder to present to the emergency department, their assessment and management, and best practices in adapting the existing emergency department treatment environment to meet the needs of this population.

Resolution 41 Emergency Department and Emergency Physician Role in the Completion of Death Certificates (as amended)

RESOLVED, That ACEP develop a toolkit to address the emergency physician's role and responsibility for the completion of death certificates for patients who have died in the emergency department under their care.

Resolution 44 Firearm Safety and Injury Prevention Policy Statement (as amended)

RESOLVED, That ACEP update the Firearm Safety and Injury Prevention Policy to reflect the current state of research and legislation.

Resolution 45 Support for Extreme Risk Protection Order to Minimize Harm (as amended)

RESOLVED, That ACEP support extreme risk protection orders legislation at the national level; and be it further.

RESOLVED, That ACEP promote and assist state chapters in the passage of state legislation to enact extreme risk protection orders by creating a toolkit and other appropriate resources to disseminate to state chapters; and be it further

RESOLVED, That ACEP encourage and support further research of the effectiveness and ramifications of extreme risk protection orders (ERPO) and Gun Violence Restraining Orders (GVRO).

Resolution 46 Law Enforcement Gathering in the ED Policy Statement (as amended)

RESOLVED, That ACEP revise the policy statement "Law Enforcement Information Gathering in the Emergency Department" to reflect the recent relevant court decisions regarding consent for searches with or without a warrant to provide clarification and guidance to emergency physicians on their ethical and legal obligations on this issue.

Resolution 47 Supporting Medication for Opioid use Disorder (as amended)

RESOLVED, That ACEP work with the Pain Management & Addiction Medicine section to develop guidelines on the initiation of medication for opioid use disorder for appropriate emergency department patients; and be it further

RESOLVED, That ACEP advocate for policy changes that lower the regulatory barriers to initiating medication for opioid use disorder in the emergency department; and be it further

RESOLVED, That ACEP support the expansion of outpatient and inpatient opioid treatment programs and partnership with addiction medicine specialists to improve ED to outpatient care transitions.

Resolution 48 Recording the Emergency Department (as amended)

RESOLVED, That ACEP explore implications, solutions, and education/training to address (audio/video) recording in the emergency department to include surreptitious recording; and be it further

RESOLVED, That ACEP work with other interested parties, such as the American Medical Association and American Hospital Association, to coordinate regulatory and legislative efforts to address the implications of (audio/video) recording in the emergency department.

Resolution 49 In Memory of C. Christopher King, MD, FACEP

RESOLVED, That the American College of Emergency Physicians remembers with gratitude the many contributions made by C. Christopher King, 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 C. Christopher King 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 Pennsylvania, New York, and the United States.

Resolution 50 In Memory of John Emory Campbell, MD, FACEP

RESOLVED, That the American College of Emergency Physicians remembers with gratitude and honors the many contributions made by John Emory Campbell MD, FACEP, as one of the leaders in Emergency Medicine and a pioneer of prehospital trauma education; and be it further

RESOLVED, That the American College of Emergency Physicians extends its condolences to Dr. Campbell's family, friends, and colleagues for his tremendous service to Emergency Medicine and Emergency Medical Services.

Resolution 51 In Memory of Adib Mechrefe, MD, FACEP

RESOLVED, That the American College of Emergency Physicians remembers with gratitude and honors the many contributions made by Adib Mechrefe, 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 his wife, Mary (Freij) Mechrefe, his family, 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 Rhode Island and the United States.