

## Summary of 2019 Council Resolutions

### Resolutions Not Adopted (NA) or Withdrawn (W)

- 10 Procedures for Addressing Charges of Ethical Violations and Other Misconduct – College Manual Amendment (W)
- 15 Increased Transparency in NEMPAC Contributions (NA)
- 16 Opposition to the AAMC Standardized Video Interview (W)
- 22 Visual White Coat for Emergency Medicine Advocacy Efforts (first resolved) (NA)
- 25 Rational Crystalloid Hydration in Sepsis (NA)
- 27 Ensuring Public Transparency & Safety by Protecting the Terms ED and ER as Markers of Physician-Led Care (NA)
- 28 Expanding the Benefits of EMTALA to Ensure the Safety of the Public (NA)
- 31 Improving Emergency Physicians Utilization of Medication for Addiction Treatment (NA)
- 33 National Medical Tort Reform as a “CMS Best Practice” (NA)
- 37 Single-Payer Health Insurance (NA)
- 54 Vaccine Preventable Illnesses Toolkit (NA)

### Referred Resolutions

- 11 International Member Eligibility for FACEP – Bylaws Amendment
- 22 Visual White Coat for Emergency Medicine Advocacy Efforts (second resolved)
- 24 CMS Sepsis Core Measure and the Legal Standard of Care (as substituted)
- 40 Advancing Quality Care in Rural Emergency Medicine
- 42 Augmented Intelligence in Emergency Medicine
- 44 Independent ED Staffing by Non-Physician Providers

### College Manual Resolution

- 9 Criteria for Eligibility for EM Organizations Seeking Representation in the Council – College Manual Amendment

### Non-Bylaws Resolutions

- 1 Commendation for Paul D. Kivela, MD, MBA, FACEP
- 2 Commendation for Kevin M. Klauer, DO, EJD, FACEP
- 3 Commendation for John G. McManus, Jr., MD, MBA, FACEP
- 4 Commendation for Debra G. Perina, MD, FACEP
- 5 Commendation for Rhonda R. Whitson, RHIA
- 6 In Memory of Jonathan Eric Epstein, MD, FACEP
- 7 In Memory of Rakesh Engineer, MD, FACEP
- 8 In Memory of Kevin Scott Mickelson, MD, FACEP
- 12 ACEP Composition Annual Report (as amended)
- 13 Eliminating Use of the Word “Provider” in All ACEP Communications (as amended)
- 14 Implicit Bias Awareness and Training (as amended)
- 17 Pay Transparency (as amended)
- 18 Promoting Emergency Medicine Physicians (as amended)
- 19 Support of the American Foundation for Firearm Injury Reduction in Medicine (AFFIRM)
- 20 Supporting Physicians to Seek Care for Mental Health and Substance Use Disorders (as amended)
- 21 Video Conferencing for Chapter and Section Meetings (as amended)
- 23 Allow Emergency Physicians to Prescribe Buprenorphine (as substituted)
- 26 EMTALA Professional Liability Coverage (as amended)
- 29 Extending Medicaid Coverage to 12-Months Postpartum
- 30 High Threat Emergency Casualty Care
- 32 Legal and Civil Penalties for the Routine Practice of Medicine (as amended)
- 34 Opposing Naloxone Addition to the Prescription Drug Monitoring Program (as amended)
- 35 Prudent Layperson Visit Downcoding (as amended)
- 36 Research Funding and Legislation to Curb Gun Violence and Intimate Partner Violence (as amended)

- 38 Standards for Insurance Denials (as amended)
- 39 Work Requirements for Medicaid Beneficiaries (as amended)
- 41 Establish a Rural Emergency Care Advisory Board (as substituted)
- 43 Droperidol is Safe to Use in the ED (as amended)
- 45 Medical Neutrality (as amended)
- 46 Mental Health Care for Vulnerable Populations (as amended)
- 47 Prevention of Self -Harm & Accidental Injury by Internet Challenges and Social Media Posts (as amended)
- 48 Promotion of Maternal and Infant Health (as amended)
- 49 Protecting Emergency Physician Compensation During Contract Transitions Arizona (as amended)
- 50 Social Work in the Emergency Department (as amended)
- 51 Stimulating Telemedicine Researchers and Programs (as amended)
- 52 Telehealth Emergency Physician Inclusion (as amended)
- 53 Supporting Vaccination for Preventable Diseases (as amended)
- 55 In Memory of Patricia Lee, MD, FACEP
- 56 In Memory of Tamara O'Neal, MD, FACEP
- 57 In Elliot Nipomnick, MD, FACEP
- 58 Role of Private Equity in Emergency Medicine (as amended)
- 59 Opposition to the Sale and Commoditization of Graduate Medical Education Slots (as amended)
- 60 Vaccinations (as substituted)

## **Resolutions Adopted by the 2019 Council Requiring Board Action**

### **Resolution 1 Commendation for Paul D. Kivela, MD, MBA, FACEP**

RESOLVED, That the American College of Emergency Physicians commends Paul D. Kivela, MD, MBA, FACEP, for his outstanding service, leadership, and commitment to the College and the specialty of emergency medicine.

### **Resolution 2 Commendation for Kevin Klauer, MD, EJD, FACEP**

RESOLVED, That the American College of Emergency Physicians extends heartfelt appreciation and gratitude and commends Kevin M. Klauer, DO, EJD, FACEP, for his dedication as an emergency physician and his outstanding service and leadership to the College and the specialty of emergency medicine.

### **Resolution 3 Commendation for John G. McManus, Jr., MD, MBA, FACEP**

RESOLVED, That the American College of Emergency Physicians commends John G. McManus, Jr., MD, MBA, FACEP, for his service as Council Speaker and Council Vice Speaker, and for his enthusiasm and commitment to the specialty of emergency medicine and to the patients we serve.

### **Resolution 4 Commendation for Debra G. Perina, MD, FACEP**

RESOLVED, That the American College of Emergency Physicians commends Debra G. Perina, MD, FACEP, for her dedication as an emergency physician, educator, and leader in the specialty of emergency medicine.

### **Resolution 5 Commendation for Rhonda R. Whitson, RHIA**

RESOLVED, That the American College of Emergency Physicians commends Rhonda R. Whitson, RHIA, for her service as Clinical Practice Manager.

### **Resolution 6 In Memory of Jonathan Eric Epstein, MD, FACEP**

RESOLVED, That the American College of Emergency Physicians recognizes Jonathan Eric Epstein, MD, FACEP, commemorates his dedication to emergency medicine and the College, and celebrates his many accomplishments during his too brief life and career.

### **Resolution 7 In Memory of Rakesh Engineer, MD, FACEP**

RESOLVED, That the American College of Emergency Physicians extends to the family of Rakesh Engineer, MD, FACEP, his friends, and his colleagues our condolences and gratitude for his service to his residents and the countless patients who have benefited from his care.

### **Resolution 8 In Memory of Kevin Scott Mickelson, MD, FACEP**

RESOLVED, That the American College of Emergency Physicians remembers with honor and appreciation the accomplishments and contributions of a gifted emergency physician, Kevin S. Mickelson, MD, FACEP, and extends condolences and gratitude to his wife, Colette, family, and friends for his service to the specialty of emergency medicine and to patient care.

### **Resolution 9 Membership Verification for EM Organizations Seeking Representation in the Council – College Manual Amendment**

RESOLVED, That the College Manual be amended to read:

#### **VI. Criteria for Eligibility & Approval of Organizations Seeking Representation in the Council:**

Organizations that seek representation as a component body in the Council of the American College of Emergency Physicians (ACEP) must meet at the time the Council representation is sought, and continue to meet, the following criteria:

- A. Non-profit.
- B. Impacts the practice of emergency medicine, the goals of ACEP, and represents a unique contribution to emergency medicine that is not already represented in the Council.
- C. Not in conflict with the Bylaws and policies of ACEP.
- D. Physicians comprise the majority of the voting membership of the organization.
- E. A majority of the organization's physician members are ACEP members.
- F. Established, stable, and in existence for at least 5 years prior to requesting representation in the ACEP Council.
- G. National in scope, membership not restricted geographically, and members from a majority of the states. If international, the organization must have a U.S. branch or chapter in compliance with these guidelines.
- H. Seek representation as a component body through the submission of a Bylaws amendment.

The College will audit these component bodies every two years to ensure continued compliance with these guidelines.

**Resolution 12 ACEP Composition Annual Report (as amended)**

RESOLVED, That ACEP provide the Council with an annual report on the demographics of its councillors and alternate councillors on a chapter-by-chapter basis, as well as the demographics of ACEP's committee and section leaders, Board of Directors, and general membership stratified by age, gender, race/ethnicity, education, board certification, career stage, and employment environment.

**Resolution 13 Eliminating Use of the Word "Provider" in All ACEP Communications (as amended)**

RESOLVED, That ACEP will eliminate the use of the word "provider" in its future official publications, discussions, announcements, communications, and documents, etc., except as required for legal and/or policymaking purposes, when referring to physician and non-physician healthcare practitioners, instead referring to them more accurately by the educational degree(s) and titles that they obtained.

**Resolution 14 Implicit Bias Awareness and Training (as amended)**

RESOLVED, That ACEP develop and publicize a policy statement that encourages implicit bias training for all physicians; and be it further

RESOLVED, That ACEP continue to create and advertise CME-eligible, online training related to implicit bias free of charge to ACEP members.

**Resolution 17 Pay Transparency (as amended)**

RESOLVED, That ACEP develop a policy statement in favor of physician salary and benefit package equity and transparency.

**Resolution 18 Promoting Emergency Physicians (as amended)**

RESOLVED, That ACEP create a public awareness campaign to highlight the unique skill set, knowledge base, and value of those that meet the ACEP definition of emergency physician; and be it further

RESOLVED, That ACEP partner with the American Medical Association and with other national medical specialty societies on a campaign to promote the unique skill set, knowledge base, and value of residency trained and board certified physicians.

**Resolution 19 Support of the American Foundation for Firearm Injury Reduction in Medicine (AFFIRM)**

RESOLVED, That ACEP support a public health approach to firearms-related violence and the prevention of firearm injuries and deaths as enumerated in the 2018 American College of Physicians Position Paper; and be it further

RESOLVED, That ACEP support the mission and vision of the American Foundation for Firearm Injury Reduction in Medicine (AFFIRM) and will partner with AFFIRM to advocate for the allocation of federal and private research dollars to further this agenda.

**Resolution 20 Supporting Physicians to Seek Care for Mental Health and Substance Use Disorders (as amended)**

RESOLVED, That ACEP promote awareness of current ACEP policy statement that supports decreasing the barriers, perceived or real, to physicians to feel safe seeking treatment for mental health, substance use, and other issues; and be it further

RESOLVED, That ACEP work with the American Medical Association, the Federation of State Medical Boards, and state medical societies to advocate for a change at state medical boards for protections for licensure for physicians to seek help and treatment for mental health, substance use, and other disorders; and be it further

RESOLVED, That ACEP partner with appropriate stakeholders to investigate the effectiveness and quality of evidence of Physician Health Programs (PHPs) across the states and produce a white paper that reports on the findings.

**Resolution 21 Video Conferencing for Chapter and Section Meetings (as amended)**

RESOLVED, That ACEP provide and pay for one videoconference meeting host for each chapter that requests this service.

**Resolution 23 Expanding Emergency Physician Utilization and Ability to Prescribe Buprenorphine (as substituted)**

RESOLVED, That ACEP work directly with the DEA and SAMHSA to minimize barriers for Emergency Department Physicians to enact meaningful therapy for patients in a time of opioid crisis in the unique environment in which we work; and be it further

RESOLVED, That ACEP advocate to the DEA and SAMHSA for Emergency Department specific requirements and curriculum so as to reach the greatest number of patients safely and without onerous barriers; and be it further

RESOLVED, That ACEP continue to advocate for the removal of the DEA X-waiver requirement for emergency physicians who prescribe a bridging course of buprenorphine for opioid use disorder from an Emergency Department setting.

**Resolution 26 EMTALA Professional Liability Coverage (as amended)**

RESOLVED, That ACEP support and advocate for liability protection to cover EMTALA-mandated services.

**Resolution 29 Extending Medicaid Coverage to 12-Months Postpartum (as amended)**

RESOLVED, That ACEP support the extension of Medicaid coverage to 12 months postpartum.

**Resolution 30 High Threat Emergency Casualty Care**

RESOLVED, That ACEP set as a legislative priority the drafting of and lobbying for legislative language that will enable the development and funding of both National Transportation Safety Board-style “Go Teams” and a database into which gathered information would be entered for research purposes; and be it further

RESOLVED, That ACEP support the development processes of both a National Transportation Safety Board-style “Go Teams” and a database of gathered information for research purposes.

**Resolution 32 Legal Penalties for the Routine Practice of Medicine (as amended)**

RESOLVED, That ACEP oppose state or federal legislation and/or regulation that creates criminal penalties for the practice of medicine within a physician’s scope of practice.

**Resolution 34 Opposing Naloxone Addition to the Prescription Drug Monitoring Program (as amended)**

RESOLVED, That ACEP support state chapters to oppose legislation to add naloxone to their Prescription Drug Monitoring Program and work with chapters in developing strategies and supporting materials to stop such legislation.

**Resolution 35 Prudent Layperson Visit Downcoding (as amended)**

RESOLVED, That ACEP develop and enact strategies (including state and federal legislative solutions) to prevent payors from arbitrarily downcoding charts; and be it further

RESOLVED, That ACEP work to develop and enact policy at the state and federal level that prevents payors from downcoding based on a final diagnosis and provides meaningful disincentives for doing so.

**Resolution 36 Research Funding and Legislation to Address Both Firearm Violence and Intimate Partner Violence (as amended)**

RESOLVED, That ACEP work with stakeholders to raise awareness and advocate for research funding and legislation to address both firearm violence and intimate partner violence.

**Resolution 38 Standards for Insurance Denials (as amended)**

RESOLVED, That ACEP work with legislators to enact legislation that makes it illegal for a payor to engage in automatic denials; and be it further

RESOLVED, That in order to deny a claim, a physician (i.e., MD or DO) who is board certified and remains clinically active in a field related to the claim, carefully review the denial, and attest to the cause of the denial with their signature attached to the documentation that shall be provided to the patient; and be it further

RESOLVED, That patients have the legal right under EMTALA to seek emergency care and that their claims shall not be denied by payors and that ACEP work towards getting an affirmation in writing from payors that they will adopt this as policy.

**Resolution 39 Work Requirements for Medicaid Beneficiaries (as amended)**

RESOLVED, That ACEP oppose mandatory work requirements for Medicaid beneficiaries to prove they are employed, or seeking employment, to get or keep health insurance.

**Resolution 41 Establish a Rural Emergency Care Advisory Board (as substituted)**

RESOLVED, That ACEP work with stakeholders within the College including the Rural Emergency Medicine Section and chapters to provide a regular mechanism to seek input from rural physicians on legislation that impacts rural communities; and be it further

RESOLVED, That ACEP seek rural physician representation on the State Legislative/Regulatory Committee and the Federal Government Committee to reflect the fact that nearly half of U.S. emergency departments are located in rural areas.

#### **Resolution 43 Droperidol is Safe to Use in the ED (as amended)**

RESOLVED, That ACEP create a policy statement regarding the safety and effectiveness of the use of droperidol for various indications in the ED.

#### **Resolution 45 Medical Neutrality (as amended)**

RESOLVED, That ACEP develop a policy statement in support of medical neutrality when personnel coordinate activities through established channels via non-governmental organizations, government organizations, or other official response agencies.

#### **Resolution 46 Mental Health Care for Vulnerable Populations (as amended)**

RESOLVED, That ACEP will support increasing the capacity of current conventional mental health facilities to provide care for patients with special needs.

#### **Resolution 47 Prevention of Self -Harm & Accidental Injury by Internet Challenges and Social Media Posts (as amended)**

RESOLVED, That ACEP support enhancing public awareness, physician education, and research concerning internet challenges and viral social media posts encouraging hazardous behaviors or self-harm.

#### **Resolution 48 Promotion of Maternal and Infant Health (as amended)**

RESOLVED, That ACEP continue to collaborate with the American College of Obstetricians and Gynecologists to promote maternal and infant health; and be it further

RESOLVED, That ACEP work with the American College of Obstetricians and Gynecologists and other stakeholders to provide educational materials to emergency physicians regarding how to provide care that is up-to-date and consistent with best clinical practices for these vulnerable populations.

#### **Resolution 49 Protecting Emergency Physician Compensation During Contract Transitions (as amended)**

RESOLVED, That ACEP adopt the following policy statement and disseminate its content to members and other parties: "It is the position of the American College of Emergency Physicians that emergency physicians who provide services to patients during a time of contract transitions should be fully compensated for their professional efforts without delay, barrier, or requirement to continue employment with a specific party. This compensation should include monetary compensation as well as uninterrupted provision of benefits and malpractice coverage. Parties involved in contract transitions, including contract management groups and the hospitals and health systems involved, have a responsibility to meet these obligations immediately and not use such a transition as leverage in the contract process."

#### **Resolution 50 Social Work in the Emergency Department (as amended)**

RESOLVED, That ACEP promote the consistent inclusion of social workers and/or care coordinators in the team of clinicians caring for patients in the ED; and be it further

RESOLVED, That ACEP provide educational materials to members to assist in advocating to hospital administrators on the need to include social workers and/or care coordinators on ED care teams; and be it further

RESOLVED, That ACEP compile information related to ED care models that include social workers and care coordinators and create resources to assist members in implementing multidisciplinary care models.; and be it further

RESOLVED, That ACEP advocate for payment for care coordination services in emergency medicine.

#### **Resolution 51 Stimulating Telemedicine Researchers and Programs (as amended)**

RESOLVED, That ACEP advocate for telehealth research in emergency medicine.

#### **Resolution 52 Telehealth Emergency Physician Inclusion (as substituted)**

RESOLVED, That ACEP develop a policy statement specifically indicating that its policies apply to all locations of emergency medicine practice whether provided remotely or in-person.

#### **Resolution 53 Supporting Vaccination for Preventable Diseases (as amended)**

RESOLVED, That ACEP support the elimination of non-medical exclusions for vaccines; and be it further.

RESOLVED, That ACEP make a statement of support against non-medical exclusions for vaccines and the safety and efficacy of vaccines in preventing disease.

#### **Resolution 55 In Memory of Patricia Lee, MD, FACEP**

RESOLVED, That the American College of Emergency Physicians remembers with gratitude and honors the many contributions made by Patricia Lee, MD, FACEP, as a brilliant, compassionate leader in emergency medicine; and be it further

RESOLVED, That national ACEP and the Illinois Chapter extends to her daughters, Elizabeth Lee and Emily Lee Reno, their spouses, and her grandchildren, gratitude for her tremendous service to Emergency Medicine and her patients.

**Resolution 56 In Memory of Tamara O'Neal, MD, FACEP**

RESOLVED, That the American College of Emergency Physicians remembers with gratitude and honors the short but fulfilled life of Tamara O'Neal, MD, as a young and upcoming leader in emergency medicine; and be it further

RESOLVED, That national ACEP and the Illinois Chapter extends to her parents, Tom and Glenda O'Neal, and her entire family gratitude for her tremendous service to emergency medicine and her patients.

**Resolution 57 In Memory of Elliot Nipomnick, MD, FACEP**

RESOLVED, That the American College of Emergency Physicians extends to Elliot S. Nipomnick, MD, FACEP's wife Kim; daughter Summer, son Ian, brother Geoffrey, his friends, and colleagues our deepest condolences with richly deserved gratitude for his generous gifts to us, our specialty, his patients, and ours.

**Resolution 58 Role of Private Equity in Emergency Medicine (as amended)**

RESOLVED, That ACEP study and report annually the market penetration of non-physician ownership, namely private equity, insurance company ownership, hospital ownership, and corporate non-physician ownership and management of emergency groups; and be it further

RESOLVED, That ACEP study and report the effects on individual physicians, ACEP advocacy efforts, of the actions of private equity groups, insurance company ownership, hospital ownership, corporate non-physician ownership and management of emergency physician groups; and be it further

RESOLVED, That ACEP advocate to preserve access to emergency care for patients and protect the careers of emergency physicians in the event of contract transitions, bankruptcy, etc. or other adverse events of their employer/management company; and be it further

RESOLVED, That ACEP partner with the American Medical Association, other interested national medical specialty societies, and other appropriate bodies to determine the circumstances under which corporate or private equity investment could lead or has led to market efforts that increases the cost of health care to consumers without a commensurate increase in access or quality; and be it further

RESOLVED, That should there be circumstances under which corporate or private equity investment in health care could lead or has led to negative market effects that ACEP work with other interested parties to advocate for corrections to the market.

**Resolution 59 Opposition to the Sale and Commoditization of Graduate Medical Education Slots (as amended)**

RESOLVED, That ACEP immediately support CMS in opposing the sale of Hahnemann's GME slots; and be it further

RESOLVED, That ACEP oppose any sale or other commoditization of GME slots.

**Resolution 60 Vaccinations (as substituted)**

RESOLVED, That ACEP issue a statement immediately, strongly supporting vaccination of any persons detained by U.S. Immigration and Customs Enforcement (ICE) or ICE contracted detention facilities.

## Resolutions Referred to the Board of Directors

### Resolution 11 International Member Eligibility for FACEP – Bylaws Amendment

RESOLVED, That the ACEP Bylaws Article V – ACEP Fellows, Section 1 – Eligibility, be revised to read: Fellows of the College shall meet the following criteria:

1. Be regular or international members for three continuous years immediately prior to election.
2. ~~Be certified in emergency medicine a~~At the time of election, meet all the requirements for certification in emergency medicine 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. Requirements for board certification, depending on the member's country of training, may include: holding Educational Commission for Foreign Medical Graduates (ECFMG) certification, passing all three United States Medical Licensing Examinations (USMLE), holding an active medical license that meets the certifying board's policy, and completion of a residency in emergency medicine in a country approved by the certifying board.
3. Meet the following requirements demonstrating evidence of high professional standing at 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 residency 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.

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.

### Resolution 22(19) Visual White Coat for Emergency Medicine Advocacy Efforts (second resolved only)

RESOLVED, ACEP work with a third party vendor to issue branded ACEP white coats to all active national ACEP Board of Directors members to help create a powerful visual that accompanies our advocacy message while also ensuring clarity that our national representative is speaking on behalf of our organization and the specialty while not creating confusion of favoring any group, practice style, etc.

### Resolution 24 CMS Sepsis Core Measure and the Legal Standard of Care (as substituted)

RESOLVED, That ACEP continue to work with CMS to support evidence-based quality measures for the treatment of sepsis and septic shock.

### Resolution 40 Advancing Quality Care in Rural Emergency Medicine

RESOLVED, That ACEP work with identified stakeholder groups and professional organizations, including the American Academy of Family Physicians and the National Rural Health Association, to create effective strategies and to promote emergency medicine practice delivery models that encourage collaboration, increase quality, and reduce costs in rural health care settings; and be it further

RESOLVED, That ACEP identify and promote a variety of existing training opportunities, such as procedural skills, simulation labs, and continuing medical education, to be available to maintain physician and non-physician clinicians' skills and to improve rural emergency medicine care; and be it further

RESOLVED, That ACEP work collaboratively with organizations to develop a rural emergency medicine white paper that identifies best practices, site criteria, supervision requirements, and studies funding mechanisms to promote the development and uniform availability of rural emergency medicine electives within emergency medicine residency training programs; and be it further

RESOLVED, That ACEP encourage research in rural emergency medicine by identifying funding sources to support research and cost savings in rural emergency medicine and rural healthcare.

#### **Resolution 42 Augmented Intelligence in Emergency Medicine (as amended)**

RESOLVED, That ACEP convene an Emergency Medicine Augmented Intelligence (EMAI) Summit and/or a task force; and be it further

RESOLVED, That the purpose of convening an Emergency Medicine Augmented Intelligence (EMAI) Summit is to produce an information paper to include recommendations based on the best available knowledge or opinion on the issues and concerns surrounding artificial intelligence and make recommendations for how the College will continue to be informed and advised on matters related to EMAI; and be it further

RESOLVED, That the Board of Directors consider updating the College's Strategic Plan to include artificial intelligence; and be it further

RESOLVED, That during the Leadership & Advocacy Conference 2020 and/or ACEP20, a presentation on artificial intelligence in emergency medicine, panel discussion, town hall, or similar session on emergency medicine artificial intelligence be offered.

#### **Resolution 44 Independent ED Staffing by Non-Physician Providers**

RESOLVED, That ACEP review and update the policy statement "Guidelines Regarding the Role of Physician Assistants and Advanced Practice Registered Nurses in the Emergency Department;" and be it further

RESOLVED, That ACEP develop tools and strategies to identify and educate communities, local, state, and the federal government regarding the importance of emergency physician staffing of emergency department; and be it further

RESOLVED, That ACEP oppose the independent practice of emergency medicine by non-physician providers; and be it further

RESOLVED, That ACEP develop and enact strategies, including legislative solutions, to ensure that the practice of emergency medicine includes mandatory on-site supervision by an emergency physician.