

Summary of 2016 Council Resolutions

Resolutions Not Adopted (NA) or Withdrawn (W)

- 3 Unanimous Consent – Council Standing Rules Amendment (NA)
- 5 Young Physician Position on the ACEP Board of Directors (NA)

Referred Resolutions

- 8 Opposition to Required High Stakes Secured Examination for Maintenance of Certification
- 10 Criminal Justice Reform – National Decriminalization of Possession of Small Amounts of Marijuana for Personal Use
- 12 Collaboration with Non-Medical Entities on Quality and Standards (as amended)
- 17 Insurance Collection of Beneficiary Deductibles (as amended)
- 30 Treatment of Marijuana Intoxication in the ED

Bylaws Resolution

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

- 4 Legacy Fellows – Housekeeping Change

Non-Bylaws Resolutions

Requires a 3/4 vote to amend or overrule.

- 1 Commendation for Michael J. Gerardi, MD, FAAP, FACEP
- 2 In Memory of Kenneth L. DeHart, MD, FACEP
- 6 Assuring Safe and Effective Care for Patients by Senior/Late Career Physicians (as amended)
- 7 Diversity in Emergency Medicine Leadership (as amended)
- 9 Accreditation Standards for Freestanding Emergency Centers
- 11 CMS Recognition of Independently Licensed Freestanding Emergency Centers
- 13 ED Boarding and Overcrowding is a Public Health Emergency (as amended)
- 14 Development & Application of Dashboard Quality Clinical Data Related to the Management of Behavioral Health Patients Boarding in EDs (as amended)
- 15 Enactment of Narrow Networks Requirements (as amended)
- 16 Freestanding Emergency Centers as a Care Model for Maintaining Access to Emergency Care in Underserved and Rural Areas of the U.S. (as amended)
- 18 Opposition to CMS Mandating Treatment Expectations (as amended)
- 19 Health Care Financing Task Force (as amended)
- 20 Support & Advocacy for 24/7 Hyperbaric Medicine Availability
- 21 Best Practices for Harm Reduction Strategies
- 22 Court Ordered Forensic Evidence Collection in the ED
- 23 Medication Assisted Therapy for Patients with Substance Use Disorders in the ED (as amended)
- 24 Mental Health Boarding Solutions (as amended)
- 25 Military Medics Integration into Civilian EMS (as amended)
- 26 Opposition of Exclusive Imaging Contracts Limiting Clinical Ultrasound Use and Billing by Emergency Physicians (as amended)
- 27 Pediatric Surgery Centers
- 28 Reimbursement for Opioid Counseling
- 29 The Opioid Epidemic – A Leadership Role for ACEP (as amended)
- 31 Opposing the Development of Sublingual Sufentanil (as amended)

Resolutions Adopted by the 2016 Council and Board of Directors

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

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

Resolution 2 In Memory of Kenneth L. DeHart, FACEP

RESOLVED, That the American College of Emergency Physicians remembers with gratitude and honors the many contributions made by Kenneth L. DeHart, MD, FACEP, as one of the leaders in Emergency Medicine and the greater medical community; and be it further

RESOLVED, That the American College of Emergency Physicians extends to the family of Kenneth L. DeHart, MD, FACEP, his friends, and his colleagues our condolences and gratitude for his tremendous service to the specialty of emergency medicine and to the patients and physicians of South Carolina and the United States.

Resolution 4 Legacy Fellows – Housekeeping Change – Bylaws Amendment

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

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

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

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

Resolution 7 Diversity in Emergency Medicine Leadership (as amended)

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

Resolution 9 Accreditation Standards for Freestanding Emergency Centers

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

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

Resolution 11 CMS Recognition of Independently Licensed Freestanding Emergency Centers

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

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

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

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

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

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

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

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

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

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

Resolution 15 Enactment of Narrow Networks Requirements (as amended)

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

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

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

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

Resolution 18 Reimbursement for Ultrasound Performed by Emergency Physicians (as amended)

RESOLVED, That ACEP develop a statement declaring that insurance companies and other payers reimburse emergency physicians for ultrasound studies and services that they perform and interpret as separate and identifiable procedures while providing patient care services in the Emergency Department; and be it further

RESOLVED, That ACEP support efforts to reduce payment denials for appropriately performed and documented clinical ultrasonography.

Resolution 19 Health Care Financing Task Force (as amended)

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

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

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

Resolution 21 Best Practices for Harm Reduction Strategies

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

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

Resolution 22 Court Ordered Forensic Evidence Collection in the ED

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

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

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

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

Resolution 24 Mental Health Boarding Solutions (as amended)

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

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

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

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

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

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

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

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

Resolution 27 Pediatric Surgery Centers

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

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

Resolution 28 Reimbursement for Opioid Counseling

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

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

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

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

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

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

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

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