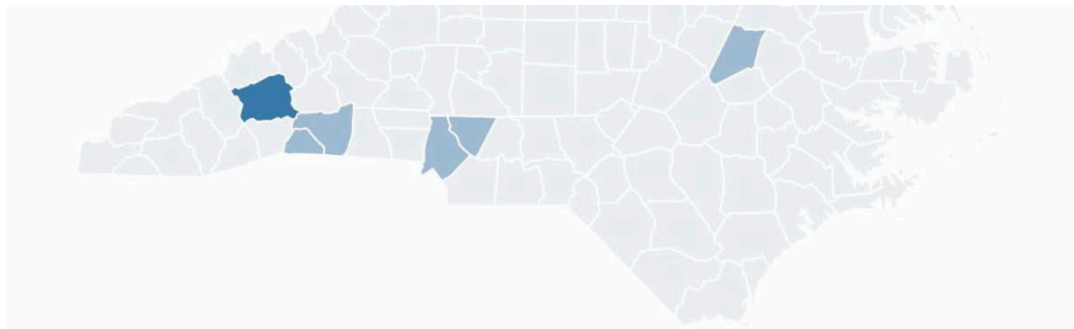


Chapter News

North Carolina College of Emergency Physicians

January 2026



[Text Version](#) | [Export Map Data](#)

Cases by Vaccination Status

Vaccination Status*	Percent of Cases
Unvaccinated/unknown	74%
One dose of the MMR vaccine	26%
Two doses of the MMR vaccine	0%

Cases by Age Group

Age Group	Number of Cases
17 and younger	14
18 and older	1
Total	15

*Depending on someone's age and risk level, one dose may be considered up to date

In This Issue

President's Message

Measles Update: What Providers Need to Know

Legislative Update

Upcoming Events

ED Operations Summit

From Classroom to Exam Room: Preparing Future Physicians to Care for Survivors of Interpersonal Violence and Sexual Assault

NCCEP Fall Conference - Save the Date!

Staying Well: Practical Strategies for Emergency Physicians

Coastal Emergency Medicine Conference - Registration Open!

Other News & Information

PAC

President's Message

As we reflect on the past year, Emergency Medicine in North Carolina has faced significant challenges. Despite these headwinds, NCCEP achieved important advocacy successes that underscore the power of our collective voice.

Key Advocacy Updates:



- BCBS Critical Care Billing: NCCEP quickly engaged with legislators and BCBS leadership regarding a proposed critical care billing change. As a result, the policy was clarified and will not impact Emergency Physician reimbursement.
- Medicaid Reimbursement Cuts: NCCEP was active in an extensive advocacy effort opposing the 10% Medicaid reimbursement cut, working closely with legislators, state officials, and the Governor's office. After pursuing legal action, the Governor reinstated the 10% cut with retroactive reimbursement. While this was a critical win, ongoing Medicaid challenges remain, and NCCEP will continue to advocate on your behalf.
- Iryna's Law: NCCEP successfully advocated to pause a provision that would have required individuals under arrest to be brought to EDs for involuntary commitment evaluations. We continue working with stakeholders to develop safer, more effective alternatives that do not further strain emergency departments.

These successes would not be possible without engaged members. Advocacy works when we show up together.

We invite you to join us at:

- ACEP Leadership & Advocacy Conference (Washington, DC): April 26–28
- NCCEP Day in Raleigh: May (date forthcoming)

Thank you for the care you provide every day and for your continued support of NCCEP.

Melanie Artho, MD, FACEP

President, North Carolina College of Emergency Physicians

NC Measles Update: What Providers Need to Know

Measles is on the rise in North Carolina. Here are some resources we hope you find useful.

[NCDHHS Measles Resources for Providers](#)

[NCDHHS NC Measles Metrics](#) (updated twice weekly on Tuesdays and Fridays)

[Management of a Patient with Measles \(Advocate Health\)](#)

[Measles - New England Journal of Medicine](#)

Legislative Update

By: Colleen Kochanek, JD

NCCEP Lobbyist and Executive Director

The North Carolina College of Emergency Physicians was hard at work in 2025 addressing the issues that impact you the most in your work as emergency physicians. We know that there are many “pain points” in your emergency departments and we are working to address as many as we can. We want to thank you for the incredibly successful year we had at the legislature, with regulators and with reimbursement issues. We could not have the impact we have without your work in communities across our State, your calls, emails and texts to legislators, the Governor and others when we need to educate and advocate, and [donating to the emergency medicine Political Action Committee](#)! Here are just a few of our wins this year and areas where

we continue to work. If you do not see your issue on this list, please reach out to a Board member and share your concerns. Also, please share this update with colleagues and other emergency physicians who are not members so that they can see the impact of our work and hopefully join our efforts. The stronger we are, the more impact we can have.

We will continue to work on your behalf in 2026!

MEDICAID

I am sure you have all seen the various updates and legislative alerts we have sent regarding Medicaid funding and the 10% reimbursement cuts to Medicaid that took place on October 1st which were 10% to emergency medicine. We have been working for many months with legislators, the Governor's office and the Department of Health and Human Services to explain why these cuts will severely impact emergency medicine and exacerbate the already difficult problems like board, violence and burnout. Several weeks ago the NCCEP Board of Director agreed to join an administrative legal action challenging the Medicaid rate cuts. Several other lawsuits and administrative actions were also filed with several preliminary injunctions granted to distinct groups of recipients. We worked with the attorneys to file affidavits about the impact to emergency medicine both for NCCEP representing our members and for democratic groups. We joined this case along with the NC Medical Society, the NC Family Physicians, The Arc of NC and many others.

We are very happy to report that Governor Stein held a press conference to announce that the cuts were being rolled back retroactively to October 1st. Dr. Madji Namde and Dr. Jenn Raley were in attendance representing both NCCEP and WEPPA. The Governor specifically mentioned the legal actions as one of the main drivers of the decision to roll back the cuts. Although we are thrilled with this decision – the issue is still not resolved until the General Assembly appropriates more funding to Medicaid program. We understand that the funding will last until April and will work with the legislature on additional funding when they return to session. We also continue to work with our health care partners and allies to make sure that the rates are returned to the September 2025 level and that all reductions are paid back to physicians and other providers. Please look for additional legislative updates and any legislative alerts on this issue.

BLUE CROSS BLUE SHIELD

Several weeks ago, NCCEP learned that Blue Cross Blue Shield of NC had issued a new policy regarding critical care that was scheduled to take place at the beginning of 2026. (Please see a link to the policy below) We worked immediately by reaching out to the Chairs of the Legislative Health Committees about our concerns. We also reached out to Blue Cross to request a meeting to discuss the policy and our concerns. We then began gathering experts that could discuss reimbursement, coding and clinical care that would be impacted inappropriately by this new policy.

After much research and preparation, we held our meeting with 4 members of the Blue Cross team. On the call, in a stunning turn of events, the VP of Payment Integrity shared that the intent of the policy was ONLY for facility related claims and NOT on the professional, clinical side. To be clear, this was NOT what the policy said and we asked that they clarify the language on the policy as soon as possible. The rest of the call was a general conversation about the clinical things they are seeing to cause the policy change and a request on our part to include the College in these discussions BEFORE the policy is completed. It is good to have contacts now to reach out when we do have concerns with Blue Cross. The updated policy was sent the following week and we have alerted our colleagues at the NC Health Care Association of the new policy focus.

I am very proud of the work we did on this to immediately push back and bring together the experts necessary to combat these kinds of billing changes. A huge THANK YOU is

in order for those who took their valuable time to provide clinical scenarios, join the pre-call to discuss our strategy and also the call with Blue Cross. Please remember to thank them when you see them for the hard work involved in protecting our emergency physician members!

Dr. Melanie Artho
Dr. Chris Griggs
Dr. Jenn Raley
Dr. Steve Small
Dr. Seth Bleier
Dr. Brian Hiestand
Jessica Adams (ACEP)

<https://www.bluecrossnc.com/providers/policies-guidelines-codes/commercial/reimbursement/notifications/critical-care-with-home-discharge-11-01-2025>

HOUSE BILL 307/Iryna's LAW/IVC COMMITTEE

House Bill 307, Iryna's Law is the legislation that was created quickly and approved even faster to address the murder on Charlotte's light rail that received national attention. Unfortunately, the bill also included a provision that would require law enforcement to take violent offenders who have had an IVC in the past 3 years or are a danger to themselves or others to be taken to an emergency department to be evaluated. NCCEP was not involved in the bill nor were we asked about this provision. In fact, it is our understanding that the Health Care Chairs of the NC General Assembly were not consulted either. Since the bill was passed into law so quickly, we were not able to make substantive changes to it; however, we were able to have the implementation of the bill delayed until December 1, 2026. This delay will give NCCEP time to work with legislators to explain the impacts that this will have on emergency departments around the State and make changes to the current language. We are also using this opportunity to try to make improvements in the IVC process generally.

NCCEP President, Dr. Melanie Artho, created an IVC task force to work on these issues and the NC House of Representatives created a committee to review IVC, mental health and law enforcement policies, led by our own Rep. Tim Reeder. The Committee already held its first meeting and NCCEP was on the agenda to provide our perspective. Dr. Jeremiah Gaddy represented NCCEP and did a great job providing our concerns and possible solutions that could be made. Our testimony was directly on point with the NC Health Care Association and we have worked with NCHA and the NC Psychiatric Association on this issue. Many thanks to Dr. Jeremiah Gaddy and the members of the IVC task force who have worked to come up with common sense solutions. I have included [**Dr. Gaddy's testimony**](#) to the committee; he did a fantastic job explaining the repercussions of the new legislation. We will continue to work with the House IVC Committee to come up legislation to amend Iryna's law and well as address some of the current problems with IVC. If you have ideas or would like to be more active in these discussions, please reach out to me.

Below please find a video about the subject created by the NC HealthCare Association.



BEHAVIORAL HEALTH

NCCEP continues to work with the NC Department of Health and Human Services as well as various other health care groups to find solutions to the behavioral health needs in our State. We believe the lack of beds and outpatient services is a large driver of Boarding, Violence in the ED and physician burn out. We are trying to find ways to find the care these patients need outside of the Emergency Department.

Upcoming Events

Board Meeting - 01/28/26 (Zoom)

ED Operations Summit - 03/27/26 (Greensboro) - [Register Here](#)

Board Meeting - 04/22/26 (Greensboro)

ACEP LAC - 04/26/26 - 04/28/26 (Grand Hyatt, Washington, DC)

Board/Membership Meeting - 06/03/26 (Kiawah Island, SC)

Coastal EM Conference, 06/04/26 - 06/06/26 (Kiawah Island, SC) - [Register Here](#)

Fall Conference - 11/09/26 - 11/12/26 (Grove Park Inn, Asheville, NC) - [Reserve Your Room](#)

*If you would like to participate in the Zoom Board meeting(s), please e-mail [us](#) for login information.

ED Operations Summit - March 27, 2026

The North Carolina ED Operations Summit (formerly Medical Director Summit) is scheduled for March 27, 2026, at the Grandover Resort and Conference Center in Greensboro, NC.

Are you ready to be inspired? To spend time learning alongside and from your Emergency Medicine colleagues? To gain unique insights and solutions to challenges ahead in 2026 and beyond?

This opportunity brings together the collective expertise and experience of NC Emergency Medicine leaders – and those aspiring to lead in the future! This summit

will continue to tackle many of the difficult challenges that we face each day and equip you to have a positive impact. With a focus on collaborative solutions based on team discussions, we will learn from each other as we prepare for the future of EM and advocating for our specialty. Whether new to the medical director leadership teams of North Carolina or one that participated in the previous years, we hope to engage you regarding operational challenges and solutions, current and future legislation that will impact our specialty, advocacy, and being part of the future of Emergency Medicine in North Carolina and beyond. We hope that this central location will allow for broad participation. We look forward to learning from each of you once again.



From Classroom to Exam Room: Preparing Future Physicians to Care for Survivors of Interpersonal Violence and Sexual Assault

By: Gianna Gerard, BS; Taylor Ellis, BS; Stacie Zelman, MD

Introduction/Background

As medical students, we understand that throughout our training and careers, we will likely care for people who have experienced intimate partner violence or sexual assault. Although these cases may feel overwhelming, it's our duty to learn how to support these patients with the highest quality of care. This means gaining a solid grasp of trauma-informed principles and developing the skills needed to provide clinical care that is both competent and compassionate. A crucial part of this care may involve performing the forensic exam known as the Sexual Assault Nurse Examiner (SANE) exam. Some residency programs are fortunate to have SANE nurses as vital members of the health care team. However, fewer than one-fifth of hospitals in the U.S. employ SANE nurses.¹

Additionally, training in SANE procedures is not mandated in all medical school curricula, including at Wake Forest. Many medical students have little experience with this exam and may start residency unaware of its clinical importance.

Regardless of specialty, most clinicians will encounter patients impacted by intimate partner violence or sexual assault. While emergency medicine doctors and primary care providers often care for these individuals, clinicians across specialties should know how to deliver trauma-informed, high-quality, patient-centered care. As leaders of the Emergency Medicine Interest Group (Gerard) and the Sexual Health Awareness Group (Ellis) at Wake Forest School of Medicine, we identified this gap in our education and organized a workshop for fellow students focused on caring for patients affected by intimate partner violence and sexual assault.

Seminar Design & Objectives

We partnered with emergency medicine residents, faculty, and SANE nurses to develop this workshop. Building on an existing SANE training seminar that was developed for the Wake Forest emergency medicine residents, we adapted the content into a medical student focused seminar.

Our objectives were to introduce trauma-informed approaches to the care of patients who have experienced IPV/sexual assault, provide practice with specific SANE exam interview techniques and practice forensic kit collections with pelvic models, and promote team-based, interdisciplinary learning. We divided the seminar into three sessions:

1. **Didactic session:** Students reviewed the prevalence and health impacts of IPV and sexual assault, principles of trauma-informed communication, and the role of SANE providers in evidence collection and compassionate care.
2. **Hands-on practice session:** Led by SANE nurses, students worked in small groups to practice consent discussions and forensic evidence collection using SANE kits and pelvic models.
3. **Open discussion and Q&A:** The seminar concluded with a facilitated discussion and Q&A session from participants.

Outcomes/Feedback

Following the seminar, participants were invited to complete an anonymous Google survey providing qualitative feedback after the seminar. The responses reflected feelings of increased competency in the areas of trauma-informed care and sexual assault response, as well as appreciation for education on topics not traditionally covered specifically in our medical school curriculum. Below are some of the feedback we received. Common themes included improved communication skills, greater awareness of available resources, and overall increased confidence in future care of patients that have experienced IPV and SA:

“I feel that in this workshop, I was able to get practice that will help my patients in the future, develop a foundation for trauma informed discussion with patients, and I feel more informed on the processes/resources that exist within the state for my patients. I think that this filled a major gap of our medical education.”

“It was extremely beneficial to both our education and the better treatment of our patients in the future by having access to looking through each component of the SANE exam. Our first time completing this exam we should feel confident in each part, which there are many, so that our attention can be focused on successful completion of the exam while supporting the patient. It is likely that each student will interact with a patient experiencing IPV, and now we have a few techniques to address this experience in an empathetic, compassionate, and resourceful way for our patients.”

Drawing on our experience presenting this course, we believe that early instruction in SANE-related clinical skills and trauma-informed care can enhance learner readiness. The incorporation of workshops such as these into core medical school curricula has the potential to enable future clinicians across specialties to provide informed, compassionate, and competent care to survivors.

Broader Implications/Future Directions

Future iterations of this workshop could include expanded hands-on practice with pelvic models, additional time for participant debriefing, and the inclusion of local IPV and sexual assault resources. Incorporating residents and faculty from multiple specialties—such as family medicine, emergency medicine, and OB/GYN—could further enhance the learning experience and promote interdisciplinary collaboration.

References

1. McKenna C. Noe, Miriam Crandall, and Caroline Tougas. (2024). Forensic Nurse Examiners — Meeting the Needs of Survivors of Violent Crimes. *New England Journal of Medicine*, DOI: 10.1056/nejmp2403604.

Additional Resources:

Below are examples of similar initiatives to educate medical students/residents on trauma-informed care for IPV/SA patients:

<https://pmc.ncbi.nlm.nih.gov/articles/PMC8366721/>

https://www.mededportal.org/doi/10.15766/mep_2374-8265.11500

We have also provided extra materials to support the care of patients who have experienced IPV or SA.

<https://link.springer.com/article/10.1186/s12245-023-00509-w#citeas>

<https://rainn.org/show-up-speak-out-step-in/how-to-talk-with-survivors-of-sexual-violence>

<https://www.safeta.org/safe-protocol>



Staying Well: Practical Strategies for Emergency Physicians

By: Bret Nicks, MD, MHA, FACEP, Kathleen Hosmer, MD, FACEP, and Jeremiah Gaddy, MD

Being an emergency physician is both rewarding and demanding. The high-pressure environment, rapid decision-making, and emotional intensity can take a toll on your well-being. While there's no universal formula for balance (perhaps more of the adaptation to the seasonal variation through life and career), adopting practical strategies can help you stay grounded, resilient, and fulfilled in your career and in life.

Why Wellness Matters

Let's be honest, many of us understand the idea behind seeking wellness but struggle to put the pieces in place. Physician wellness goes beyond physical health; it includes emotional, mental, and social well-being. Prioritizing wellness not only benefits you (and your family) but also improves patient care and job satisfaction. Burnout can lead to reduced patient safety and lower quality of care, so proactive self-care is essential for both personal and professional longevity.

Wellness is a practice that requires daily dedication – but you have to believe it makes a difference (now or later in life). Does your calendar or schedule reflect a dedication to this practice? (If not, does your phone use reflect an opportunity?)

1. Strengthen Your Mental Health

- **Schedule Regular Mental Health Check-ins:** Set aside time each week to assess your stress levels and emotional state. Use tools like mood-tracking apps or journals to identify patterns and triggers.
- **Leverage Confidential Support Services:** Take advantage of programs such as ACEP's Wellness & Assistance Program, which offers counseling and crisis intervention. Early use of these resources can prevent escalation of stress and burnout.
- **Join Peer-Support Groups:** Participate peer-support groups or virtual discussion forums, which provide a safe space to share experiences and coping strategies with colleagues.

2. Optimize (fluid) Balance

- **Proactively Plan Personal Time:** Use shift-scheduling apps to block out time for family, hobbies (that 3rd thing), and rest. Treat these commitments as non-negotiable appointments.
- **Set Boundaries:** Communicate your limits to colleagues and loved ones. Learn to say “no” to extra shifts or obligations that compromise your well-being.
- **Engage in Group Activities:** Join group exercise events, book clubs, or social gatherings to foster connection and reduce stress outside of work.

3. Prioritize Physical Health

- **Create a Realistic Fitness Routine:** Integrate short, high-impact workouts or stretching routines into your daily schedule, even during breaks at work. Incorporate walking daily – especially outdoors. (There is incredible data regarding daily walking for current and future health.)
- **Focus on Nutrition and Hydration:** Prepare healthy snacks and meals in advance (you wouldn't put bad gas in your car, why bad food in your body?) and keep a water bottle handy to stay hydrated during long shifts. Create a hydration goal daily.
- **Practice Digital Detox:** Designate tech-free times, especially before bed (minimum 1 hour prior), to improve sleep quality and reduce stress.

4. Build and Maintain Support Systems

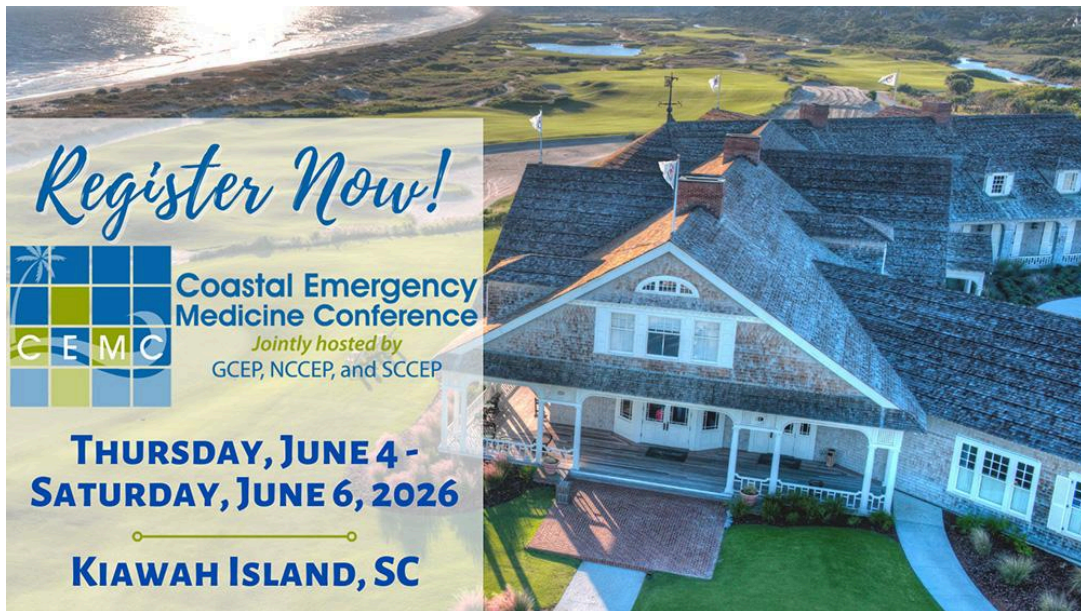
- **Network with Peers:** Regularly connect with colleagues through professional organizations like NCCEP or ACEP, or local medical societies, to share experiences and advice. See the link below for more information including the NCCPRW.
- **Identify Go-To Resources:** Familiarize yourself with available wellness resources before you need them, so you can access support quickly in challenging times.
- **Mentorship and Buddy Systems:** Pair up with a mentor or peer for regular check-ins and mutual support, especially after difficult shifts. We do this in many areas of life to ensure things continue to work well... why not do so for yourself?

5. Commit to Long-Term Wellness

- **Reflect and Adjust Regularly:** Periodically review your wellness strategies and adjust them as your needs and life circumstances change.
- **Customize Your Wellness Plan:** Use resources from ACEP and other organizations to tailor a plan that fits your unique lifestyle and career stage.
- **Prioritize Self-Compassion:** Recognize that wellness is a journey, not a destination. Allow yourself grace during tough periods and celebrate small victories. Yet find consistency if you can. Create atomic habits around those practices that work for you and find others that can hold you accountable.

It is important to recognize wellness isn't a destination but a journey that will have twists and turns. We as emergency specialists understand that nuance in our career – now we need to ensure we apply it to the broader aspect of our lives. You are not alone and what you do matters.

For additional resources and support, visit the [ACEP Physician Wellness](#) page and consider joining the North Carolina Clinician and Physician Retention and Wellbeing Consortium (NCCPRW) <https://ncmedsoc.org/nccprw/#phase3>.



Other News & Information

Membership Renewal

Please be sure to renew your NCCEP membership! We rely on membership dues to keep our Chapter running and provide advocacy, education and a place to share experiences and issues with other emergency physicians. If you have not yet renewed for this year, you may do so [here](#).



Political Action Committee

Thank you to all members who have contributed to the College's Political Action Committee (EP-PAC) over the past year and to those who continue to contribute in

2026. Your donations allow the College to work on your behalf to give a voice to Emergency Medicine issues in our State Legislature.

You may contribute to the EP-PAC online, by mail to EP-PAC, PO Box 1038, Wake Forest, NC 27588, or on your ACEP dues renewal form.

[Donate to Your PAC Online](#)

[View as Webpage](#)

[Visit our website](#)



North Carolina College of Emergency Physicians | PO Box 1038 | Wake Forest, NC 27588 US

[Unsubscribe](#) | [Constant Contact Data Notice](#)



Try email marketing for free today!