

Memorandum

To: 2015 Council

From: Dean Wilkerson, JD, MBA, CAE
Executive Director & Council Secretary

Date: September 21, 2015

Subj: Action on 2012 Resolutions

The attached report summarizes the actions taken by the Board of Directors on the 19 resolutions adopted by the 2012 Council. Two resolutions were referred to the Board of Directors. The Council also adopted three amendments to the Council Standing Rules, which did not require adoption by the Board.

The [actions on resolutions](#) are also included on the ACEP Website.

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Action on 2012 Council Resolutions

Resolution 1 Commendation for Anita H. Hodson, MD, FACEP

RESOLVED, That ACEP recognizes Anita H. Hodson, MD, FACEP, with a Council commendation for her extensive clinical career, dedication to resident education, and care of and advocacy for patients in the State of Delaware.

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

Resolution 2 Commendation for Sandra M. Schneider, MD, FACEP

RESOLVED, That the American College of Emergency Physicians commends Sandra M. Schneider, MD, FACEP, for her outstanding service, leadership, and commitment to the specialty of emergency medicine and to the College.

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

Resolution 3 In Memory of Michael B. Pipkin, MD

RESOLVED, That the American College of Emergency Physicians remembers with gratitude and honor the contributions made by Michael B. Pipkin, MD, as one of the leaders in emergency medicine; and be it further

RESOLVED, That national ACEP and the Maryland Chapter of ACEP extends to his wife, Pam, and his family, friends, and colleagues our deepest sympathy, our sense of loss, and our gratitude for his service to the specialty of emergency medicine.

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

Resolution 4 In Memory of Michael P. Wainscott, MD, FACEP

RESOLVED, That the American College of Emergency Physicians recognizes the dedication, professionalism, and contributions to emergency medicine, ACEP, the Council, the Texas Chapter, and the educational programs at Texas Tech and the University of Texas Southwestern Medical Schools; and be it further

RESOLVED, That ACEP extends to Dr. Wainscott's family, friends, and colleagues our sympathy, great sense of sadness and loss, and our gratitude for having been able to share a part of his life.

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

Resolution 5 Alternate Councillors – Bylaws Amendment (as amended)

RESOLVED, That the ACEP Bylaws, Article VIII – Council, Section 1 – Composition of the Council, be amended to read:

“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 for more than one component body.~~

A councillor representing one component body may not simultaneously represent another component body as a councillor or alternate councillor.

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. ~~A councillor or an alternate councillor may not serve simultaneously as an alternate councillor for more than one component body.~~ An alternate councillor representing one component body may not simultaneously represent another component body as a councillor or alternate councillor.

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 10 Commercial, Political, or Promotional Use of the ACEP Member Directory (as amended)

RESOLVED, That the Board of Directors adopt, implement, and present to the 2013 Council a privacy policy regarding the use of the Member Directory.

Action: The Communications and Marketing Department staff were tasked with reviewing ACEP’s [Privacy Policy](#), make recommendations for revisions, and develop a policy regarding the commercial, political, or promotional use of the ACEP Member Directory. Staff consulted with other medical specialty societies about how they regulate the use of their member directories. The [Member Use of ACEP Member Directory Information](#) (located in the Member’s Only section and requires username and password) policy was approved by the Board in October 2013 and it is included on the main page of the member directory. Additionally, ACEP has seeded the Member Directory with a faux member so any improper use would also be noticed through this method.

Resolution 11 Councillor Housing Block at Scientific Assembly

RESOLVED, That ACEP provide a block of rooms to be secured at the *Scientific Assembly* hotels within ACEP’s entire room block, closest to the headquarters hotel, to be made available to councillors up to 60 days prior to the Council meeting.

Action: The resolution was implemented. Councillors are given the option of making reservations at the hotel where the Council meeting is being held (formerly referred to as the headquarters hotel) or at any other hotel where room blocks are secured. Because of the growth in attendance at the annual meeting, and the use of multiple hotels for various events in addition to the convention center, a singular hotel is no longer designated as the headquarters hotel.

Resolution 12 Criteria for Inclusion of Organizations in the ACEP Council

RESOLVED, That the ACEP Council, through the Council Steering Committee, develop explicit criteria for the inclusion of additional organizations as component bodies of the ACEP Council; and be it further

RESOLVED, That the Council Steering Committee report these criteria for review and discussion to the 2013 ACEP Council no later than six weeks prior to the deadline for submission of regular resolutions.

Action: The Steering Committee developed Bylaws and College Manual amendments for consideration by the 2013. A report was provided to the Council by the deadline. The 2013 Council adopted both amendments.

Resolution 17 Ensuring ED Patient Access to Adequate and Appropriate Pain Treatment (as amended)

RESOLVED, That ACEP support each state chapter having the autonomy to establish guidelines or protocols for pain management of emergency department patients; and be it further

RESOLVED, That ACEP support the development of evidence-based, coordinated pain treatment guidelines, promoting adequate pain control, health care access, and flexibility for physician clinical judgment; and be it further

RESOLVED, That ACEP oppose non-evidence based public or private limits on prescribing opiates, mandatory opioid related documentation, and mandatory opioid related CME; and be it further

RESOLVED, That ACEP work with government and regulatory bodies on the creation of evidence-supported guidelines for responsible emergency physician prescribing that takes into consideration lack of access while respecting the uniqueness of every individual doctor-patient encounter.

Action: The first three resolves were formatted into a policy statement, “[Ensuring ED Patient Access to Adequate and Appropriate Pain Treatment](#),” and it is available on the ACEP Website.

The State Legislative/Regulatory Committee developed the [State Advocacy Guide to Prescription Drug Monitoring Program Legislation and Regulations](#), which was approved by the Board in June 2013 for dissemination to chapters. The paper identifies and explains key components of prescription drug monitoring program legislation of specific concern to emergency medicine and includes examples of model state legislative language.

ACEP's State Legislative Office included the identification and tracking of opioid prescribing legislation in its weekly legislative tracking service provided to more than 30 chapters.

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 committee was assigned an objective in the 2013-14 committee year to develop recommended language for posters and other educational materials on opioid prescribing policies in the ED that minimize EMTALA risk (i.e., address timing of when the information should be provided to patients) with a focus on patient education and safety. Resources were compiled and the materials divided into three categories: 1) instructions and background; 2) patient educational materials; and 3) case management resources. The committee continues to develop resources for members in each of these categories.

ACEP continues to monitor this issue for opportunities to work with state, federal, and regulatory entities on behalf of emergency physicians and patients. 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 18 Opposition to Routine Abscess Culturing (as amended)

RESOLVED, That ACEP recognizes the treating emergency physician as the clinician most appropriate to determine the necessity of antibiotic therapy and/or cultures in the management of abscesses in emergency department patients; and be it further

RESOLVED, That ACEP oppose the recommendation and/or requirement that all abscesses with cellulitis treated with antibiotics be cultured; and be it further

RESOLVED, That ACEP oppose federal or state legislation and/or regulation that require an attending physician to be the person who contacts and notifies patients of positive cultures.

Action: The resolution was formatted into a policy statement, "[Opposition to Routine Abscess Culturing](#)" and it is available on the ACEP Website. This policy mirrors guidelines from the Infectious Diseases Society of America and the CDC related to abscess culturing. The resolution was assigned to the Clinical Policies Committee to review and provide a recommendation to the Board regarding how to best underscore what is requested in the resolution. The Board approved the committee's recommendation to retain the current policy statement, "Opposition to Routine Abscess Culturing."

ACEP's State Legislative Office included abscess culturing notification in its weekly state legislative tracking system to identify and track any state legislation introduced to address this issue. No state legislation was found on this issue.

ACEP's federal advocacy work rarely requires delving into the area of clinical policy, with the exception of quality measure development. Public Affairs staff continue to monitor all legislative and regulatory initiatives that affect emergency physicians.

One of the five Choosing Wisely recommendations submitted by ACEP is "Avoid antibiotics and wound cultures in ED patients with uncomplicated skin and soft tissue abscesses after successful incision and drainage and with adequate medical follow-up."

Resolution 21 Support of Non-Punitive Sobering Centers and Community Recovery Services (as amended)

RESOLVED, That ACEP explore the development of sobering centers, identify medical and professional needs for these community centers, and promulgate efforts to appropriately support the development of these entities in our communities.

Action: The Public Health & Injury Prevention Committee developed a report on [Sobering Centers](#) that was reviewed by the Board in October 2013 and it is available on ACEP's Website. The report includes a literature search, a list of sobering centers, responses to a survey of sobering centers, and recommendations for next steps. ACEP's legislative and regulatory priorities include supporting the development of sobering centers.

Resolution 22 Behavioral Health Patients in the Emergency Department (by substitution)

RESOLVED, That ACEP convene a work group of appropriate stakeholders to explore and identify additional resources, technologies, and best practices that promote quality patient care for timely evaluation and disposition of behavioral health patients.

RESOLVED, That a report from the work group on behavioral health care be delivered to the 2013 ACEP Council.

Action: 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. A survey was developed and submitted to the Emergency Medicine Practice Research Network (EMPRN) on psychiatric care in the ED. The committee was assigned an objective in 2013-14 to continue to compile sources and develop an information paper on the management and transitions of care for psychiatric patients. A second review of the literature was conducted and articles categorized and annotated. The information paper, "[Care of the Psychiatric Patient in the ED: A Review of the Literature](#)," was developed and is available on ACEP's 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 was submitted for publication consideration. A strategy was included in ACEP's Strategic Plan to collaborate with the SHM on transitions of care. A task force of ACEP and SHM members was appointed in 2014 to work on mutual issues of concern.

The State Legislative/Regulatory Committee was assigned an objective in 2012-13 to develop an information paper on exemplary state legislative/regulatory actions that have alleviated boarding of psychiatric patients. Ad hoc members with expertise on this issue were invited to work with the committees to address the resolution. Chapters were queried and it was determined that there was not sufficient successful state legislative/regulatory actions to highlight in an information paper.

Resolution 23 Free Standing Emergency Departments (by substitution)

RESOLVED, That ACEP study the emergence and proliferation of free-standing EDs and facilities advertising emergency care including: applicable federal and state regulatory and accreditation issues, the potential impact on the emergency medicine workforce, the potential fiscal impact on hospital-based EDs, and provide informational resources to the membership.

Action: The Emergency Medicine Practice Committee developed the information paper, "[Freestanding Emergency Departments](#)." It was reviewed by the Board in June 2013 and it is available on the ACEP Website. The policy statement, "[Freestanding Emergency Departments](#)" was approved by the Board in June 2014 and it is available on the ACEP Website.

Resolution 24 Joining Forces Roundtable (by substitution)

RESOLVED, That ACEP collaborate with other professional societies, the Department of Veterans Affairs, and the Department of Defense to share educational resources and research opportunities related to the treatment and referral options in the management of patients suffering the acute sequelae of post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI) that present to the ED.

Action: This is an ongoing initiative for ACEP staff in Dallas and DC. [PTSD resources](#) are available on the ACEP Website. The site has been publicized in various ACEP publications.

Resolution 27 Radiation Exposure in the Emergency Department Patient (by substitution)

RESOLVED, That ACEP work with appropriate stakeholders to promulgate techniques to minimize radiation exposure.

Action: The resolution was assigned to the Ultrasound Section and Quality & Performance Committee. The Ultrasound Section has members appointed to various other organizations that are addressing the issue. ACEP is also a participant in the Image Wisely and Image Gently campaigns. The Quality & Performance Committee diligently monitors imaging efficiency efforts within quality agencies. ACEP members have been nominated and/or selected to participate in several safe-imaging initiatives: American College of Cardiology – Pediatric Head Trauma Appropriateness Criteria; American College of Cardiology/American College of Radiology – Appropriate Utilization of Imaging for Evaluating Chest Pain in the ED; Physician Consortium for Performance Improvement – Optimizing Patient Exposure to Ionizing Radiation; Agency for Healthcare Research & Quality – Q-METRIC Pediatric Imaging Technical Expert Panel; American Board of Radiology Foundation – Safe Imaging Summits.

Members of the Quality & Performance Committee participate on the AMA-PCPI/ABMS OPEIR (Optimizing Patient Exposure to Ionizing Radiation) Workgroup, which looks at CT quality measures, monitors any progress on these measures (head CT for headache, repeat of abd/pelvis CT, etc.) and provides timely feedback to the workgroup. Workgroup 6 also monitors the evolution of OP-15: *Use of Brain CT in the Emergency Department (ED) for Atraumatic Headache* and hosted an in-person meeting with the measure developer to review additional research on the adverse events associated with not performing a CT scan.

One of the five Choosing Wisely recommendations submitted by ACEP is “Avoid CT scans of the head in ED patients with minor head injury who are at low risk based on validated decision rules.”

CMS has proposed removal of OP-15: Brain CT for Atraumatic Headache from the hospital outpatient program. ACEP’s Quality & Patient Safety Committee, in conjunction with the newly formed Clinical Data Registry Committee, continues to develop imaging measures for emergency medicine.

Resolution 29 In Memory of Richard A. Midthun, MD, FACEP

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

Resolution 30 In Memory of John A. Marx, MD, FACEP

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

Resolution 31 Firearm Injury Prevention (as amended)

RESOLVED, That ACEP condemns the recent massacres in Aurora, CO and WI, and daily firearm violence throughout our nation; and be it further

RESOLVED, That ACEP states its commitment against gun violence including advocating for public and private funding to study firearm violence prevention.

Action: ACEP’s policy statement, “Firearm Injury Prevention,” was revised to include the statement: “Increase public and private funding for the development, evaluation, and implementation of evidence based programs and policies to reduce firearm related injury and death. “ Assigned to Public Affairs staff to include in federal advocacy initiatives.

ACEP issued a press release in response to the shooting in Sandy Hook, CT. The press release called for increased investment in mental health resources, a ban on the sale of assault weapons, and referenced ACEP’s policy.

ACEP participated in a meeting on January 3, 2013, convened by HHS Secretary Sebelius, on firearm injury prevention. ACEP was asked to provide data on the number of gun violence ED visits and deaths annually and any data on mental health boarding in the ED.

ACEP signed on to a letter to Congress prepared by the AMA and supported by all major national medical specialty societies and most state medical societies. The letter was consistent with ACEP’s position calling for more mental health resources and the need for more research funding.

A task force of diverse opinions was appointed in February 2013 to review the “Firearm Injury Prevention” policy and make recommendations to the Board. The Board approved the revised policy statement, “[Firearm Safety and Injury Prevention](#)” in April 2013.

The 2013 Council referred a resolution to the Board to develop a research network to study firearm violence in EDs. The resolution was assigned to the Research Committee to provide a recommendation to the Board. In June 2014, the Board approved the following recommendations: 1) ACEP and EMF staff convene a consensus conference of firearm researchers and other stakeholders to develop a research agenda and to consider the use of available research networks (including the proposed EM-PRN) to perform firearm research; 2) ACEP and EMF staff to identify grant opportunities and promote them to emergency medicine researchers; 3) EMF to consider seeking funding for a research grant specifically supporting multi-center firearm research; and 4) ACEP to advance the development of the EM-PRN to create a resource for representative ED-based research on this topic and others. The Research Committee was assigned an objective in 2014-15 to “Convene a Technical Advisory Group (TAG) of firearm researchers and other stakeholders to develop a research agenda and to consider the use of available research networks (including the EM-PRN) to perform firearm research.” TAG members met on May 12, 2015, and determined the research agenda will be based on questions relating to suicides, unintentional injuries, mass violence, and peer violence. Another meeting will be held in October 2015. An article will be submitted for publication consideration once the TAG has completed its work. This objective will continue in the 2015-16 committee year.

The 2013 Council also adopted a resolution directing ACEP to advocate for appropriate, adequate funding for rigorous research on firearm injury prevention and to work with the AMA and other medical societies with similar resolutions. ACEP’s legislative and regulatory priorities included working with Members of Congress to promote efforts that may prevent firearm-related injuries/deaths and to support public/private initiatives to fund firearm research.

Resolution 32 Commendation for Robert C. Solomon, MD, FACEP

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

Resolutions Referred to the Board of Directors

Resolution 13 Expert Witness Database and Reporting

RESOLVED, That ACEP require Fellows of the College to report on their annual membership renewal the number of cases that they have participated in to date as a medical expert in emergency medicine; and be it further

RESOLVED, That ACEP require Fellows of the College to report at the time of their annual membership renewal the number of cases where the Fellow provided either written or live testimony as a medical expert in support of the defendant or the plaintiff; and be it further

RESOLVED, ACEP establish and maintain an Emergency Medicine Expert Witness database as a member benefit.

Action: The resolution was assigned to the Medical-Legal Committee to provide a recommendation to the Board regarding further action on the resolution. The committee struggled with the objective and determined it was not possible for ACEP to develop an expert witness database, verify the information, and keep the database updated. Potential legal consequences were identified if ACEP appears to “endorse” various expert witnesses. It was suggested that ACEP consider allowing members to self-designate, possibly when becoming a member or renewing membership that they serve as an expert witness and are willing to have their name provided to members seeking an expert witness. It was also suggested that the College promote the services of IDEX, www.idex.lexisnexis.com, an expert witness research firm that provides effective means to gather and share information about expert witnesses.

Resolution 25 Maintenance of Licensure

RESOLVED, That ACEP request the Federation of State Medical Boards to substantiate, with evidence-based data, that the Maintenance of Licensure program is necessary to improve quality of care and patient safety; and be it further

RESOLVED, That the Federation of State Medical Boards be requested to show that worsening of the current workforce shortage in emergency medicine will not occur as a result by the implementation of Maintenance of Licensure; and be it further

RESOLVED, That ACEP educate members on the history, current status, and possible future impact of Maintenance of Licensure on the practice of member physicians and staffing of the nation’s emergency departments; and be it further

RESOLVED, That ACEP inform the public on the current rigors of physician training, monitoring, and the facts regarding individual state requirements for continuing education available to physicians to improve their level of skill and knowledge and to maintain their license to practice medicine or osteopathic medicine.

Action: The resolution was assigned to the Academic Affairs Committee to review and provide a recommendation to the Board regarding further action. The committee’s recommendations were approved by the Board in June 2013. Regarding the *first resolved* that ACEP request the Federation of State Medical Boards (FSMB) to substantiate the necessity of MOL to improve quality and patient safety, committee recommendations included:

- Request that the FSMB develop pilot protocols to study the impact of MOL on quality of care and patient safety in states planning early adoption of MOL and share the data and results of these studies with ACEP;
- Join the efforts of the American Medical Association (AMA) and the American Board of Medical Specialties (ABMS) to ensure maintenance of certification (MOC) requirements are accepted as meeting MOL; consider development of a policy such as the American Board of Emergency Medicine’s (ABEM) “Policy on Third-party Standards”; and
- Consider supporting the creation of alternative pathways to MOL for aging physicians who have chosen not to seek ABMS recertification.

Recommendations regarding the *second resolved* for the FSMB to address the potential implications of MOL on the emergency medicine workforce, committee recommendations included:

- Request that the FSMB develop pilot protocols to study the impact of MOL on physician workforce in states planning early adoption of MOL and share the data and results of these studies with ACEP; and
- Study the impact of MOL on the emergency medicine workforce in early adopting states and continue data collection as MOL expands to allow for identification of MOL programs that lead to migration of the emergency medicine physicians within the workforce.

Recommendations regarding the *third resolved* for ACEP to educate on MOL, committee recommendations included:

- Educate ACEP members on the history, status, and potential requirements for MOL by providing information focused on the difference between MOL and MOC and how ACEP members can leverage the requirements of one to help meet requirements of the other.

Regarding the *fourth resolved* for ACEP to inform the public on physician training, monitoring and CME requirements, committee recommendations included:

- Develop a statement/policy for release to the media and publication on the ACEP Website detailing the rigors of emergency medicine training, continuous monitoring by ABEM via MOC requirements, and state requirements for licensure aimed at raising public awareness of initial and on-going training and monitoring in place to ensure that only qualified physicians are practicing medicine. The Board should consider if

ACEP should tie this policy with the proposed policy referred to in recommendations for tenet #1 or solely as a statement aimed towards the media/public relations.

The 2013 Council adopted Amended Resolution 35(13) Credentials for Hospital Privileges and Maintenance of Licensure that was assigned to the Academic Affairs Committee to include in their work on the objective “Develop an information paper on the maintenance of licensure developments and the maintenance of certification process.” An [article](#) was published in *ACEPNow* in June 2014.

ACEP leaders met with the Federation of State Medical Boards to discuss maintenance of licensure issues. In March 2014, a national ACEP Board member was appointed to serve as ACEP’s liaison representative to the FSMB. Additionally, ACEP has multiple policy statements affirming that additional certifications beyond board certification is unnecessary.

ACEP also had representation on a task force convened by ABEM on Maintenance of Licensure. The task force’s primary charge was to collaboratively create a program that will provide an opportunity to meet MOL requirements for emergency physicians.

Council Standing Rules Resolutions

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

Resolution 7 Alternate Councillors (as amended)

RESOLVED, That the “Alternate Councillors” section of the Council Standing Rules be amended to read:

Alternate Councillors

A properly credentialed alternate councillor may substitute for a designated councillor not seated on the Council meeting floor. Substitutions between designated councillors and alternates may only take place once debate and voting on the current motion under consideration has been completed. **A councillor or an alternate councillor may not serve simultaneously as an alternate councillor for more than one component body, (chapters, AACEM, CORD, EMRA, SAEM, and sections).**

If the number of alternate councillors is insufficient to fill all councillor positions for a particular chapter, section, or EMRA, then a member of that sponsoring body may be seated as a councillor pro-tem by either the concurrence of an officer of the sponsoring body or upon written request to the Council secretary with a majority vote of the Council. Disputes regarding the assignment of councillor pro-tem positions will be decided by the speaker.

Action: The Council Standing Rules were updated.

Resolution 8 Conflict of Interest Disclosure (as amended)

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

Conflict of Interest Disclosure

All councillors and alternate councillors will be familiar with and comply with ACEP’s Conflict of Interest policy. Individuals who have a financial interest in a commercial enterprise, which interest will be materially affected by a matter before the Council, will declare their conflict prior to any providing testimony.

Action: The Council Standing Rules were updated.

Resolution 9 Housekeeping Changes (as amended)

The extensive housekeeping changes are not included in this report because of the length of the document.

Action: The Council Standing Rules were updated.