

Memorandum

To: Council Steering Committee

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

Date: January 6, 2014

Subj: Action on 2011 Resolutions

The attached report summarizes the actions taken by the Board of Directors on the 27 resolutions adopted by the 2011 Council. Three resolutions were referred to the Board of Directors. The Council also adopted two amendments to the Council Standing Rules, which did not require adoption by the Board.

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

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Action on 2011 Council Resolutions

Resolution 1 Commendation for John Campbell, MD, FACEP

Action: A framed resolution was prepared for Dr. Campbell.

Resolution 2 Commendation for Kathleen M. Cowling, DO, MS, FACEP

Action: A framed resolution was presented to Dr. Cowling.

Resolution 3 Commendation for Angela F. Gardner, MD, FACEP

Action: A framed resolution was presented to Dr. Gardner.

Resolution 4 Commendation for Claire Eaton Jefferson

Action: A framed resolution was presented to Ms. Jefferson.

Resolution 5 Commendation for Ramon W. Johnson, MD, FACEP

Action: A framed resolution was presented to Dr. Johnson.

Resolution 6 Commendation for David P. Sklar, MD, FACEP

Action: A framed resolution was presented to Dr. Sklar.

Resolution 7 Commendation for Joseph F. Waeckerle, MD, FACEP

Action: A framed resolution was presented to Dr. Waeckerle.

Resolution 8 Commendation for Arlo F. Weltge, MD, FACEP

Action: A framed resolution was presented to Dr. Weltge.

Resolution 9 In Memory of Frank J. Baker, II, MD, MBA, FACEP

Action: A framed resolution was prepared and sent to the family of Dr. Baker.

Resolution 10 In Memory of Martin Thai McGreivy, MD, FACEP

Action: A framed resolution was prepared and sent to the family of Dr. McGreivy.

Resolution 11 In Memory of Joseph D. Phillips, MD

Action: A framed resolution was prepared and sent to the family of Dr. Phillips.

Resolution 15 Filling of Vacancies in the Offices of President-Elect and President – Bylaws Amendment

RESOLVED, That the ACEP Bylaws, Article X – Officers/Executive Director, Section 4.1 – President, Section 4.2 – President-Elect, and Section 4.5 – Vacancy by Removal of a Board Officer be amended to read:

ARTICLE X – OFFICERS/EXECUTIVE DIRECTOR

No changes proposed for Section 4 – Vacancy

Section 4.1 – President

In the event of a vacancy in the office of the president, the president-elect shall immediately succeed to the office of the president for the remainder of the unexpired term, after which their regular term as president shall be served.

Section 4.2 – President-Elect

In the event of a vacancy in the office of the president-elect, the Board of Directors, speaker, and vice speaker may fill the vacancy by majority vote for the remainder of the unexpired term from among the members of the Board. If the vacancy in the office of president-elect is filled in such a manner, at the next annual Council meeting, the

Council shall, by majority vote of the credentialed councillors, either ratify the elected replacement ~~to assume the office of president~~ or, failing such ratification, the Council shall ~~hold an election for the office of president~~ elect a new replacement from among the members of the Board. The Council shall ~~then~~, in the normal course of Council elections, elect a new president-elect to succeed the just-ratified or just-elected president-elect only when the latter is succeeding to the office of president at the same annual meeting.

No changes proposed for Section 4.3 — Chair, Vice President, and Secretary-Treasurer or Section 4.4 — Council Officers

Section 4.5 – Vacancy by Removal of a Board Officer

In the event of removal of an officer of the Board of Directors, excluding the president, replacement shall be conducted by the same process as for regular elections of those officers. If the president is removed, the vacancy shall be filled by the president-elect for the remainder of the unexpired term, after which their regular term as president shall be served.

Action: The Bylaws were updated.

Resolution 17 Society for Academic Emergency Medicine (SAEM) Councillor Allocation – Bylaws Amendment

RESOLVED, That the ACEP Bylaws be amended to read:

ARTICLE VIII – Council

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

Section 1 – Composition of the Council

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

EMRA shall be entitled to four councillors as representative of all of the members of EMRA, each of whom shall be a candidate or active member of the College.

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

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

SAEM shall be entitled to one councillor, who shall be an active member of the College, as representative of all of the members of SAEM.

Each chartered section shall be entitled to one councillor as representative of all of the members of such chartered section if the number of section dues-paying and complimentary candidate members meets the minimum number established by the Board of Directors for the charter of that section based on the membership rolls of the College on December 31 of the preceding year. A councillor may not serve simultaneously as a councillor from a chapter and a section.

Each component body shall also elect or appoint alternate councillors who will be empowered to assume the rights and obligations of the sponsoring body's councillor at Council meetings at which such councillor is not available to participate.

Councillors shall be certified by their sponsoring body to the Council secretary on a date no less than 60 days before the annual meeting.

Action: The Bylaws were updated.

Resolution 22 Emergency Medicine and Transitions of Care (as amended)

RESOLVED, That ACEP define the role of emergency medicine in transitions of care for emergency medicine patients; and be it further

RESOLVED, That ACEP participate in all significant forums of discussion with regulatory entities, Department of Health and Human Services, Centers for Medicare & Medicaid Services, The Joint Commission, National Quality Forum, related to performance parameters and proposed standards for emergency medicine transitions of care; and be it further

RESOLVED, That ACEP monitor and have input into any reimbursement issues tied to transitions of care, including performance incentives and accountable care organization collaboration; and be it further

RESOLVED, That ACEP identify resources and educational materials to improve transitions of care for emergency patients.

Action: A task force was appointed. The Board reviewed the [Transitions of Care Task Force Report](#) in October 2012. The information paper recommended strategies for emergency medicine. The 2012 Council Town Hall meeting focused on Transitions of Care and highlighted aspects of the task force report.

The Emergency Medicine Practice Committee was assigned an objective in 2012-13 to develop resources on the management and transitions of care for psychiatric patients. A comprehensive literature review was conducted. The literature was divided into 6 categories with brief overviews of the articles and reports. The paper, "Care of the Psychiatric Patient in the ED: A Review of the Literature," is available on ACEP's Website. A survey was developed and submitted to the Emergency Medicine Practice Research Network (EMPRN) on psychiatric care in the ED. The results will be shared with the membership. The committee has a current objective to continue to compile sources and develop an information paper on the management and transitions of care for psychiatric patients. Additional policies, best practices, and other resources currently utilized in the EDs are available on the ACEP Website.

The Academic Affairs Committee was assigned an objective in 2012-13 to collaborate with the Society of Hospital Medicine (SHM) to improve transitions of care from the ED to the inpatient units. The paper, "Emergency to Inpatient Physician Handoffs, a National Survey," was reviewed by the Board in October 2013 and has been submitted for publication consideration. The Strategic Plan also includes a strategy to collaborate with the SHM on transitions of care.

The 2013 Council adopted a resolution directing ACEP to develop a rapid integration of care toolkit. The resolution was assigned to the Emergency Medicine Practice Committee.

Resolution 23 EMTALA (as amended)

RESOLVED, That ACEP submit recommendations to the Centers for Medicare & Medicaid Services to ensure uniform interpretation and fair application of EMTALA and the regulations thereto pertaining; and be it further

RESOLVED, That ACEP work with the Centers for Medicare & Medicaid Services to institute a confidential, peer-reviewed process for any complaints made under EMTALA prior to formal investigation; and be it further

RESOLVED, That ACEP work with the Centers for Medicare & Medicaid Services and other appropriate organizations or entities to require that complaints made under EMTALA be investigated consistently according to ACEP-developed standards and that investigators be required to adhere to principles of due process and fairness during such investigations; and be it further

RESOLVED, That the Board report back on this issue to the 2012 Council.

Action: Assigned to Public Affairs staff to include in advocacy and regulatory initiatives. In October 2012, the Board approved a recommendation to support a mechanism (e.g. ACEP Website) for members to confidentially report experiences with EMTALA enforcement activities across the country for staff to share with Centers for Medicare & Medicaid Services (CMS) to document the continuing need to reduce variations in the EMTALA complaint investigation process. Implementation is in progress.

ACEP members and staff met with the Acting CMS Administrator and the Associate Administrator for Medicaid and State Operations (which has direct jurisdiction over EMTALA investigations). Topics of discussion included ACA implementation, the need for improved oversight of EMTALA enforcement, and a renewed commitment to the prudent layperson language. CMS currently provides:

- EMTALA surveyor training course which includes pre- and post-testing. Successful completion of the course is a prerequisite before any surveyor may conduct a survey.
- A face-to-face advanced EMTALA annual training course to address more complex, nuanced EMTALA cases.
- As part of CMS' annual review of State Survey Agency performance, Regional Offices review a sample of the EMTALA cases investigated by each State. Among the factors evaluated is whether the case documentation supports the findings the State made on the draft statement of deficiencies it sent to the Regional Office.

- Central Office has been conducting a monthly call with Regional Office staff responsible for EMTALA enforcement. This call is used to discuss EMTALA enforcement issues that have arisen, to promote consistent understanding of EMTALA requirements and enforcement practices.
- While CMS does not have the resources to have Central Office review each EMTALA survey, they do review EMTALA survey activity in each Region and provide feedback when appropriate.

To ensure that CMS staff follow up, ACEP needs to collect specific examples to share. ACEP's Legislative and Regulatory priorities agenda will continue to include this issue.

Outside legal counsel was consulted and advised against creating a mechanism on the ACEP Website for members to confidentially report experiences with EMTALA investigation processes. Since adoption of this resolution, staff have not received any queries or complaints about the investigation process.

Resolution 29 Due Process for Emergency Physicians

RESOLVED, That ACEP review and update the policy statement "Emergency Physician Contractual Relationships"; and be it further

RESOLVED, That ACEP's policy statement, "Emergency Physician Contractual Relationships," be sent with an appropriate cover letter to other organizations such as the American Hospital Association and the American College of Health Care Executives; and be it further

RESOLVED, That ACEP ask other organizations to share ACEP's policy statement, "Emergency Physician Contractual Relationships," with their membership and component bodies; and be it further

RESOLVED, That ACEP's policy statement, "Emergency Physician Contractual Relationships," be shared with other parties that the ACEP Board of Directors finds appropriate.

Action: Assigned to the Emergency Medicine Practice Committee. The Board approved the revised policy statement, "[Emergency Physician Contractual Relationships](#)," in October 2012.

The Emergency Medicine Practice Committee developed a Policy Resource and Education Paper (PREP) as an adjunct to the policy statement about the various facets and realities of contractual relationships. The PREP is being reviewed by the Medical-Legal Committee before submission to the Board of Directors

Resolution 30 Emergency Physician Contracts & Medical Staff Activities/Membership (as amended)

RESOLVED, That ACEP develop model language for emergency physician employment contracts that addresses termination related to involvement in quality/performance improvement, patient safety, or other medical staff activities; and be it further

RESOLVED, That model language for emergency physician employment contracts specify due process for any emergency physician subjected to adverse action related to involvement in quality/performance improvement, patient safety, or other medical staff activities; and be it further

RESOLVED, That ACEP work with major employers of emergency physicians to provide that its model language for emergency physician employment contracts is incorporated into emergency physicians' contracts.

Action: ACEP has numerous policies that relate to all aspects of an emergency physician's contract. Because of the intricacies of various laws and the conflicting arguments on the pro/cons of developing a policy on indemnification, the Medical-Legal Committee determined that the members would best be served by the development of an information paper on these topics. The committee is working with the Emergency Medicine Practice Committee to finalize an information paper for the Board to review.

Resolution 31 End of Life Care (as amended)

RESOLVED, That ACEP study how emergency medicine can positively affect end of life care, specifically addressing the provision of compassionate and dignified end of life care, and the necessary stewardship of resources and be it further

RESOLVED, That ACEP work with other appropriate entities to address patient focused, compassionate end of life care; and be it further

RESOLVED, That the ACEP Board of Directors update the membership regarding actions being taken by ACEP on the important topic of end of life care.

Action: Assigned to the Emergency Medicine Practice Committee and the Geriatric Emergency Medicine Section. The information paper [Emergency Department Palliative Care](#) was reviewed by the Board in June 2012 and is posted on the ACEP Web site. The committee was assigned an objective in 2012-13 to continue to work with the Palliative Medicine Section and the Geriatric Emergency Medicine Section to provide guidance and resources on best practices for palliative and end of life care in the ED. The resources were provided to the Board for review in June 2013. And were added to the [Palliative Medicine Section](#) microsite.

Another resolution on end-of-life care was adopted by the 2013 Council and directs ACEP to work with other relevant stakeholders to engage in a national conversation and make recommendations on end-of-life issues. ACEP's Strategic Plan has several strategies to address end-of-life and palliative care: 1) Explore partnerships with other health care organizations and physician and policy groups to support improved education for physicians and for patients and their families regarding end-of-life decisions. Organizations in palliative care have been identified and the process of working with them is in progress. 2) Develop a script for emergency physicians to use when introducing the concept of palliative care to a patient/family in the ED and to promote the value of palliative care with emphasis on its value for patient living with a chronic non-curative disease (not hospice care or withdrawal of care). 3) Work with the Improving Palliative Care in the ICU organization to develop and promote resources on implementation of a palliative care program in the ED.

One of the five Choosing Wisely recommendations submitted by ACEP is "Don't delay engaging available palliative and hospice care services in the ED for patients likely to benefit." The American Academy of Hospice and Palliative Medicine and the Center to Advance Palliative Care have promoted this CW recommendation. ACEP has received national recognition for its stand on the importance of palliative care in the ED. An article in the January 2014 *ACEP Now* will focus on palliative care and future follow-up articles are planned.

Resolution 33 Medication Shortages (as amended)

RESOLVED, That ACEP work with appropriate entities to devise and support a solution to the medication shortage problem and the resulting patient safety issues.

Action: Assigned to Public Affairs staff for advocacy and regulatory initiatives. Legislation was enacted as part of the "FDA Safety and Innovation Act" (H.R. 5651/S. 3187/P.L. 112-144). ACEP successfully worked with the Association of Critical Care Transport to persuade Senators Charles Grassley (R-IA) and Sheldon Whitehouse (D-RI) to request the Government Accountability Office (GAO) to conduct a study to examine the issue of how DEA regulations and enforcement have exacerbated the drug shortage crisis, especially with regard to pre-hospital care and services. The FDA reform law includes language, at ACEP's request, that requires drug manufacturers to notify the FDA of a discontinuance or potential shortage of drugs "used in emergency medical care or during surgery." This law also created a task force within HHS to develop and implement a strategic plan for enhancing the Secretary of HHS' response to preventing and mitigating drug shortages. Furthermore, the law requires GAO to conduct a study to examine the cause of drug shortages and formulate recommendations on how to prevent/alleviate such shortages and ACEP successfully included a provision that GAO explicitly study how health care providers (including hospitals and physicians) have needed to modify care to compensate for the shortages and existing impediments that hinder their ability to adjust to the shortages.

ACEP members and staff met with GAO on August 20, 2012, to discuss the DEA issues. ACEP was the first of the stakeholder groups to meet with the GAO and provided an excellent opportunity to educate them on how the pre-hospital care system works and how DEA policy and enforcement have negatively impacted drug availability, including the need to have access to compounding pharmacies and policy on expired/adulterated drugs. This study should be published by spring 2013.

The Emergency Medicine Practice Committee developed the information paper, "[Medication Shortages](#)." It was reviewed by the Board in June 2013 and is available on the ACEP Website.

The EMS Committee has an ongoing objective to work with EMS stakeholders to pursue collaborative opportunities with the Food & Drug Administration (FDA) to find short and long-term solutions to the drug shortage issues facing EMS. Currently, the Federal Interagency Committee of EMS (FICEMS) is working directly with the FDA on behalf of the EMS community to address this issue. The FDA now requires suppliers to provide notification six months before it anticipates a shortage of medication. In late October 2013, President Obama signed an executive order directing the FDA to speed up reviews of new manufacturing facilities and to get manufacturers to report shortages earlier in an effort to better manage these shortages. The FDA also has a [Drug Shortages](#) Website.

ACEP's legislative and regulatory priorities include working with Members of Congress on legislative proposals that seek to reduce/eliminate prescription drug abuse and to work with the FDA to reduce drug shortages/opioid abuse.

Resolution 34 Professional Liability Litigation Education in Residency (as amended)

RESOLVED, That ACEP work with the Emergency Medicine Residents' Association (EMRA), ACEP's Young Physicians Section, and the Council of Emergency Medicine Residency Directors (CORD) to increase and promote resources to inform emergency medicine residents about the professional liability litigation process and physician coping mechanisms.

Action: The Academic Affairs Committee, in collaboration with the Medical-Legal Committee, developed a list of resources for young physicians on coping with litigation stress and understanding the litigation process. The resources

are on the ACEP Website and promoted through EMRA, YPS, and CORD. Courses are also offered at ACEP's *Scientific Assembly* that specifically address liability pitfalls and litigation stress. Both committees are also developing a curriculum template and resources on risk management and how to avoid litigation for EM residency programs.

Resolution 35 Professional Liability Litigation Support (as amended)

RESOLVED, That ACEP explore the development of a centralized, web-based clearinghouse of educational materials and resources available to ACEP members who are experiencing professional liability litigation stress; and be it further

RESOLVED, That ACEP publicize to the membership and the chapters the availability of a centralized, web-based clearinghouse of education materials and resources on professional liability litigation stress; and be it further

RESOLVED, That ACEP assist state ACEP chapters to lobby for legal protection of emotional support from physician peers and committee meetings, communications, and records regarding litigation support as confidential and not subject to discovery; and be it further

RESOLVED, That ACEP further develop a network of peer counselors who have experienced litigation stress and are available to confidentially discuss expectations and coping with litigation stress with fellow ACEP members; and be it further

RESOLVED, That ACEP publicize the availability of the professional liability peer-to-peer counseling network to state chapters and individual ACEP members; and be it further

RESOLVED, That ACEP offer CME specific to the issue of litigation stress in addition to existing offerings on risk management as a way of increasing awareness of principles and resources available to members on this issue.

Action: The Medical-Legal Committee worked with the Well-Being Committee and the Academic Affairs Committee to collect informational and educational materials. The 2012 *Scientific Assembly* included courses specific to litigation stress and liability pitfalls. Resources were identified to make available through the ACEP Bookstore. The State Legislative/Regulatory Committee developed model state legislation, "An Act to Protect the Confidentiality of Communications in Physician Peer-to-Peer Counseling Programs." The model legislation is designed to ensure that any communication between a physician facing a liability action and a peer counseling group that provides support to physicians facing liability claims is not subject to subpoena and is not admissible as evidence. The model bill is based in part on similar language in an AMA model bill that protects statements of apology by physicians from being used against them in liability cases.

The Academic Affairs Committee and the Medical-Legal Committee developed a list of resources for young physicians on coping with litigation stress and understanding the litigation process. The resources are available on the ACEP Website and promoted through EMRA, YPS, and CORD. Courses are also offered at ACEP's *Scientific Assembly* that specifically address liability pitfalls and litigation stress

The Education Steering Committee, which includes a liaison from the Medical-Legal Committee, recommended for budgeting a new online course, "EM Summit: Medical-Legal and Risk Management Issues." Development began in September 2013 for a spring 2014 launch. The committee discussed addressing the issues from a wellness perspective; topics will likely include help for physicians facing litigation, how the litigation process works, and suicide. The goals are to help members who are being sued and to prevent lawsuits through risk management education.

The Medical-Legal Committee and the Well-Being Committee continue to provide information and resources to members regarding litigation stress.

Resolution 36 Sexual Assault Training in Emergency Medicine Residency (as amended)

RESOLVED, That ACEP work with the Council of Emergency Medicine Residency Directors and other organizations as appropriate to develop sexual assault examination curricular tools that can be adopted by emergency residency programs and practicing emergency physicians.

Action: Assigned to the Academic Affairs Committee. Curricular tools and guidelines (roadmap) for EM residents and program directors were developed. *Ad hoc* subcommittee members included CORD, a member of ACEP's Forensic Section, a nurse from the International Association of Forensic Nursing, and a Sexual Assault Nurse Examiner (SANE). Curricular tools include procedural competency assessment tools and a curricular roadmap of educational and procedural requirements (including a gap analyses) between physician and SANE training. The introduction includes information for program directors addressing the rationale behind teaching these exam procedures to EM residents. The subcommittee reviewed ACEP's Policy and Resource Education Paper (PREP) on evaluation and management of the sexually assaulted or abused patient as part of the literature review.

The Forensic Medicine Section was awarded a section grant in June 2011 to revise and update the 1999 ACEP publication, "Evaluation and Management of the Sexually Assaulted or Sexually Abused Patient." The section

has completed its work and the finished product debuted at ACEP13. The [Sexual Assault eBook](#) is available on ACEP's Website.

Resolution 37 In Memory of Lala M. Dunbar, MD, PhD, FACEP

Action: A framed resolution was prepared and sent to the family of Dr. Dunbar.

Resolution 38 Commendation for Ellen Taliaferro, MD, FACEP

Action: A framed resolution was prepared and sent to Dr. Taliaferro.

Resolution 39 Use of Scribes in the Practice of Emergency Medicine (as amended)

RESOLVED, That ACEP work with stakeholders that seek to impose regulations regarding the use of scribes in the Emergency Department, especially as related to Computer Physician Order Entry (CPOE) and other Health Information Technology (HIT) initiatives, to arrive at satisfactory integration and utilization of scribes; and be it further

RESOLVED, That ACEP educate its members regarding regulatory or policy changes that impact the use of scribes in the emergency department, and report back to the Council in 2012 about its progress with regard to this issue.

Action: Assigned to the Emergency Medicine Practice Committee and the Informatics Section. The committee developed the information paper [Use of Scribes in the Emergency Department](#) and it was provided to the 2012 Council. The Reimbursement Committee revised the [FAQs on Scribes](#) and they are available on the ACEP Website.

ACEP's Strategic Plan includes strategies to provide information on safe and effective use of scribe in the ED and to work with The Joint Commission regarding standards for credentialing scribes in the ED, particularly as it relates to physician orders.

Council Standing Rules Resolutions

Standing Rules Resolutions do not require adoption by the Board of Directors.

Resolution 18 Dissemination of Resolutions without Background Information (as amended)

RESOLVED, That the "Resolutions" section of the Council Standing Rules be amended to read:

Resolutions

"Resolutions" are considered formal motions that if adopted by a majority vote of the Council and ratified by the Board of Directors become official College policy. Resolutions pertaining only to the Council Standing Rules do not require Board ratification and become effective immediately upon adoption. Resolutions pertaining to the College Bylaws (Bylaws resolutions) require adoption by a two-thirds vote of credentialed councillors and subsequently a two-thirds vote of the Board of Directors.

Resolutions must be submitted in writing by at least two members or by chapters, sections, committees, or the Board of Directors. A letter of endorsement from the sponsoring body is required if submitted by a chapter, section, or committee.

All motions for substantive amendments to resolutions must be submitted in writing, signed by the author, and presented to the Council prior to being considered. When appropriate, amendments will be distributed or projected for viewing.

Background information, including financial analysis, will be prepared by staff on all resolutions submitted on or before 90 days prior to the annual meeting.

Action: The Council Standing Rules were updated.

Resolution 19 Distribution of Printed or Other Material During the Annual Meeting (as amended)

RESOLVED, That the Council Standing Rules be amended by addition of a new section to read:

Distribution of Printed or Other Material During the Annual Meeting

The speaker will have sole discretion to authorize the distribution of printed or other material ~~to~~ on the Council floor during the annual meeting. Such authorization must be obtained in advance.

Action: The Council Standing Rules were updated.

Resolutions Referred to the Board of Directors

Resolution 21 Alternative to Independent Payment Advisory Board

RESOLVED, That ACEP ask the American Medical Association to advocate for an All Specialty Physician Board (ASPB)* comprised of all the major specialties as defined by the American Board of Medical Specialties to either advise or replace the Independent Payment Advisory Board (IPAB) or supplement the recommendations from IPAB with recommendations of their own as they relate to the current mission of IPAB; and be it further

RESOLVED, That ACEP will directly advocate for an All Specialty Physician Board (ASPB)* to either advise or replace the Independent Payment Advisory Board (IPAB) or supplement the recommendations from IPAB with recommendations of their own as they relate to the current mission of IPAB.

** The ASPB would be comprised of all the major specialties as defined by the American Board of Medical Specialties. One representative from each major Member Board will be on the ASPB. One nonvoting member of the AMA will also be part of the board. For those specialties with subspecialty certification or multiple certifications, only the American Board of Psychiatry and Neurology will be allowed two representatives, one board certified psychiatrist and one board certified neurologist.*

Action: Assigned to Public Affairs staff to monitor and provide recommendations to the Board as needed.

On March 22, 2012, the U.S. House of Representatives approved legislation, H.R. 5, the PATH Act, that included a repeal of IPAB. ACEP members and staff actively encouraged members of Congress to cosponsor the bill. The Council Steering Committee was informed of this information in May 2012.

In June 2012, the U.S. Supreme Court upheld the health care law. ACEP's legislative and regulatory priorities will continue to focus on provisions that impact emergency care.

The Senate created a stand-alone proposal (S. 668, the "Health Care Bureaucrats Elimination Act") to eliminate the IPAB, which had 32 co-sponsors. Unfortunately, the bill was not considered by the Senate Finance Committee and no action was taken by the end of the legislative session.

On January 23, 2013, the IPAB repeal legislation (H.R. 351, the "Protecting Seniors' Access to Medicare Act of 2013") was re-introduced in the House by Rep. Phil Roe (R-TN). It has been referred to the House Ways and Means Health Subcommittee and House Energy and Commerce Health Subcommittee for consideration. As of January 7, 2014, H.R. 351 has 218 co-sponsors. The Senate companion bill, S. 351, was re-introduced by Sen. John Cornyn (R-TX) on February 14, 2013. S. 351 has been referred to the Senate Finance Committee and it had 36 co-sponsors as of January 7, 2014. ACEP, and other physician organizations represented in DC, continue to urge House and Senate members to co-sponsor their respective bills.

Resolution 27 Tax Relief for Uncompensated/Undercompensated Medical Care

RESOLVED, That ACEP investigate avenues for federal tax relief for medical professionals that provide medical services to uninsured and underinsured patients.

Action: Assigned to Public Affairs staff to monitor and provide recommendations to the Board as needed. ACEP has long advocated for legislative and regulatory remedies to address uncompensated/undercompensated care. In April 2012, the Board reaffirmed ACEP's commitment to continue these efforts.

In the 112th Congress, Rep. Price (R-GA) introduced H.R. 3000, the "Empowering Patients First Act." The legislation, for which ACEP staff and members provided input and comments, included Title X, Sec. 1004, which established a bad debt tax deduction for physicians to partially offset the cost of providing uncompensated, EMTALA services. The bill was referred to 10 different House committees. There were subsequent referrals to subcommittees without any definitive action. ACEP staff discussed the reintroduction of the stand-alone bill, but it was ultimately dropped at the request of the House leadership who believed the timing would interfere with their efforts to pursue a comprehensive overhaul of the tax system.

Representative Tom Price (R-GA) re-introduced the "Empowering Patients First Act" (H.R. 2300) on June 6, 2013. The bill language is identical to H.R. 3000 and thus includes the same EMTALA bad debt tax deduction for physicians. Also similar to H.R. 3000, the bill has been referred to 10 House committees for review. As of January 7, 2014, H.R. 2300 had 55 co-sponsors.

Resolution 32 Inappropriate Utilization of ACEP Credentials to Further Corporate Business Practices

RESOLVED, That ACEP adopt a policy that members of the Board of Directors shall not utilize their ACEP positions for the purpose of or during the process of conducting corporate business except as necessary to further the business of the College.

Action: Assigned to the Ethics Committee to provide a recommendation to the Board. The committee determined that ACEP's [Conflict of Interest](#) policy statement adequately addresses this issue. In June 2012, the Board determined that no further action was needed on the resolution.