

Resolutions Adopted by the 2023 Council Requiring Board Action

Resolution 1 Commendation for Patrick Elmes, EMT-P

RESOLVED, That the American College of Emergency Physicians commends Patrick Elmes, EMT-P, for his outstanding service and commitment to the College and the specialty of emergency medicine.

Resolution 2 Commendation for Kelly Gray-Eurom, MD, MMM, FACEP

RESOLVED, That the American College of Emergency Physicians commends Kelly Gray-Eurom, MD, MMM, FACEP, for her service as Council Speaker, Council Vice Speaker, and for her enthusiasm and commitment to the specialty of emergency medicine and to the patients we serve.

Resolution 3 Commendation for Russell H. Harris, MD, FACEP

RESOLVED, That the American College of Emergency Physicians recognizes the scope, breadth, and lasting impact of the contributions of Russell H. Harris, MD, FACEP, to the advancement of emergency medicine; and be it further

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

Resolution 4 Commendation for Rick Murray, EMT-P, FAEMS

RESOLVED, That the American College of Emergency Physicians commends Rick Murray, EMT-P, FAEMS, for his outstanding service and commitment to the College, the specialty of emergency medicine, and the subspecialty of emergency medical services.

Resolution 5 Commendation for Gillian R. Schmitz, MD, FACEP

RESOLVED, That the American College of Emergency Physicians commends Gillian R. Schmitz, MD, FACEP, for her outstanding service, leadership, and commitment to the specialty of emergency medicine and to the patients and communities we serve.

Resolution 6 Commendation for JoAnne Tarantelli

RESOLVED, That the American College of Emergency Physicians commends and thanks JoAnne Tarantelli for her outstanding career and decades of dedicated service, leadership, commitment to the College, the emergency physicians of New York, the specialty of emergency medicine, and the patients that we serve.

Resolution 7 In Memory of Clifford Findeiss, MD

RESOLVED, That the American College of Emergency Physicians remembers with honor and gratitude the contributions of a trailblazing pioneer, visionary leader, invaluable mentor, and outstanding emergency physician, J. Clifford "Cliff" Findeiss, MD, and his selfless contributions to emergency medicine; and be it further

RESOLVED, That the American College of Emergency Physicians extends condolences and appreciation to his wife Jean; his four sisters Marcia, Joan, Pat, and Michele; as well as his four children and his granddaughter in whom his legacy lives on: Dr. Laura Findeiss, Craig Findeiss, Amanda (Findeiss) Rosillo, Allison Findeiss, granddaughter Elizabeth (Lily) Rosillo; and to his family, friends, and colleagues for his remarkable service to the specialty of emergency medicine, patient care, and the communities he served.

Resolution 8 In Memory of Scott A. Hall, MD

RESOLVED, That the American College of Emergency Physicians remembers with honor and gratitude the accomplishments of Scott A. Hall, MD, and offer our heartfelt condolence to his wife, daughter, and the entire Hall family.

Resolution 9 In Memory of Gene W. Kallsen, MD

RESOLVED, That the American College of Emergency Physicians and the California Chapter extends to the family of Gene W. Kallsen, MD, gratitude for his tremendous service to emergency medicine.

Resolution 10 In Memory of Michael Kleinman, DO

RESOLVED, That the American College of Emergency Physicians cherishes the memory and legacy of Michael Kleinman, DO, who dedicated himself to his patients, his trainees, his profession, and his family; and be it further

RESOLVED, That the American College of Emergency Physicians and the Pennsylvania College of Emergency Physicians extends to his wife Jacklyn, his sons Dr. Steve Kleinman and David Kleinman, gratitude for his tremendous

service as an emergency physician at the WellSpan York Hospital, as well as for his dedication and commitment to the specialty of emergency medicine.

Resolution 11 In Memory of Gloria J. Kuhn, DO, PhD

RESOLVED, That the American College of Emergency Physicians and the Michigan College of Emergency Physicians hereby expresses their enduring appreciation to Gloria J. Kuhn, DO, PhD, as a champion for emergency medicine; and be it further

RESOLVED, That the American College of Emergency Physicians and the Michigan College of Emergency Physicians extends to the family of Gloria J. Kuhn, DO, PhD, her colleagues, and former residents, our condolences along with our profound gratitude for her lifetime of service to the specialty of emergency medicine, Michigan emergency physicians, and patients, who will never fully know her impact, across the United States of America and likely beyond.

Resolution 12 In Memory of Richard M. Nowak, MD, MBA, FACEP

RESOLVED, That the American College of Emergency Physicians recognizes the outstanding contributions of Richard M. Nowak, MD, MBA, FACEP, to the specialty of emergency medicine as a clinician, educator, researcher, scholar, and leader; and be it further

RESOLVED, That the College extends condolences to his wife, Deborah, and children, Michael and Kathryn, and he will forever endure in the minds of all who had the great opportunity to interact with him.

Resolution 13 In Memory of Barbara W. Trainor

RESOLVED, That the American College of Emergency Physicians and the California Chapter extends to her daughter Karyn Trainor and son William Trainor and his partner Patrice Pineda, her brothers David Wallace and Doug Wallace, and sisters Carolyn Wallace Dee and Melanie Wallace, and the many others she impacted, gratitude for her tremendous service to emergency medicine.

Resolution 14 In Memory of Lori Weichenthal, MD, FACEP

RESOLVED, That the American College of Emergency Physicians, the California Chapter, and the Wellness and Wilderness Medicine Sections hereby acknowledge the many contributions made by Lori Weichenthal, 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 and the California Chapter extends to her family gratitude for her tremendous service to emergency medicine.

Resolution 15 Additional Vice President Position on the ACEP Board of Directors (as amended)

RESOLVED, That the ACEP Bylaws Article X – Officers/Executive Director, Section 1 – Officers, Section 2 – Election of Officers, and Section 7 – Vice President, and Article XI – Committees, Section 2 – Executive Committee, be revised to read:

ARTICLE X – OFFICERS/EXECUTIVE DIRECTOR

Section 1 – Officers

The officers of the Board of Directors shall be president, president-elect, chair, immediate past president, vice presidents, and secretary-treasurer. The officers of the Council shall be the speaker and vice speaker. The Board of Directors may appoint other officers as described in these Bylaws.

Section 2- Election of Officers

The chair, vice-presidents, and secretary-treasurer shall be elected by a majority vote at the Board meeting immediately following the annual meeting. The president-elect shall be elected each year and the speaker and vice speaker elected every other year by a majority vote of the councillors present and voting at the annual meeting.

Section 7 – Vice Presidents

There shall be two vice president positions. The-vice presidents shall be ~~a~~ members of the Board of Directors. A director shall be eligible for election to ~~the~~ a position of vice president if he or she has at least one year remaining as an elected director on the Board and shall be elected at the first Board of Directors meeting following the annual meeting of the Council. ~~The~~ A vice president's term of office shall begin at the conclusion of the meeting at which the election as a vice president occurs and shall end at the conclusion of the first Board of Directors meeting following the next annual meeting of the Council or when a successor is elected.

ARTICLE XI – COMMITTEES

Section 2 – Executive Committee

The Board of Directors shall have an Executive Committee, consisting of the president, president-elect, vice presidents, secretary-treasurer, immediate past president, and chair. The speaker shall attend meetings of the Executive Committee. The Executive Committee shall have the authority to act on behalf of the Board, subject to ratification by the Board at its next meeting.

Meetings of the Executive Committee shall be held at the call of the chair or president. A report of its actions shall be given by the Executive Committee to the Board of Directors in writing within two weeks of the adjournment of the meeting. **and be it further**

RESOLVED, That the additional vice president position on the ACEP Board of Directors be implemented in a budget neutral manner.

Resolution 16 Council Quorum – Defining “Present” – Housekeeping Bylaws Amendment

RESOLVED, That the ACEP Bylaws, Article VIII – Council, Section 4 – Quorum, of the ACEP Bylaws be amended to read:

Article VIII - COUNCIL

Section 4 — Quorum

A majority of the number of councillors credentialed by the Tellers, Credentials, and Elections Committee during each session of the Council meeting shall constitute a quorum for that session. The vote of a majority of councillors voting in person or represented by proxy (if applicable) shall decide any question brought before such meeting, unless the question is one upon which a different vote is required by law, the Articles of Incorporation, or these Bylaws.

Whenever the term “present” is used in these Bylaws to determine a quorum present, with respect to councillor voting, “present” is defined as either in person or participating by approved remote communication technology.

Resolution 19 Scientific Assembly Vendor Transparency (as amended)

RESOLVED, For transparency as part of the vendor contract, vendors recruiting emergency physicians for employment be encouraged to bring a current contract for physicians to review during Scientific Assembly exhibits and the sample contracts must include stipulations relating to non-compete clauses, due process, and policies on transparency in billing/collections.

Resolution 20 Emergency Medicine Research Mentorship Network (as substituted)

RESOLVED, That ACEP foster collaborations with Society for Academic Emergency Medicine, Council of Residency Directors in Emergency Medicine, and Emergency Medicine Foundation, and other stakeholders to support robust research mentorship opportunities.

Resolution 21 Mitigation of Competition for Procedures Between Emergency Medicine Resident Physicians and Other Learners

RESOLVED, That ACEP support emergency medicine resident physicians’ right of first refusal over non-physicians, such as physician assistants and nurse practitioners, in performing ACGME-required procedures that are deemed medically necessary in emergency medicine.

Resolution 22 Supporting 3-Year and 4-Year Emergency Medicine Residency Program Accreditation

RESOLVED, That ACEP recognizes the value of choice in emergency medicine residency training formats and supports the continued accreditation of both three-year and four-year emergency medicine residency programs.

Resolution 24 Addressing the Growing Epidemic of Pediatric Cannabis Exposure

RESOLVED That ACEP advocate for changes in product packaging so as not to resemble non-cannabis containing products, i.e., candy commonly marketed towards children; and be it further

RESOLVED, That ACEP appeal to regulatory bodies and public health agencies for labeling regulations to reduce the likelihood of accidental ingestion by young children and clearly communicate dosing information as well as the potential risks to children associated with cannabis products.

Resolution 28 Facilitating EMTALA Interhospital Transfers

RESOLVED, That ACEP work with the American Hospital Association and appropriate agencies to compel hospitals to make available to other hospitals transfer coordinator information, including contact numbers for accepting transfers, for each Medicare participating hospital bound by EMTALA; and be it further

RESOLVED, That ACEP support state efforts to encourage state agencies to create and maintain a central list of transfer coordinator numbers for hospitals, including contact numbers for accepting transfers, for each Medicare participating hospital bound by EMTALA.

Resolution 29 Addressing Pediatric Mental Health Boarding in Emergency Departments (as amended)

RESOLVED, That ACEP advocate for federal support to decrease ED boarding of pediatric mental health patients; and be it further

RESOLVED, That ACEP advocate for increased, adequate reimbursement for pediatric mental health admissions and a standard payment for boarding of children for whom there is no other medical necessity for hospital care.

Resolution 31 Combating Mental Health Stigma in Insurance Policies (as amended)

RESOLVED, That ACEP advocate and commit resources for the elimination of discrimination against emergency physicians with treated mental health conditions in life, health, disability, and/or professional liability (malpractice) insurance policies; and be it further

RESOLVED, That ACEP work with other organizations to promote equitable access to life, health, disability, and/or professional liability (malpractice) insurance for all emergency physicians.

Resolution 35 Declaring Firearm Violence a Public Health Crisis

RESOLVED, That ACEP declare firearm violence to be a public health crisis in the United States.

Resolution 36 Mandatory Waiting Period for Firearm Purchases

RESOLVED, That ACEP advocate for a mandatory federal waiting period prior to firearm purchases; and be it further

RESOLVED, That ACEP assist state chapters in promoting legislation on mandatory waiting periods at the state level; and be it further

RESOLVED, That ACEP add language to its "[Firearm Safety and Injury Prevention](#)" policy statement supporting mandatory waiting periods prior to firearm purchases.

Resolution 37 Support for Child-Protective Safety Firearm Safety and Storage Systems (as amended)

RESOLVED, That ACEP support efforts to improve firearm safety in the United States, including effective emerging safety technology, while respecting responsible firearm ownership; and be it further

RESOLVED, That ACEP promote child-protective firearm safety and storage systems.

Resolution 38 Advocating for Sufficient Reimbursement for Emergency Physicians in Critical Access Hospitals and Rural Emergency Hospitals (as amended)

RESOLVED, That ACEP advocate for sufficient reimbursement for emergency physician services in Critical Access Hospitals and Rural Emergency Hospitals, and other rural hospitals to ensure the availability of board certified emergency physicians who possess the necessary skills and expertise to provide high-quality care in these underserved areas, thereby recognizing the critical role of board certified emergency physicians in delivering high-quality emergency care, promoting patient safety, and supporting the sustainability of health care services in rural communities.

Resolution 39 Medicaid Reimbursement for Emergency Services (as amended) – *first resolved*

RESOLVED, That ACEP advocate at the federal level and support chapters in advocating at the state level for Medicaid programs to reimburse emergency physicians at rates equivalent to or above Medicare rates; and be it further

Resolution 40 Support for Reimbursement of Geriatric ED Care Processes (as amended)

RESOLVED, That ACEP advocate for and support the development of policies that will allow for appropriate reimbursement, outside of the CPT and RUC processes, for high-value Geriatric Emergency Department Accreditation program-defined care processes that have been shown to improve both health system focused and patient centered outcomes.

Resolution 42 On-site Physician Staffing in Emergency Departments (as amended)

RESOLVED, That ACEP work with state chapters to encourage and support legislation promoting the minimum requirement of on-site and on-duty physicians in all emergency departments; and be it further

RESOLVED, That ACEP continue to promote that the gold standard for those physicians working in an emergency department is a board-certified/board-eligible emergency physician certified by the American Board of Emergency Medicine, American Osteopathic Board of Emergency Medicine, or certified by the American Board of Pediatrics in pediatric emergency medicine.

Resolution 43 Adopt Terminology “Unsupervised Practice of Medicine”

RESOLVED, That ACEP adopt terminology to refer to the independent practice of medicine by non-physicians as “Unsupervised Practice of Medicine” and continue promotion of the gold standard ideals to have on-site supervision of non-physician practitioners.

Resolution 45 Emergency Physicians’ Role in the Medication and Procedural Management of Early Pregnancy Loss (as amended)

RESOLVED, That ACEP work with other relevant stakeholders to determine the best approaches for preparing emergency medicine trainees in the management of early pregnancy loss; and be it further

RESOLVED, That ACEP recognize the importance of the emergency physician’s role in stabilizing and treating patients experiencing early pregnancy loss, inclusive of the potential for medication and procedural management, especially in low-resource settings, hospitals without Labor and Delivery, or where there are no obstetrical services available; and be it further

RESOLVED, That ACEP develop a policy statement acknowledging the emergency physician's role in the management of emergency medicine patients presenting with early pregnancy loss and encourage and support physicians working in low-resource settings, hospitals without Labor and Delivery, or where there are insufficient obstetrical services available to further their education on first-trimester miscarriage management.

Resolution 46 Policy Statement on the Care of Pregnant Individuals with Substance Use Disorder (as substituted)

RESOLVED, That ACEP create a policy statement on the care of pregnant individuals with substance use disorder, based upon the concepts of the “American College of Obstetricians & Gynecologists Committee Opinion on the Substance Abuse Reporting and Pregnancy: The Role of the Obstetrician-Gynecologist.”

Resolution 47 Clarification of and Taking a Position Against Use of Excited Delirium Syndrome (as amended)

RESOLVED, That ACEP develop a statement to clarify that the 2009 White Paper Report on Excited Delirium is no longer current with the College’s position based on new science and understanding of the entity; and be it further

RESOLVED, That ACEP clarify its position in writing, that the 2009 white paper is inaccurate and outdated, and that while the ACEP Board of Directors had previously approved the 2009 White Paper Report on Excited Delirium, it has withdrawn such approval; and be it further

RESOLVED, That ACEP disseminate their position that they no longer endorse or approve the 2009 White Paper on Excited Delirium among the wider medical and public health community, law enforcement organizations, and ACEP members acting as expert witnesses testifying in relevant civil or criminal litigation.

Resolution 48 Medical Malpractice Certificate of Merit (as amended)

RESOLVED, That ACEP recommends an affidavit of merit must be from an emergency physician who is board certified per ACEP policy in the same specialty of emergency medicine, as well as licensed and currently practicing in the same state.

Resolution 51 Quality Measures and Patient Experience Scores (as amended)

RESOLVED, That ACEP advocate for alignment with current ACEP policy and previous recommendations that patient experience surveys be extended to all appropriate categories of emergency department patients to attempt to improve validity; and be it further

RESOLVED, That ACEP oppose reimbursement metrics and employment decisions correlated with or dependent on patient experience surveys; and be it further

RESOLVED, That ACEP work with relevant stakeholders to decrease or eliminate the role of patient experience surveys in reimbursement decisions.

Resolution 53 Treating Physician Determines Patient Stability (as amended)

RESOLVED, That ACEP enact policy that the treating emergency physician at the patient’s bedside is best qualified to determine a patient’s stability for transfer and their decision should not be overruled by a physician or a non-physician practitioner who has not personally evaluated the patient; and be it further

RESOLVED, That ACEP develop an additional policy statement that speaks to the implications of coercion or threats of financial penalties to the emergency physician who has not personally evaluated the patient to coerce or threaten

financial penalties to force the treating emergency physician to transfer a patient when the treating physician believes that the patient is unstable and such a transfer may compromise patient safety.

Resolution 54 Opposition to The Joint Commission Credentialing Requirements for Individual Emergency Conditions

RESOLVED, That ACEP engage with The Joint Commission to oppose credentialing policies that require new language or changes to delineation of clinical privileges for the diagnosis and treatment of individual emergency conditions.

Resolution 55 Uncompensated Required Training (as amended)

RESOLVED, That ACEP convene a working group to evaluate fair market compensation for required training, accurate estimates of the time to completion, and appropriate protected time allowances for training without requiring completion during off hours; and be it further

RESOLVED, That ACEP explore opportunities to partner with other like-minded organizations to reduce unnecessary or redundant annual or onboarding training for physician employment.

Resolution 56 In Memory of William A. Nice, MD

RESOLVED, That the American College of Emergency Physicians recognizes the outstanding contributions of William A. Nice, MD, to emergency medicine and extends the College's condolences to his family and his life-long medical group partners.

Resolution 57 Commendation for Raymond L. Fowler MD, FACEP, FAEMS

RESOLVED, That the American College of Emergency Physicians commends Raymond Logan Fowler, MD, FACEP, FAEMS, for his outstanding service and commitment to the College, the specialty of emergency medicine, the subspecialty of EMS medicine, and his patients

Resolution 58 In Memory of Bradley Middleton, MD

RESOLVED, That the American College of Emergency Physicians cherishes the memory of Bradley Middleton, MD, whose short career touched many lives; and be it further

RESOLVED, That the American College of Emergency Physicians extends to his wife Liz, their daughters Penelope (3) and Mae (2), and son Vander (2 months), as well as the extended Middleton and West families, gratitude for his tremendous service to emergency medicine.

Resolution 59 In Memory of Ann L. Harwood-Nuss, MD

RESOLVED, That the American College of Emergency Physicians remembers with honor and appreciation the accomplishments and contributions of a gifted emergency physician, Ann Harwood-Nuss, MD, and extends condolences and gratitude to her husband, Robert C. Nuss, MD; her step-daughters Jennifer Nuss, and Robin Gefin; her brothers George, John, David, and Donald Harwood; family; friends; and colleagues for her remarkable service to the specialty of emergency medicine, patient care, and the communities she served so well.

Resolution 60 In Memory of Frank S. Pettyjohn, MD

RESOLVED, That the American College of Emergency Physicians honors and commends Frank S. Pettyjohn, MD, who dedicated his life to emergency medicine and was critical in its inception, and offers our sincerest condolences to his beloved family, both at home and in the emergency department.

Resolution 61 ACEP Financial Decision Transparency (as amended)

RESOLVED, That ACEP suspend passing on credit processing fees pending an open comment period from member chapters; and be it further

RESOLVED, That ACEP provide a substantial notice period to chapters and/or sections before passing on costs to allow for budgeting; and be it further

RESOLVED, That ACEP evaluate mechanisms for improved communication between ACEP and chapter leaders and representatives to increase transparency to the membership regarding dues related fees.

Resolutions Referred to the Board of Directors

Resolution 23 Opposing Sale-Leaseback Transactions by Health Systems

RESOLVED, That ACEP advocate for regulatory agencies and other entities, as appropriate, to closely monitor, discourage, and oppose sale-leaseback transactions involving health systems, ensuring transparency, accountability, and consideration of the long-term impact on patient care and health care infrastructure.

Resolution 27 Addressing Interhospital Transfer Challenges for Rural EDs (as amended)

RESOLVED, That ACEP work with state and federal agencies to advocate for state and regional transfer coordination centers to facilitate transfer of patients when normal transfer mechanisms are impaired by hospital and ED capacity problems and to report their activities publicly; and be it further

RESOLVED, That ACEP advocate for state and federal requirements that tertiary centers have a regional process for rapidly accepting patients from rural hospitals when the patient needs an emergency intervention not available at the referring hospital; and be it further

RESOLVED, That ACEP advocate for regional dashboards with updated information on hospital specialty service availability including procedural interventions and other treatment modalities (e.g., ERCP, ECMO, dialysis, STEMI, interventional stroke, interventional PE, neurosurgery, acute oncologic disease) and in this region is defined as patient catchment areas rather than jurisdictional boundaries; and be it further

RESOLVED, That ACEP support research to strengthen the evidence base regarding rural hospital transfer processes including delays, administrative burden on sending hospitals, and clinical association with patient outcomes and experience and include investigation of common challenges experienced by all small, non-networked hospitals.

Resolution 39 Medicaid Reimbursement for Emergency Services (as amended) – *second resolved*

RESOLVED, That ACEP work with the AMA to assist states with model legislation and regulatory language to require that all publicly funded insurance plans be reimbursed at a minimum of 100% of the prevailing Medicare rate.

Resolution 44 Clinical Policy – Emergency Physicians’ Role in the Medication & Procedural Management of Early Pregnancy Loss (as amended)

RESOLVED, That the Board of Directors direct the Clinical Policies Committee to issue a recommendation on the following clinical question: For patients experiencing early pregnancy loss, is medication management initiated in the emergency department by an emergency physician safe and effective compared to expectant management?; and be it further

RESOLVED, That the Board of Directors direct the Clinical Policies Committee to issue a recommendation on the following clinical question: For patients experiencing early pregnancy loss, is procedural management in the emergency department by an emergency physician safe and effective compared to expectant management?

Resolution 49 Patients Leaving the ED Prior to Completion of Care Against Medical Advice (as amended)

RESOLVED, That ACEP create a document acknowledging that patients leaving the emergency department prior to completion of care may not have received a complete evaluation, results of all ancillary testing including incidental findings, all indicated therapies, and all indicated consults; and be it further

RESOLVED, That ACEP work with relevant stakeholders such as the American Hospital Association to create a document or tool outlining responsibilities and systems of communication for the conveyance of information about testing and follow up of patients who leave the emergency department prior to the completion of care; and be it further

RESOLVED, That ACEP create a document acknowledging that patients leaving the emergency department prior to completion of evaluation and treatment bear responsibility for ongoing care and may not have all medication recommendations and prescriptions, nor a complete list of discharge diagnoses, incidental findings requiring follow up, instructions, and referrals upon departure.

Resolution 50 Metric Shaming (as amended)

RESOLVED, That ACEP develop practices and policies to prevent the public or external publication, transmission, and/or release of unblinded metric-related productivity information about individual emergency physician performance to safeguard the welfare of our membership.

Resolution 62 Cooperation Between National ACEP and State Chapters

RESOLVED, That ACEP staff revise the membership payment process to allow members to voluntarily pay for any credit card fees that are permitted to be passed on to the member and then require each state chapter to pay for any fees not paid.