American College of Emergency Physicians®
ADVANCING EMERGENCY CARE

Memorandum

To: ACEP Council

From: Dean Wilkerson, JD, MBA, CAE
Council Secretary

Date: September 7, 2011

Subj: Action on 2008 Resolutions

The attached report summarizes the actions taken by the Board of Directors on the 23 resolutions adopted by the 2008 Council. Two resolutions were referred to the Board of Directors. There were no Council Standing Rules resolutions.

The actions on resolutions are also included on the ACEP Web site.
http://www.acep.org/Content.aspx?id=32406

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American College of Emergency Physicians®
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Action on 2008 Council Resolutions

Resolution 1 Commendation for Brian F. Keaton, MD, FACEP
Action: A framed resolution was presented to Dr. Keaton.

Resolution 2 In Memory of Carla'nne Dukes, DO, MBA, FACEP, FACOEP
Action: A framed resolution was presented to Dr. Dukes' family.

Resolution 3 Memory of John William "Bill" Jermyn III, DO, FACEP
Action: A framed resolution was presented to Dr. Jermyn's family.

Resolution 4 In Memory of Neill Oster, MD
Action: A framed resolution was presented to Dr. Oster's family.

Resolution 5 "Active" Medical Practice – Bylaws Amendment

RESOLVED, That the ACEP Bylaws, Article VI – Chapters, Section 3 – Qualifications, be amended to read:

The membership of a chapter shall consist of members of the College who meet the qualifications for membership in that chapter. To qualify for membership in a chapter, a person must be a member of the College and have residential or professional ties to that chapter's jurisdiction. Likewise, with the exception of members who are retired from ~~active~~ medical practice regardless of membership class, each member of the College must hold membership in a chapter in which the member resides or practices if one exists. If membership is transferred to a new chapter, dues for the new chapter shall not be required until the member's next anniversary date.

A member with professional and/or residential ties in multiple chapters may hold membership in these chapters, providing the member pays full chapter dues in each chapter. Such members with multiple chapter memberships shall designate which single chapter membership shall count for purposes of councillor allotment. A member of a chapter who retires from ~~active~~ medical practice regardless of membership class and changes his/her state of residence may retain membership in a chapter of prior professional practice/residence.

A member of a chapter who changes residential or professional location may remain a member of that chapter if there is no chapter at the new location.

Action: The Bylaws were updated.

Resolution 6 Authorizing the College Manual in the Bylaws – Bylaws Amendment

RESOLVED, That the ACEP Bylaws, Article XIV—Miscellaneous, be amended by the addition of a new Section 4 – College Manual, to read:

The College shall have a College Manual to address such matters as may be deemed suitable by the Board of Directors and the Council.

Amendments to the College Manual may be made by majority vote of both the Council and the Board of Directors.

Action: The Bylaws were updated.

Resolution 7 Amending the College Manual – College Manual Amendment (as amended)

RESOLVED, That the College Manual, Section VII – Amendments, be ~~deleted~~ **amended to read**:

~~Amendments to the College Manual may be made by majority vote of both the Council and the Board of Directors.~~

~~The Bylaws of the College takes precedence over any provision of the College Manual. Amendment of the College Manual may not bring it into conflict with the Bylaws.~~

The method of amending the College Manual shall be specified in the College Bylaws.

Action: The College Manual was updated.

Resolution 8 Councillor Class of Membership – Bylaws Amendment

RESOLVED, That the ACEP Bylaws, Article IV – Membership, Section 2.7 – Councillor Members, be amended to read:

Councillors shall be elected or appointed from active, honorary, life, or candidate physician members. A councillor shall retain all rights and obligations of the class of membership from which the councillor was duly elected or appointed. A councillor may acquire the rights and obligations of a class of membership other than the one from which the councillor was duly elected or appointed, if the councillor satisfactorily documents qualifications for such new class of membership.

Notwithstanding any other provision of these Bylaws, voting rights with respect to enactment of resolutions directing the activities of the College, amendment of the **College** Bylaws, amendment or restatement or repeal of the **College** Articles of Incorporation, and election of **the Council Officers, the President-Elect, and of** members to the **College** Board of Directors are vested exclusively in the councillor class and are specifically denied to all other classes of membership. **These rights are not applicable at the chapter level unless specifically permitted in a chapter's bylaws.**

Action: The Bylaws were updated.

Resolution 9 Fellowship – Bylaws Amendment

RESOLVED, That the ACEP Bylaws Article V – Fellowship, Section 1 – Fellow Status be amended to read:

Fellows of the College shall meet one of the following two sets of criteria:

1. Be active, life, honorary, or international members for three continuous years immediately prior to election and must have been certified in emergency medicine at the time of election by the American Board of Emergency Medicine, the American Osteopathic Board of Emergency Medicine, or in pediatric emergency medicine by the American Board of Pediatrics. Maintenance of Fellow status requires continued membership in the College. In addition, the following requirements demonstrating evidence of high professional standing must be met by candidates some time during their professional career prior to application.
   A. At least three years of active involvement in emergency medicine as the physician's chief professional activity, exclusive of training, and;
   B. Satisfaction of at least three of the following individual criteria during their professional career:
      1. active involvement, beyond holding membership, in voluntary health organizations, organized medical societies, or voluntary community health planning activities or service as an elected or appointed public official;
      2. active involvement in hospital affairs, such as medical staff committees, as attested by the emergency department director or chief of staff;
      3. active involvement in the formal teaching of emergency medicine to physicians, nurses, medical students, out-of-hospital care personnel, or the public;
      4. active involvement in emergency medicine administration or departmental affairs;
      5. active involvement in an emergency medical services system;
      6. research in emergency medicine;
      7. active involvement in ACEP chapter activities as attested by the chapter president or chapter executive director;
      8. member of a national ACEP committee, the ACEP Council, or national Board of Directors;
      9. examiner for, director of, or involvement in test development and/or administration for the American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine;
      10. reviewer for or editor or listed author of a published scientific article or reference material in the field of emergency medicine in a recognized journal or book.
2. Be active, life, honorary, or international members for six continuous years immediately prior to election and eligible for membership at the close of business on December 31, 1999. **Candidate must complete and submit application along with all documentation and supporting elements prior to close of business December 31, 2009. After that date, no further new applications for fellow status under the second set of criteria (subsection 2) will be considered. Furthermore, all applications received by close of business December 31, 2009, will have either final approval or disapproval no later than close of business December 31, 2010.** Maintenance of Fellow status requires continued membership in

the College. In addition, the following requirements demonstrating evidence of high professional standing must be met by candidates sometime during their professional career prior to application:

A. At least ten years of active involvement in emergency medicine as the physician's chief professional activity, exclusive of training, and;
B. Satisfaction of at least three of the following individual criteria, of which one of the three must be number 7 or number 8, during their professional career:
    1. active involvement, beyond holding membership, in voluntary health organizations, organized medical societies, or voluntary community health planning activities or service as an elected or appointed public official;
    2. active involvement in hospital affairs, such as medical staff committees, as attested by the emergency department director or chief of staff;
    3. active involvement in the formal teaching of emergency medicine to physicians, nurses, medical students, out-of-hospital care personnel, or the public;
    4. active involvement in emergency medicine administration or departmental affairs;
    5. active involvement in an emergency medical services system;
    6. research in emergency medicine;
    7. active involvement in ACEP chapter activities as attested by the chapter president or chapter executive director;
    8. member of a national ACEP committee, the ACEP Council, or national Board of Directors;
    9. examiner for, director of, or involvement in test development and/or administration for the American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine;
    10. reviewer for or editor or listed author of a published scientific article or reference material in the field of emergency medicine in a recognized journal or book.

In addition, the candidate must provide a written letter of recommendation from their chapter, as attested by the chapter president or chapter executive director, or two letters of recommendation from current Fellows of the College.

Provision of documentation of the satisfaction of the above criteria is the responsibility of the candidate, and determination of the satisfaction of these criteria shall be by the Board of Directors of ACEP or its designee.

Fellows shall be authorized to use the letters FACEP in conjunction with professional activities. Fees, procedures for election, and reasons for termination of Fellows shall be determined by the Board of Directors.

Action: The Bylaws were updated.

Resolution 13 Member Compliance with the Code of Ethics – Bylaws Amendment

RESOLVED, That the ACEP Bylaws, Article IV – Membership, Section 1 – Eligibility, be amended to read:

Membership in the College is contingent upon the applicant or member showing a significant interest in emergency medicine and being of good moral and professional character. Members agree to abide by the ~~"Principles of Ethics for Emergency Physicians," which are contained in the current~~ "Code of Ethics for Emergency Physicians." No person shall be denied membership because of sex, race, age, political or religious beliefs, sexual orientation, or real or perceived gender identity.; and be it further

RESOLVED, That the ACEP Bylaws Article XII – Ethics, be amended to read:

The ~~"Principles of Ethics for Emergency Physicians," which are contained in the current~~ "Code of Ethics for Emergency Physicians," shall be the ~~principles of ethics~~ **ethical foundation** of the College. Charges of violations of ~~these~~ ethical principles **or policies contained in the "Code of Ethics for Emergency Physicians"** may be brought in accordance with procedures described in the College Manual.

Action: The Bylaws were updated.

Resolution 14 Associate Membership Category (by substitution)

RESOLVED, That ACEP appoint a task force to identify the common ground among different constituencies regarding the issue of an associate member category for emergency physicians who do not meet criteria for active membership; and be it further

RESOLVED, That this task force report its findings to the 2009 Council.

Action: A task force was appointed. The task force report was approved by the Board in August 2009. The report was distributed to the 2009 Council and assigned to Reference Committee A for comments. No comments were offered on the report.

Resolution 16 Dues Discounts for Groups Participating in the 100% Club

RESOLVED, That the American College of Emergency Physicians create a discount program for members of the 100% club as a benefit to those groups willing to commit.

Action: Assigned to Member Services staff to develop a program for review by the Membership Committee and approval by the Board of Directors. The Board approved a group membership benefit program in April 2009 and implementation began in July 2009. The program has been very successful in increasing ACEP membership.

Resolution 17 Felony Conviction for Assaulting Emergency Physicians (as amended)

RESOLVED, That the American College of Emergency Physicians (ACEP) work with the appropriate national and state organizations to enact state laws making it a felony to assault a health care worker rendering emergency medical care.

Action: Assigned to Chapter & State Relations staff to develop and disseminate information to the chapters. In April 2009, a package of resources was developed and distributed to chapters on this issue, including sample laws, model legislation developed by the Emergency Nurses Association, talking points, potential allies, etc. to help them in advocating for the passage of laws in their states.

Resolution 18 Retaining Retired and Disabled Members

RESOLVED, That ACEP study the feasibility of a no cost retired membership category or reducing the cost of Life Membership as a means of retaining retired members.

Action: Assigned to Member Services staff to develop a recommendation for review by the Membership Committee and approval by the Board of Directors. In June 2009, the Board approved changing the dues structure for future Life members to eliminate the discount for dues and receive a 15% discount for *Scientific Assembly* registration fees effective July 1, 2009. At that time there were 1,919 Life members who retained the discounted dues of 1/3 the current rate and *Scientific Assembly* registration fee benefit of 2/3 discount. The dues increase was implemented immediately.

In June 2010, the Board approved submitting a resolution to the 2010 Council to amend the criteria for Life members, create a new category of membership for Disabled members, and specify that retired members do not retain the right to vote or hold office. The Board approved further revising the discount for *Scientific Assembly* for future Life members to $200 in addition to the following benefits: 1) Be designated as a Life Member (active); 2) Retain all rights to vote and hold office; 3) Retain Fellow status designation (if obtained); 4) Be eligible for reduced dues should they meet the retired member criteria; and 5) If elected to Life Member from the Disabled Member category, retain the Disabled member dues rate. The Board approved the following benefits for Disabled members: 1) Be designated as a Disabled Member (active); 2) Retain all rights to vote and hold office; 3) Retain Fellow status designation (if obtained) and retain ability to become a Fellow of the College if not obtained prior to the disability; 4) Retain eligibility for the Life category of membership; and 5) Pay 1/4 of the prevailing active national dues rate and applicable chapter dues unless a waiver for hardship is granted by the College indicating that even 1/4 of the active national dues and applicable chapter dues would be a substantial hardship.

The resolution submitted to the 2010 Council did not create a separate category of membership for retired members. Since a member can only assume one class of membership at a time, Active members cannot currently be Retired and a Retired member cannot be an Active member. With this change, individuals that meet certain criteria would be eligible for reduced dues without it affecting the member benefits associated with their existing class of membership. The primary defining characteristic of retired members is retirement from active medical practice after sustained membership in the College. The latter is easily defined by a minimum of twenty (20) years of active, inactive, or international membership in the College or attaining the age of sixty-five (65). The former is more difficult to define. In June 2010, the Board approved the definition of "retired from active medical practice" as "one no longer engaged in the practice of clinical emergency medicine as evidenced by non-renewal of their medical license or less than 1/3 of their income comes from activities associated with being employed as a physician." This determination is based upon written attestation from the member and is generally not verified. Additionally in June 2010, the Board approved the following policy and benefits regarding Retired members:

Retired Members are considered any person who has held active, inactive, international, or life membership in the College for a minimum of twenty (20) years or who has attained the age or sixty-five (65), and who is retired from active medical practice may on application to and approval by the Board of Directors be classified as a retired member.

1. Retain the membership category at the time of "Retired" classification (active, inactive, international, or life).
2. Retain all rights associated with their membership category, except the right to vote or hold office.
3. Retain fellow status designation (if obtained).
4. Pay 1/3 of the active national dues and applicable chapter dues.
5. Retain Retired member dues benefits should the member be awarded Life membership.
6. Receive $200 discount for *Scientific Assembly* registration. (The discount amount will be determined annually by the Board of Directors.)

Retired membership would not qualify toward tenure requirements for Life membership; however, the Board of Directors could make exceptions under unusual circumstances. Voting privileges at the chapter level are determined by the chapter.

The 2010 Council referred the resolution to the Board of Directors. The majority of testimony in the Reference Committee opposed adoption of the resolution and recommended referral. Those opposed cited issues with the purpose of the resolution, problems with the definition of member classifications and statuses, the number of permutations of current and proposed member types and how they relate to each other, concerns regarding proposed privileges of voting and holding offices, and continued conflicts within the Bylaws. The president assigned the referred resolution to the Bylaws and Membership Committees for further action and recommendations to the Board. In June 2011, the Membership Committee presented options to the Board. There was consensus from the Board to take no further action on the referred resolution and instead assign an objective to the Membership Committee for 2011-12 to revise the classes of membership. The committee will also work with staff to determine functionality and with the Bylaws Committee regarding any necessary changes to the Bylaws to propose to the Council.

Resolution 20 Emergency Department Categorization Task Force (as amended)

RESOLVED, That ACEP convene a task force to explore the feasibility of sponsoring a national emergency center categorization program; and be it further

RESOLVED, That the ACEP Categorization Task Force report include, but not be limited to, key findings and/or recommendations in the following areas:

- an analysis of prior emergency center categorization efforts;
- a recommendation regarding ACEP's involvement in an emergency center categorization program; and
- if a categorization program is recommended, details in the following areas:
  - a categorization business plan;
  - an implementation plan**;**
  - a recommendation about the number of emergency center levels that would be designated by the program; and
  - draft criteria for each level in the categorization program.

Action: A task force was appointed. The task force report was accepted for information by the Board in October 2009. The report was distributed to the 2009 Council and assigned to Reference Committee C for comments. No comments were offered on the report.

Resolution 21 Excited Delirium (as amended)

RESOLVED, That ACEP study:

1. the existence of "excited delirium" as a disease entity (or not);
2. characteristics that help identify the presentation and risk for death; and
3. current and emerging methods of control and treatment. and be it further

RESOLVED, That ACEP develop and disseminate a white paper on findings to appropriate entities (e.g. EMS, law enforcement).

Action: A task force was appointed. The task force report was approved by the Board in October 2009. The report was distributed to the 2009 Council and assigned to Reference Committee C for comments. No comments were offered on the report. The report has had limited distribution as it is being considered for publication in emergency medicine

journals. The report will be given wider distribution and added to the ACEP Web site once a decision has been made regarding publication.

Resolution 22 Order Sets and the Physician-Patient Relationship (by substitution)

RESOLVED, That ACEP develop policy that addresses the use of orders/order sets prior to the establishment of the physician-patient relationship.

Action: Assigned to the Medical-Legal Committee. The Board approved the policy statement, "Use of Nurse Implemented Order Sets," in June 2010. The policy was added to the Web site and included in the Policy Compendium. http://www.acep.org/Content.aspx?id=48946

Resolution 23 Regulatory Process Misuse (as amended)

RESOLVED, That ACEP explore options regarding the use of regulatory processes to resolve professional disagreements, including considering approaching the American Medical Association (AMA).

Action: Assigned to the AMA Section Council on Emergency Medicine. The Section Council discussed the resolution and expressed concerns about the issue and its complexity. The issue was submitted to AMA staff for review and recommendation as to options for addressing it through the AMA. After discussions with AMA staff, the Section Council concluded that it would be difficult to champion this resolution in the AMA House of Delegates and agreed to support existing AMA policy.

Resolution 24 Single-Payer Health Insurance (by substitution)

RESOLVED, That the Board of Directors derive a list of essential components to be included in any new healthcare system and create a white paper.

Action: At the January 2009 Board retreat there was discussion about health care reform initiatives. The "Principles for Reform of the U.S. Health Care System" adopted by the Board and several other medical specialties, contains the essential components called for in this resolution. In June 2009, the Board of Directors had a comprehensive discussion regarding ACEP's health care reform positions on some of the most controversial items currently under consideration in the reform debates. For many of the items, the Board believed it would need more information on how emergency medicine might be impacted before taking a definitive public position. ACEP, along with many other medical specialty societies, was actively engaged in the hearing and drafting stages of health care reform. ACEP's President sent a letter to the Senate Finance Committee commenting on an options paper that was released. The goals ACEP embraces such as universal coverage, quality, affordability, etc., were addressed in the comprehensive bills that were in development.

ACEP was successful in advancing several emergency medicine priorities and securing these provisions in various sections of the House and Senate health care reform bills currently on the table. These measures included:

- Identification of ED services as part of the essential health care benefits package;
- Medicare physician payment reforms (addressing the underlying problems of the sustainable growth rate (SGR) including resetting the budget baseline for the Medicare payment system, eliminating the current debt accrued under the SGR, removing physician-administered drugs from the SGR, and providing increased payments for physicians who provide E&M services);
- Emphasis on ED patient through-put as a measure used to determine quality improvement;
- Authorization of the Emergency Care Coordination Center (ECCC) within the HHS Office of the Assistant Secretary of Preparedness and Response (ASPR), as well as the ECCC Council on Emergency Medicine and a requirement that the ECCC provide an annual report to Congress on its programs (with a focus on ED crowding and boarding);
- Grants to conduct at least four emergency care/trauma regionalization pilot projects;
- Grants for economically troubled trauma centers;
- HHS incentive payments to states that establish medical liability reforms, such as Certificate of Merit and/or "early offer;" and
- HHS demonstration project to reimburse privately owned psychiatric hospitals that provide EMTALA services to Medicaid beneficiaries.
- Senate adoption of patients' bill of rights language (i.e. the prudent layperson standard)

In July 2009, the Federal Government Affairs Committee was given an objective to "Develop a list of guiding principles for health care reform to be used as an adjunct in developing ACEP policy as reforms emerge." In March

2010, an information paper was distributed to the Council designed to convey the essential components of reform that exist in ACEP's policies and positions and a brief summary of the history and/or strategy employed with regard to the health care debate.

On March 23, 2010, President Obama signed into law the Patient Protection and Affordable Care Act (aka, "ACA"). According to the Congressional Budget Office (CBO), Public Law 111-148, the number of uninsured residents in the United States will drop from current levels (as many as 45 million) to 32 million by 2019. CBO estimated those still without insurance include as many as 23 million undocumented aliens, others who either opt not to enroll in Medicaid or those who elect to pay the penalty for not obtaining coverage. Since enactment, several law makers voiced their support for a single payer system, such as Medicare for all. Representative John Conyers (D-MI) and 87 colleagues introduced the United States National Health Care Act (also known as the Expanded and Improved Medicare for All Act) on January 26, 2009. No action was taken on this bill during the First Session and Second Session of the 111th Congress. Similar bills beginning with the 108th Congress were introduced but were never considered.

Resolution 25 State Department of Health Crowding Surveys (by substitution)

RESOLVED, That ACEP investigate options to collect data from individual hospitals throughout the states regarding boarding and crowding; and be it further

RESOLVED, That ACEP encourage members to work with their state medical associations and/or their state health departments to develop appropriate mechanisms to facilitate the availability of inpatient beds and use of inpatient hallways for admitted ED patients; and be it further

RESOLVED, That ACEP identify and develop a speakers bureau of individuals who have successfully implemented high-impact, low-cost solutions to boarding and crowding.

Action: Assigned to Chapter & State Relations staff and Public Relations staff. In February 2009, the Board approved conducting a National Overview of Boarding in Emergency Departments Study (NOBEDS) point-in-time survey on crowding. The NOBEDS survey was distributed electronically to 1,000 members. The data is currently being analyzed.

Information regarding legislative and regulatory efforts to reduce crowding and boarding was provided to all chapters, along with sample state medical society resolutions to address crowding that were developed in Texas and New Mexico. Information on these initiatives and potential strategies to address crowding at the state level was also shared on ACEP's annual chapter lobbyists and leaders conference call and on a conference call with members who are leaders in the state medical societies. ACEP has a Spokespersons Network, maintained by the Public Relations staff, which includes members who can speak on this issue.

Resolution 26 In Memory of Donald Malvern Thomas, MD

Action: A framed resolution was presented to a representative of Dr. Thomas' family.

Resolution 27 In Memory of Benjamin H. Chlapek, DO

Action: A framed resolution was presented to a representative of Dr. Chlapek's family.

Resolution 31 In Memory of Mark Lindsey, MD

Action: A framed resolution was prepared for Dr. Lindsey's family.

Resolutions Referred to the Board of Directors

Resolution 19 Second Rural Workforce Task Force (by substitution)

RESOLVED, That the ACEP Board of Directors appoint a Second Rural Workforce Task Force whose composition shall be at the discretion of the ACEP Board; and be it further

RESOLVED, That this task force shall be empowered to convene a Second Rural Emergency Medicine Summit and shall utilize the recommendations from the First Rural Task Force and the report from the 2008 Emergency Medicine Workforce Task Force in making recommendations to the ACEP Board; and be it further

RESOLVED, That the ACEP Board shall determine the deadline for the submission of a written report from the task force.

Action: In June 2009, the Board approved taking no further action on this resolution because the intent of the resolution would be met by the Future of Emergency Medicine Summit. In July 2009, ACEP's president convened the Future of Emergency Medicine Summit. The summit included representatives from all of the emergency medicine organizations and other key organizations. The purpose of the summit was to reach consensus on issues facing emergency medicine, most notably workforce realities. Additionally, the Council of Residency Directors (CORD) was hesitant about reconvening a rural workforce task force because without additional GME funding, program directors will not be interested. A report from the Future of Emergency Medicine Summit was developed, endorsed by the summit participants, and subsequently published in *Annals of Emergency Medicine*.

The 2009 Council meeting included a Strategic Issues Forum discussion on Emergency Medicine Workforce Issues. A summary report was developed and distributed to the Council.

A follow-up to the Future of Emergency Medicine Summit will be held January 26-27, 2011.

Resolution 30 Forensic DVD

RESOLVED, That ACEP invest $4500.00 (the remaining coming from our section members), to purchase for resale this educational DVD to our membership and all other healthcare providers; and be it further

RESOLVED, That showing this financial support will improve ACEP and its Forensic Sections role as leaders in education around issues of sexual assault world wide; and be it further

RESOLVED, That ACEP provide Category I CME credit which would save our members who request it the additional expense of CME.

Action: Following the Reference Committee, staff discussed the resolution with its main author. The author requested that the ACEP Bookstore purchase at least 500 copies @$10 each from his university. Although this is an important issue, and one that members contend with regularly, ACEP's experience has been that it is not a topic in which members are willing to invest in furthering their education and staff were not confident that 500 copies of the DVD could be sold. Staff subsequently inquired if the author and his university might be interested in a consignment sales arrangement, which would allow ACEP to become a reseller of the DVD without risk. Unfortunately, the university was not willing to lower the minimum quantity for resale purposes. Members of the ACEP Education Committee reviewed the DVD and agreed that the content was very well done, but agreed that ACEP would likely not sell enough copies to cover all of the costs associated with reselling the product. In April 2009, the Board approved taking no further action regarding this referred resolution. The authors of the resolution were notified of the Board's actions and were encouraged to recommend that the university seek ACEP Category I CME credit to help make the program more attractive for purchase.