American College of Emergency Physicians®

ADVANCING EMERGENCY CARE

Memorandum

To: 2017 Council

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

Date: September 23, 2017

Subj: Action on 2014 Resolutions

The attached report summarizes the actions taken by the Board of Directors on the 39 resolutions (35 non-Bylaws, 2 Bylaws, one College Manual, and one Council Standing Rules) adopted by the 2014 Council. Three resolutions were referred to the Board of Directors.

The actions on resolutions are also available on the ACEP Website.

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Action on 2014 Council Resolutions

Resolution 1 Commendation for Marilyn Bromley, RN

RESOLVED, That the American College of Emergency Physicians commends Marilyn Bromley, RN, for her service as staff liaison to the Emergency Ultrasound Section and for her commitment, dedication, and contribution to the specialty of emergency medicine and to the patients we serve.

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

Resolution 2 Commendation for W. Calvin Chaney, JD, CAE

RESOLVED, That the American College of Emergency Physicians commends W. Calvin Chaney, JD, CAE, for his service as General Counsel and Associate Executive Director of the American College of Emergency Physicians.

Action: A framed resolution was presented to Mr. Chaney.

Resolution 3 Commendation for Andrew E. Sama, MD, FACEP

RESOLVED, That the American College of Emergency Physicians commends Andrew E. Sama, MD, FACEP, for his outstanding service, leadership, and commitment to the specialty of emergency medicine and to the College.

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

Resolution 4 In Memory of Ben C. Corballis, MD, FACEP

RESOLVED, That the American College of Emergency Physicians remembers with honor the contributions made by Ben C. Corballis, MD, FACEP, to the state of Delaware and to the specialty of emergency medicine; and be it further

RESOLVED, That the American College of Emergency Physicians extends to the family, friends, and colleagues of Dr. Corballis our deepest sympathy, our sense of sadness and loss, and our gratitude for his service to our specialty and our patient communities.

Action: A framed resolution was prepared and sent to Dr. Corballis' family.

Resolution 7 Fellow Status – Housekeeping Changes

RESOLVED, That the ACEP Bylaws, Article V – Fellowship, be amended to read:

ARTICLE V — **ACEP** FELLOWS~~HIP~~
Section 1 — ~~Fellow Status~~ **Eligibility**

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

1. Be active, life, ~~honorary~~, or international members for three continuous years immediately prior to election**.** ~~and must have been~~
2. **Be** certified in emergency medicine at the time of election by the American Board of Emergency Medicine, the American Osteopathic Board of Emergency Medicine, or in pediatric emergency medicine by the American Board of Pediatrics. ~~Maintenance of Fellow status requires continued membership in the College.~~ *[This sentence is moved to Section 2 below.]*
3. ~~In addition,~~ **Meet** the following requirements demonstrating evidence of high professional standing ~~must be met by candidates~~ **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.

~~2. Be active, life, honorary, or international members for six continuous years immediately prior to election and eligible for membership at the close of business on December 31, 1999. Candidate must complete and submit application along with all documentation and supporting elements prior to close of business December 31, 2009. After that date, no further new applications for fellow status under the second set of criteria (subsection 2) will be considered. Furthermore, all applications received by close of business December 31, 2009, will have either final approval or disapproval no later than close of business December 31, 2010. Maintenance of Fellow status requires continued membership in the College. In addition, the following requirements demonstrating evidence of high professional standing must be met by candidates sometime during their professional career prior to application:~~

~~A. At least ten years of active involvement in emergency medicine as the physician's chief professional activity, exclusive of training, and;~~

~~B. Satisfaction of at least three of the following individual criteria, of which one of the three must be number 7 or number 8, during their professional career:~~

~~1. active involvement, beyond holding membership, in voluntary health organizations, organized medical societies, or voluntary community health planning activities or service as an elected or appointed public official;~~
~~2. active involvement in hospital affairs, such as medical staff committees, as attested by the emergency department director or chief of staff;~~
~~3. active involvement in the formal teaching of emergency medicine to physicians, nurses, medical students, out-of-hospital care personnel, or the public;~~
~~4. active involvement in emergency medicine administration or departmental affairs;~~
~~5. active involvement in an emergency medical services system;~~
~~6. research in emergency medicine;~~
~~7. active involvement in ACEP chapter activities as attested by the chapter president or chapter executive director;~~
~~8. member of a national ACEP committee, the ACEP Council, or national Board of Directors;~~
~~9. examiner for, director of, or involvement in test development and/or administration for the American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine;~~
~~10. reviewer for or editor or listed author of a published scientific article or reference material in the field of emergency medicine in a recognized journal or book.~~

4. ~~In addition, the candidate must p~~**P**rovide a written letter of recommendation from their chapter, as attested by the chapter president or chapter executive director, or two letters of recommendation from current Fellows of the College.

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

Section 2 – Fellow Status

Fellows shall be authorized to use the letters FACEP in conjunction with professional activities. **Maintenance of Fellow status requires continued membership in the College.** Fees, procedures for election, and reasons for termination of Fellows shall be determined by the Board of Directors.

~~Section 2 – Fellow Emeritus~~

~~Members in good standing who are either fellows or former fellows who are ineligible for another class of fellowship may be elected by the Board of Directors to Fellow Emeritus status. A Fellow Emeritus shall be authorized to use "FACEP (Emeritus)" in conjunction with professional activities. Fees, procedures for election, and reasons for termination of Fellow Emeritus status shall be determined by the Board of Directors.~~

Action: The Bylaws were updated.

Resolution 9 Membership Restructuring (as amended)

RESOLVED, That the ACEP Bylaws Article IV – Membership, Article V – Fellowship, and Article VIII – Council be amended to read:

ARTICLE IV – MEMBERSHIP

Section 2 — Classes of Membership

All members shall be ~~assigned~~ **elected or appointed by the Board of Directors** to one of the following classes of membership: ~~(1) active; (2) inactive; (3) honorary; (4) life; (5) candidate; or (6) international. Additionally, a member may concurrently belong to the councillor class.~~**(1) regular member; (2) candidate member; (3) honorary member; or (4) international member**. The qualifications required of the respective classes, their rights and obligations, and the methods of their election **or appointment** shall be set forth in these Bylaws **or as otherwise determined by the Board of Directors in the extraordinary case of an individual who does not satisfy all of the criteria of any particular class. Benefits for each class of membership shall be determined by the Board of Directors.**

Section 2.1 — ~~Active~~ **Regular** Members

~~The active~~ **Regular** members of the College ~~shall be~~ **are** physicians who devote a significant portion of their medical endeavors to emergency medicine. All ~~active~~ **regular** members must meet one of the following criteria: 1) ~~S~~**s**atisfactory completion of an emergency medicine residency program accredited by the Accreditation Council on Graduate Medical Education (ACGME) **or the American Osteopathic Association (AOA)**;~~ 2) Satisfactory completion of an emergency medicine subspecialty training program accredited by ACGME; 3) Satisfactory completion of an emergency medicine residency training program accredited by the American Osteopathic Association (AOA); 4~~2) ~~S~~**s**atisfactory completion of an emergency medicine residency program approved by an ACEP-recognized accrediting body in a foreign country; **3) satisfactory completion of a subspecialty training program in pediatric emergency medicine accredited by the ACGME; ~~5~~4) primary board ~~C~~c**ertification by an emergency medicine certifying body recognized by ACEP; or ~~6~~**5) ~~E~~e**ligibility for ~~A~~**a**ctive ~~or International~~ membership in the College **(as defined by the College Bylaws then in force)** at any time prior to close of business December 31, 1999. ~~Such physicians must be licensed in the state, province, territory or foreign country in which they practice, or be serving in a governmental medical assignment. They shall fulfill such postgraduate education requirements as may be prescribed by the Board of Directors.~~

Regular members shall be assigned by the Board of Directors to one of the following statuses: (1) active, (2) inactive, or (3) retired. Members who qualify will additionally be assigned to life status. All applicants for regular ~~members~~ membership shall, ~~at the time of application,~~ hold a current, active, full, valid, unrestricted, and unqualified license to practice medicine in the state, province, territory, or foreign country in which they practice, or be serving in a governmental medical assignment. All regular members must either continue to maintain a valid license to practice medicine or have voluntarily relinquished the license upon leaving ~~clinical~~ medical practice. A license to practice medicine shall not be considered voluntarily relinquished if it was surrendered, made inactive, or allowed to expire under threat of probation or suspension or other condition or limitation upon said license to practice medicine by a licensing body in any jurisdiction.

~~Section 2.2 — Inactive Members~~

Regular ~~M~~**m**embers who are unable to engage in ~~active~~ **medical** practice may, upon application **to the Board of Directors**, be ~~elected~~ **assigned** to inactive ~~membership~~ **status** ~~by the Board of Directors. Election to inactive membership~~ **The inactive status designation** shall be for **a period of** one year**,** ~~However, an inactive member may, upon application, be re-elected to this classification~~ **renewable** annually **upon re-application** ~~to the Board of Directors.~~

Regular members who have retired from medical practice for any reason shall be assigned to retired status.

Any regular member who has been a member of the College for a minimum of 30 years in any class shall be assigned to life status. Any member previously designated as a life member under any prior definition shall retain life status.

Regular members, with the exception of those in inactive status, may hold office, may serve on the Council, and may vote in committees on which they serve. Regular members in inactive status shall not be eligible to hold office, to serve on the Council, or serve on committees.

Section 2.~~3~~**2** — Honorary Members

Persons of distinction who **are not members of the College, but** have rendered outstanding service to the College or to the specialty of emergency medicine may be elected to honorary membership **by the Board of Directors. Individual members and Council component bodies may propose candidates for honorary membership in the College to the Board of Directors. Honorary members cannot be eligible for other categories of College membership.** Honorary members are considered ~~lifelong~~ members **for life** ~~of the College~~ and shall not be required to pay any dues~~. Candidates for honorary membership cannot be currently eligible for other categories of College membership. Constituent chapters may propose candidates for honorary membership to the College.~~ **Honorary members may not hold office and may not serve on the Council. Honorary members may vote in committees on which they serve.**

~~Section 2.4 — Life Members~~

~~Any person who has: 1) held active, inactive, or international membership in the College for a minimum of 15 years and who has attained the age of 60; or 2) held active, inactive, or international membership in the College for a minimum of 10 years and who has attained the age of 70; or 3) held active, inactive, or international membership in the College for a minimum of 20 years and who is retired from medical practice; or 4) become permanently disabled, may on application to and approval by the Board of Directors be classified as a life member.~~

Section 2.~~5~~**3**— Candidate Members

~~Any medical or osteopathic medical student, intern, or physician participating in an emergency medicine residency shall be eligible for candidate membership. Individuals going directly from any residency into subspecialty fellowship training, the completion of which would qualify them for active membership, are eligible to be candidate members for the duration of their fellowship. Physicians in the uniformed services while serving as general medical officers shall be eligible for candidate membership for a maximum of four years.~~

Candidate members must meet one of the following criteria: 1) medical student or intern interested in emergency medicine; 2) physician participating in an emergency medicine residency training program; 3) physician participating in a fellowship training program immediately following an emergency medicine residency; 4) physician participating in a pediatric emergency medicine fellowship training program; or 5) physician in the uniformed services while serving as general medical officer. General medical officers shall be eligible for candidate membership for a maximum of four years. All candidate members will be assigned by the Board of Directors to either active or inactive status.

The rights of candidate members at the chapter level are as specified in their chapter's bylaws. At the national level, candidate members shall not be entitled to hold office, but physician members may serve on the Council. Candidate members appointed to national committees shall be entitled to vote in committees on which they serve.

Candidate members whose training is interrupted for any reason may, upon application to the Board of Directors, be assigned to inactive status. The inactive status designation shall be for a period of one year, renewable annually upon re-application. Candidate members in inactive status shall not be eligible to hold office, serve on the Council, or serve on committees.

Section 2.~~6~~**4** — International Members

Any physician interested in emergency medicine who is not a resident of the United States or a possession thereof, and who is licensed to practice medicine by the government within whose jurisdiction such physician resides and practices, shall be eligible for international membership. ~~Other qualifications for international membership shall be determined from time to time by the Board of Directors.~~ **All international members will be assigned by the Board of Directors to either active or inactive status. Members who qualify will additionally be assigned to life status.**

International members who are unable to engage in medical practice may, upon application to the Board of Directors, be assigned to inactive status. The inactive status designation shall be for a period of one year, renewable annually upon re-application.

Any international member who has been a member of the College for a minimum of 30 years in any class shall be assigned to life status. Any member previously designated as a life member under any prior definition shall retain life status.

International members may not hold office, and may not serve on the Council. International members, with the exception of those in inactive status, may vote in committees on which they serve.

~~Section 2.7 — Councillor Members~~

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

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

~~Section 4 — Voting & Holding Office~~

~~Active and life members shall be entitled to vote and hold office, except as otherwise provided for herein. Inactive, honorary, and international members shall not be entitled to vote or hold office except as otherwise provided for herein. Candidate members may be entitled to vote and hold office at the chapter level according to chapter bylaws. At the national level, candidate members shall not be entitled to vote or hold office, except when designated as councillor or alternate councillor by their sponsoring bodies. Candidate members when appointed to national committees shall be entitled to vote on committee business. Rights for honorary members designated prior to 2006 shall be determined by the rights in their previous class of membership, if any, before being elected to honorary membership.~~

Section ~~5~~**4** — Disciplinary Action

Members of the College may be subject to disciplinary action or their membership may be suspended or terminated by the Board of Directors for good cause. Procedures for such disciplinary action shall be stated in the College Manual.

Section ~~6~~**5** — Dues, Fees, and Assessments

Application fees and annual dues shall be determined annually by the Board of Directors. Assessments of members may not be levied except upon recommendation of the Board of Directors and by a majority vote of the Council. Notice of any proposed assessment shall be sent to each member of the College by mail or official publication at least 30 days before the meeting of the Council at which the proposed assessment will be considered. The Board of Directors shall establish uniform policies regarding dues, fees, and assessments.

Any member whose membership has been canceled for failure to pay dues or assessments shall lose all privileges of membership. The Board of Directors may establish procedures and policies with regard to the nonpayment of dues and assessments.

Section ~~7~~**6** — Official Publications

Each member shall receive *Annals of Emergency Medicine* and *ACEP~~News~~* ***Now*** as official publications of the College as a benefit of membership.

ARTICLE V — FELLOWSHIP
Section 1 — Fellow Status

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

1. Be ~~active, life, honorary,~~ **regular** or international members for three continuous years immediately prior to election and must have been certified in emergency medicine at the time of election by the American Board of Emergency Medicine, the American Osteopathic Board of Emergency Medicine, or in pediatric emergency medicine by the American Board of Pediatrics. Maintenance of Fellow status requires continued membership in the College. In addition, the following requirements demonstrating evidence of high professional standing must be met by candidates some time during their professional career prior to application.
   A. At least three years of active involvement in emergency medicine as the physician's chief professional activity, exclusive of 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.

[No changes proposed to the second set of criteria in this resolution. Another resolution has been submitted that deletes the second set of criteria if adopted.]

2. Be active, life, honorary, or international members for six continuous years immediately prior to election and eligible for membership at the close of business on December 31, 1999. Candidate must complete and submit application along with all documentation and supporting elements prior to close of business December 31, 2009. After that date, no further new applications for fellow status under the second set of criteria (subsection 2) will be considered. Furthermore, all applications received by close of business December 31, 2009, will have either final approval or disapproval no later than close of business December 31, 2010. Maintenance of Fellow status requires continued membership in the College. In addition, the following requirements demonstrating evidence of high professional standing must be met by candidates sometime during their professional career prior to application:
   A. At least ten years of active involvement in emergency medicine as the physician's chief professional activity, exclusive of training, and;
   B. Satisfaction of at least three of the following individual criteria, of which one of the three must be number 7 or number 8, during their professional career:
      1. active involvement, beyond holding membership, in voluntary health organizations, organized medical societies, or voluntary community health planning activities or service as an elected or appointed public official;
      2. active involvement in hospital affairs, such as medical staff committees, as attested by the emergency department director or chief of staff;
      3. active involvement in the formal teaching of emergency medicine to physicians, nurses, medical students, out-of-hospital care personnel, or the public;
      4. active involvement in emergency medicine administration or departmental affairs;
      5. active involvement in an emergency medical services system;
      6. research in emergency medicine;

7. active involvement in ACEP chapter activities as attested by the chapter president or chapter executive director;
8. member of a national ACEP committee, the ACEP Council, or national Board of Directors;
9. examiner for, director of, or involvement in test development and/or administration for the American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine;
10. reviewer for or editor or listed author of a published scientific article or reference material in the field of emergency medicine in a recognized journal or book.

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

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

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

ARTICLE VIII — COUNCIL

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. **Councillors shall be elected or appointed from regular and candidate physician members in accordance with the governance documents or policies of their respective sponsoring bodies.**

An organization currently serving as, or seeking representation as, a component body of the Council must meet, and continue to meet, the criteria stated in the College Manual. These criteria do not apply to chapters or sections of the College.

EMRA shall be entitled to four councillors**, each of whom shall be a candidate or regular member of the College,** 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**, who shall be a regular member of the College,** 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 a~~n active~~ **regular** member of the College, as representative of all of the members of CORD.

SAEM shall be entitled to one councillor, who shall be a~~n active~~ **regular** 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 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. 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.

Section 2 — Powers of the Council

The Council shall have the right and responsibility to advise and instruct the Board of Directors regarding any matter of importance to the College by means of Bylaws and non-Bylaws resolutions~~, including amendments to the College Manual,~~ and other actions or appropriations enacted by the Council. **Notwithstanding any other provision of these Bylaws, the Council shall have the right to amend the College Bylaws and College Manual, amend or restate or repeal the College Articles of Incorporation, and to elect the Council officers, the president-elect, and the members of the Board of Directors.** ~~The Board of Directors shall act on all resolutions adopted by the Council no later than the second Board meeting following the annual meeting and shall address all other matters referred to the Board within such time and manner as the Council may determine.~~

~~The Board of Directors shall take one of the following actions regarding a non-Bylaws resolution adopted by the Council:~~

~~1. Implement the resolution as adopted by the Council.~~

~~2. Overrule the resolution by a three-fourths vote. The vote and position of each Board member shall be reported at the next meetings of the Steering Committee and the Council.~~

~~3. Amend the resolution in a way that does not change the basic intent of the Council. At its next meeting, the Steering Committee must either accept or reject the amendment. If accepted, the amended resolution shall be implemented without further action by the Council. If the Steering Committee rejects the amendment, the Board at its next meeting shall implement the resolution as adopted by the Council, propose a mutually acceptable amendment, or overrule the resolution.~~

~~Bylaws amendment resolutions are governed by Article XIII of these Bylaws.~~

[The above deleted paragraphs moved to proposed Section 8 – Board of Directors Action on Resolutions.]

The Council shall have, in addition, the following powers:

1. To prepare and control its own agenda.
2. To act on any matter brought before it by a councillor or the Board of Directors.
3. To originate and act on resolutions.
4. To form, develop, and utilize committees.

~~5. To elect the president-elect of the College.~~

~~6. To elect the members of the Board of Directors.~~

~~7. To elect the speaker and vice speaker of the Council.~~

~~8. To amend the Articles of Incorporation.~~

~~9~~5. To develop, adopt, and amend its rules of procedure (the Council Standing Rules) and other procedures for the conduct of Council business, which do not require action by the Board of Directors.

Notwithstanding any other provision of these Bylaws, voting rights with respect to enactment of resolutions directing the activities of the College, amendment of the Bylaws, amendment of the College Manual, amendment or restatement or repeal of the Articles of Incorporation, and election of the Council officers, the president-elect, and the members of the Board of Directors, are vested exclusively in members currently serving as councillors and are specifically denied to all other members. These rights are not applicable at the chapter level unless specifically permitted in a chapter's bylaws.

~~The speaker of the Council shall act as presiding officer of the Council.~~

[No change proposed to Section 3 – Meetings]

Section 4 — Quorum; Vote Required

A majority of the number of councillors credentialed by the Tellers, Credentials, and Elections Committee during each session of the Council meeting shall constitute a quorum for that session. ~~**If a quorum is present at any meeting of the Council, the**~~ **The vote of a majority of councillors voting in person or represented by proxy (if applicable) shall decide any question brought before such meeting, unless the question is one upon which a different vote is required by law, the Articles of Incorporation, or these Bylaws.**

[No changes proposed for Section 5 – Voting Rights, Section 6 – Resolutions, or Section 7 – Nominating Committee]

Section 8 – Board of Directors Action on Resolutions

The Board of Directors shall act on all resolutions adopted by the Council, unless otherwise specified in these Bylaws, no later than the second Board meeting following the annual meeting and shall address all other matters referred to the Board within such time and manner as the Council may determine.

The Board of Directors shall take one of the following actions regarding a non-Bylaws resolution adopted by the Council:

1. Implement the resolution as adopted by the Council.

2. Overrule the resolution by a three-fourths vote. The vote and position of each Board member shall be reported at the next meetings of the Steering Committee and the Council.

3. Amend the resolution in a way that does not change the basic intent of the Council. At its next meeting, the Steering Committee must either accept or reject the amendment. If accepted, the amended resolution shall be implemented without further action by the Council. If the Steering Committee rejects the amendment, the Board at its next meeting shall implement the resolution

as adopted by the Council, propose a mutually acceptable amendment, or overrule the resolution. Bylaws amendment resolutions are governed by Article XIII of these Bylaws.

Action: The Bylaws were updated and chapters were notified of the changes. The Bylaws Committee continues to work with chapters to update their Bylaws as needed to reflect the change in the membership structure.

Resolution 12 Affiliate Membership Feasibility Study (as amended)

RESOLVED, That the ACEP Board of Directors commission a study and report on the feasibility of creating a non-voting, non-office holding membership category for individuals not currently eligible for full, active membership and that this report, including the financial and advocacy impact of membership expansion, be presented to the 2015 Council.

Action: Assigned to staff to develop a report for review by the Board in June 2015. The report was reviewed by the Board in June and distributed to the Council on July 9, 2015. The report provided a tremendous amount of data and perspectives. Additional input from key stakeholders was sought and a meeting was convened at ACEP on July 16, 2015. A report was developed and provided to the 2015 Council. Both reports were assigned to Reference Committee A for discussion. There was no testimony provided on the reports.

Resolution 13 Medical Student Voice in ACEP Council (as amended)

RESOLVED, That the ACEP Steering Committee be charged with the following tasks:

1. Evaluate the ACEP Council's ability to address candidate students' membership needs.
2. Explore ways in which candidate student members can contribute to the Council.
3. Report their findings and recommendations to the ACEP Board of Directors.

Action: Assigned to the Steering Committee to provide a report to the Board of Directors by June 2015. The Steering Committee discussed the resolution at their meeting on January 20, 2015. Haishim Zaidi, vice chair of the Emergency Medicine Residents' Association (EMRA) Medical Student Council, participated in the discussion with the Steering Committee. It was noted that some medical students are more involved at the chapter level than with EMRA. The Steering Committee expressed strong support for welcoming medical student attendance at the Council meeting and addressing their needs to the extent possible within ACEP's existing structure. It was suggested that ACEP consider creating a medical student section; however, it is unknown whether EMRA would have concerns or objections since they have an established and active Medical Student Section. Mr. Zaidi was asked to provide the Steering Committee with specific information on how ACEP can address the needs of medical students.

EMRA provided a letter with suggestions for immediate and near future consideration. The Steering Committee's discussed these suggestions at their May 6, 2015, meeting and their comments regarding each suggestion are enumerated:

1. **Immediate:** Therefore, we ask that the Steering Committee recommend active promotion and encouragement for medical student membership and involvement in ACEP committees."

   Steering Committee Response: This request is directed toward the Council, but it is not within the purview of the Council given the separation of powers between the Council and the Board. Although the Steering Committee can support the Board and the President's decision to further include medical students in the committee structure, it would be inappropriate for the Steering Committee to take on this initiative or drive this agenda. Consideration and appointment of medical students on national committees is already part of the committee process. Medical student appointments are based on recommendations from EMRA.

2. **Near future:** Requested a change to the ACEP Bylaws Article IV – Membership, Section 2.3 – Candidate Members to allow medical students to serve as alternates as appointed by their state chapters.

   Steering Committee Response: Simply adding the word "candidate," to this section of the Bylaws, as suggested in the letter, does not appropriately amend the Bylaws to address this request since the term "candidate member" includes medical students and residents. EMRA certainly has the right and opportunity to submit a Bylaws resolution to this effect.

   It should be noted that the original resolution submitted to the 2014 Council proposed exploring the possibility of medical students being allowed to serve as alternate councillors. This language was deleted from the resolution because many disagreed with the concept of having medical students as councillors with full voting privileges. Alternate councillors have the same rights and responsibilities as councillors.

The Steering Committee supports continuing to look for ways to involve medical students in the Council meeting, but did not support developing or cosponsoring a resolution to allow medical students to serve as councillors or alternate councillors. The Council meeting is open to all members of ACEP, including medical students. Medical students can also attend and participate in the Reference Committee hearings. Suggestions from the Steering Committee for additional medical student participation included:

1. "Shadowing" a councillor or alternate councillor.
2. Attending the Reference Committee hearings and reporting on the discussions to their delegation members who may not be able to attend that Reference Committee hearing or during the discussion on a particular resolution.
3. Active participation in social media communications during the Council meeting.

A report from the Steering Committee's discussions and the response to EMRA was provided to the Board in June 2015.

Resolution 18 Assistant Physician Designation (as amended)

RESOLVED, That ACEP work with appropriate stakeholders to oppose special licensing pathways for physicians who are not currently enrolled in an Accredited Council for Graduate Medical Education or American Osteopathic Association training program, and have not completed at least one year of accredited post-graduate U.S. medical education; and be it further

RESOLVED, That ACEP work with appropriate stakeholders to call on Governor Jay Nixon and the Missouri legislature to rescind the sections of 716 and 754 creating the "Assistant Physician" designations.

Action: Assigned first resolved to the Academic Affairs Committee and the second resolved to the Chapter & State Relations staff to work with stakeholders and prepare a letter from the ACEP president to the Missouri Governor and legislature.

The Academic Affairs Committee submitted a report to the State Legislative/Regulatory Committee that addressed reimbursement, medical legal, and supervision issues.

ACEP sent a letter to the Missouri Governor and legislature on October 6, 2015. The issue moved slowly in Missouri for a variety of political reasons. The State Board of Registration for the Healing Arts recently filed rules that were effective by the end of January 2017.

Resolution 20 ED Information System Safety Issue Recognition and Management

RESOLVED, That ACEP create a task force to evaluate a variety of potential means to better capture ED information system (EDIS) safety issues, including but not limited to the current reporting methods such as hospital-based issue logging, the Safety Button, and others; and be it further

RESOLVED, That the ED Information System Task Force harmonize efforts with those of the FDA, ONC, and the efforts associated with FDASIA to avoid duplication of efforts and synergize resources; and be it further

RESOLVED, That the ED Information Task Force include ACEP members and invited members of the EDIS vendor community; and be it further

RESOLVED, That the ED Information Task Force develop recommendations for a proposed ACEP policy on improved methods for capture and management of safety issues and supporting documentation shall include details regarding the potential benefits and risks of capture methods, feedback processes, and reporting paradigms.

Action: A task force was appointed. Their work was delayed because of various changes in ACEP staffing. Their work is now underway. A meeting will be held at *ACEP17*.

Resolution 21 ED Mental Health Information Exchange (as substituted)

RESOLVED, That ACEP research the feasibility of identifying and risk-stratifying patients at high risk for violence; and be it further

RESOLVED, That ACEP devise strategies to help emergency physicians work with stakeholders to mitigate patients' risk of self-directed or interpersonal harm; and be it further

RESOLVED, That ACEP investigate the feasibility and functionality of sharing patient information under HIPAA for such purposes and explore similar precedents currently in use.

Action: Assigned to the Public Health & Injury Prevention Committee. The information paper, "Risk Assessment and Tools for Identifying Patients at High Risk for Violence and Self-Harm in the ED," was developed and reviewed by the Board in November 2015.

Resolution 22 EMTALA-Related Liability Reform (as amended)

RESOLVED, That ACEP support individual states in passing EMTALA-Related Liability Reform that increases the burden of proof and evidentiary standard in cases against those providing EMTALA related care.

Action: Assigned to the State Legislative/Regulatory Committee. Information was compiled to better communicate ACEP's actions on this issue. The committee worked with the authors of the resolution to address this issue in their state. A Public Policy Grant was awarded to the Kentucky Chapter to work on liability reform in that state. The annual lobbyist/chapter executive conference call included state liability reform as one of the topics. Liability reform is included in state legislative tracking reports provided to ACEP chapters.

Resolution 23 Examination of Stark Law Potential Implications

RESOLVED, That ACEP investigate the potential Stark Law implications of various EMS medical director relationships and develop appropriate guidance and resources for members to help identify and avoid potentially problematic financial and contractual relationships.

Action: Assigned to the EMS Committee. An EMS Medical Directors Contracts Evaluation Toolkit was developed and reviewed by the Board in April 2016. It is available on the ACEP Website.

Resolution 24 Future Funding for ACEP Report Cards in the Emergency Care Environment (as amended)

RESOLVED, That the ACEP Board of Directors continue to identify potential private, public, foundational, and other funding sources to support future creation and dissemination of the ACEP National Report Card and that a report of this investigation be provided to the 2015 Council.

Action: Assigned to Grant Development and Foundation Development staff. The Board reviewed the report in June 2015 and it was provided to the 2015 Council.

Resolution 25 Human Trafficking (as amended)

RESOLVED, That ACEP and its chapters work together to coordinate with other agencies and participate with existing initiatives (e.g., National Human Trafficking Initiative, State Attorney General's coalition, law enforcement, etc.) and to coordinate with EMS agencies, hospitals, and other members of the emergency medicine team to provide education on awareness and resources available to help reduce and eliminate human trafficking; and be it further

RESOLVED, That ACEP and its chapters work together to ensure indemnification for providers reporting suspected cases of human trafficking to the appropriate authorities.

Action: Assigned to the Public Health & Injury Prevention Committee to develop a paper, work with the Academic Affairs Committee (resident education perspective), Emergency Medicine Practice Committee, EMS Committee, and Medical-Legal Committee as needed and solicit input from ENA and NAEMSP. Assigned second resolved to the State Legislative/Regulatory Committee and Public Affairs staff for advocacy initiatives.

An information paper, "Human Trafficking – A Guide to Identification and Approach for the Emergency Physician," was reviewed by the Board in October 2015. It was submitted to *Annals of Emergency Medicine* for publication consideration. The Public Health & Injury Prevention Committee was assigned an objective for 2015-16 to explore development of a policy statement on human trafficking. The policy statement "Human Trafficking" was approved by the Board in April 2016.

The State Legislative/Regulatory Committee identified an advocacy organization that compiled legislation of interest on this issue. An email to the State Advocacy Network provided a link to the information and included encouragement for chapters to advocate on this issue.

In January 2015, the House of Representatives passed several bills to combat human trafficking.

An article was published in the December 2015 issue of *ACEPNow* on how to recognize and treat victims of sex trafficking. Another article about bringing awareness of human trafficking to the ED appeared in the June 2016 issue.

Resolution 26 Impact of High Deductible Insurance Plans (as amended)

RESOLVED, That ACEP convene a work group of subject matter experts to identify the impact that high deductible insurance plans have on patients seeking emergency care, emergency physicians, and emergency departments, and create a paper that will inform stakeholders about such impact.

Action: A task force was appointed. A report was reviewed by the Board in October 2015 and distributed to the Council. The December 2015 issue of *ACEP Now* included an article on how the increase in high deductible health insurance patients is raising payment concerns.

On May 9, 2016, ACEP launched the Fair Coverage Campaign. Campaign tools (press release, infographic, video, and audio news release) are available on www.FairCoverage.org. An advertisement also appeared in *USA Today.* Additionally, ACEP partnered with the Pennsylvania Chapter to run the same ad in the *Philadelphia Inquirer* with the chapter's logo. Because this issue is being fought at the state level, the campaign is strategically state focused with limited national press as well. ACEP contacted other chapters to offer the advertisement and coordinate messaging. Working with the chapters, ACEP enlisted spokespersons in about 10 states to engage in media interviews. The campaign used the new Phone2Action service, which allows people to contact their state lawmakers by email and social media. Additionally, members were recruited to submit letters to the editor on fair coverage in their local areas.

ACEP filed suit against the federal government in May 2016. Following a federal government decision in favor of health insurance companies, the suit was filed against the U.S. Department of Health and Human Services (HHS) to require transparency of data and fair insurance coverage for emergency patients who are "out of network" because of a medical emergency. According to the lawsuit, insurance companies have failed to provide fair coverage for their insured patients. They have forced health care providers out of their health plans by offering reimbursement that barely covers the cost of care and constructed narrow networks that offer little coverage for emergency care in many parts of the country. The lawsuit is still pending. A motion for summary judgement was filed on November 18, 2016. The government filed its Cross Motion for Summary Judgement and Opposition to Summary Judgement on December 9, 2016. ACEP filed its response by January 20, 2016. The U.S. District Court for the District of Columbia partially granted ACEP's Motion for Summary Judgment on August, 31, 2017, and denied the Government's counter motion in regards to its lawsuit against the federal government to contest a regulation that impedes emergency physicians from receiving accurate usual and customary payment for out-of-network services. The court remanded the matter back to the to the Centers for Medicare & Medicaid Services for further explanation of the regulation, saying that comments submitted to the federal departments (Departments of Health & Human Services, Labor, and Treasury) during its development expressed "concerns about the rule – for example, that the methods it used to set payments were not transparent and could be manipulated by insurers. Many of these commenters proposed using a transparent database to set payments instead. The Departments all but ignored these comments and proposals." The ruling does not invalidate the regulation, but it is a clear step in the right direction and it forces the Government to respond to ACEP's concerns in a substantive manner. The Parties (ACEP and the federal Departments) have been ordered to file a "joint status report" by October 30, 2017. This does not mean the Departments must respond by then, but that the Court will review and make a determination regarding its next steps from that point forward. The court has the right to move on to review the substantive issues raised by ACEP (i.e., that the entire rule is a violation of the Administrative Procedures Act and the Affordable Care Act) at that point. ACEP is now developing a strategy to emphasize our concerns with the new Administration pending a response from the agencies. The Departments will, at some point, file their response and may request additional comments or not. They may revise the regulation, or leave it as is.

Resolution 28 Fair Payment for Telemedicine Services (as amended)

RESOLVED, That ACEP work with appropriate parties at federal and state levels to advocate for legislation and regulation that will provide fair payment by all payers for appropriate services provided via telemedicine.

Action: Assigned to the Reimbursement Committee and to work with the Emergency Telemedicine Section as needed. Also assigned to Chapter & State Relations staff and Public Affairs staff for state and federal advocacy initiatives.

State Legislative/Regulatory Committee members participated in conference calls organized by the Federation of State Medical Boards regarding telemedicine services. Information was reported to state chapters on legislation introduced to address this issue.

Reimbursement Committee members reached out to the Telemedicine Section, the Rural Section, and the Iowa Chapter (authors of the resolution) for feedback on developing talking points and to identify opportunities for legislative advocacy on telemedicine issues. Work continues through the CPT process to get emergency department E-codes recognized for use with the new telemedicine modifier. The Reimbursement Committee continues to work with the Federal Government Affairs Committee and the State Legislative/Regulatory Committees as appropriate. The work group sought feedback from the Emergency Telemedicine Section and other potential sources regarding payment for telehealth services and helped design a survey on telemedicine use that the Section was implementing.

Resolution 29 Safe Citizen Day (as amended)

RESOLVED, That ACEP will embrace, support, and promote the concept of establishing "Safe Citizen Day" and to evaluate and develop promotional materials for distribution to the members and chapters that encourage training, education, and skill development in disaster and safety preparedness.

Action: Assigned to the Public Relations Committee. In June 2015, the Board approved the committee's recommendations to implement the concept of Safe Citizen Day:

1. Conduct a review of disaster training classes available to ACEP emergency physicians and determine whether additional courses are needed. Develop another course, if needed.
2. Conduct a review of activities around September 11 and determine whether September 11, or another date, is the most effective to promote Safe Citizen Day.
3. Design a Safe Citizen Day logo for inclusion on materials that promote Safe Citizen Day.
4. Send an electronic message to ACEP members and chapter executives and presidents a month before Safe Citizen Day, with materials that promote disaster training. The materials can include a message from ACEP's president, an article about the importance of disaster training (written by the chair of ACEP's Disaster Preparedness & Response Committee) for promotion through chapter newsletters, a video featuring ACEP's president, and marketing information about ACEP's disaster courses.
5. Develop a Safe Citizen Day web page on ACEP.org, featuring the logo and materials. Feature logo on ACEP's consumer website EmergencyCareforYou.org and link to the materials.
6. Develop a press release promoting public disaster preparedness for distribution a week before Safe Citizen Day. The press release and other campaign materials will include promoting the concept of CPR without rescue breathing.

A "Safe Citizen" logo was created and the concept was promoted during the 2017 EMS Week.

Resolution 30 Sexual Assault Victims' DNA Bill of Rights (as amended)

RESOLVED, That ACEP members be encouraged to be familiar with and to follow all local law, policy, and procedure with respect to collection and submission of DNA evidence to law enforcement agencies; and be it further

RESOLVED, That ACEP support state legislative "Sexual Assault Victims' DNA Bill of Rights" and similar initiatives regarding timely processing of submitted DNA evidence

Action: Assigned to the Public Health & Injury Prevention Committee. The committee developed the information paper, "Sexual Assault Victims' DNA Bill of Rights" and it was reviewed by the Board in February 2016. The committee recommended that a policy statement not be developed at this time. The Board approved the committee's recommendation in April 2016.

The second resolved was assigned to the State Legislative/Regulatory Committee for state advocacy initiatives. The committee identified the legislation in question and distributed it along with encouragement for chapters to support similar legislation in their states.

Resolution 31 Financing Health Insurance (as substituted)

RESOLVED, That ACEP create a Health Care Financing Task Force to study alternative financing models that foster competition and preserve choice for patients and that the task force report to the 2015 ACEP Council regarding its investigation.

Action: A task force (aka Alternate Payment Models Task Force) was appointed with the following objectives: 1) Develop consensus on definition of Alternative Payment Models (APMs) from an emergency medicine perspective; 2) Identify objective of APMs in private market and under MACRA and other federal statutes; 3) Work with consultant(s) to develop APM models that can be assessed, validated and potentially marketed/deployed; 4) Develop strategic plan to promote APMs approved by ACEP's Board of Directors; and 5) Provide a report to the ACEP Board of Directors prior to the 2015 Council meeting on the feasibility of conducting a study of alternative financing models that foster competition and preserve choice for patients. The task force held in-person meetings and conference calls and is making progress on their objectives. Additional meetings were held on January 29 and May 14, 2016. The Board reviewed a status report of their work in October 2016. This is a complicated issue and the task force is continuing its work in 2016-17. Several payment models were developed and analyzed, which may require use of Medicare and emergency medicine group data. The next step is to use the results to address the questions put forth by MACRA's Physician Focused Payment Model Technical Advisory Committee (PTAC). The PTAC will provide technical assistance to applicants in bringing their proposals to a level for final review and submission to CMS.

Resolution 32 Anonymous Expert Physician Testimony for a State Medical Licensing Board (as amended)

RESOLVED, That ACEP develop and disseminate to every state medical licensing agency an official ACEP policy advocating that state licensing boards do not accept anonymous testimony as expert opinions for or against a physician under review.

Action: Assigned to the Medical-Legal Committee. The policy statement "Anonymous Expert Physician Testimony for a State Medical Licensing Board" was approved by the Board in June 2015. The policy was distributed to all state medical boards. Several state medical boards responded; some indicated they do not allow anonymous testimony and others defended their reasons for allowing it.

Resolution 33 Bariatric Emergency Department Guidelines

RESOLVED, That ACEP, in cooperation with relevant professional societies, develop bariatric emergency department clinical guidelines.

Action: Assigned to the Emergency Medicine Practice Committee to work with ENA and other relevant bariatric surgery organizations as needed. In 2014-15, the committee focused on the accommodations within the physical environment of the ED required to care for bariatric patients. In 2015-16, the committee worked with representatives from the American Association of Metabolic and Bariatric Surgeons (AAMBS) to compile resources for emergency physicians on the acute treatment of bariatric patients in the ED. In October 2016, the Board approved continuing collaboration with the AAMBS on the development of a practice resource on the care of the bariatric patient in the ED. The content for the "Bariatric Examination, Assessment and Management in the Emergency Department" (BEAM-ED) app is in process and availability to members is expected by October 2017.

Resolution 36 Development of Telemedicine Policy for Emergency Medicine

RESOLVED, That ACEP appoint a group, including members from the Emergency Telemedicine Section, to develop a comprehensive telemedicine policy that will define the principles and standards of care as it pertains to the appropriate delivery of acute and emergency medical care using telemedicine related technologies.

Action: Assigned to the Emergency Medicine Practice Committee. The policy statement "Emergency Medicine Telemedicine" was approved by the Board in January 2016. The Ethics Committee developed the policy statement "Ethical Use of Telemedicine in Emergency Care" and it was approved by the Board in June 2016.

Resolution 39 Naloxone Prescriptions by Emergency Physicians (as amended)

RESOLVED, That ACEP develops a clinical policy on the clinical conditions for which it is appropriate for emergency physicians to prescribe naloxone.

Action: Assigned to the Clinical Policies Committee. After review of the literature, it was determined there was not quality evidence for a clinical policy on this topic and that, at most, the review would result in a consensus recommendation. The Board approved the policy statement "Naloxone Prescriptions by Emergency Physicians" in October 2015.

Resolution 41 Pedestrian Injuries are Preventable

RESOLVED, That ACEP supports public health initiatives to reduce pedestrian injuries; and be it further

RESOLVED, That ACEP creates an information paper for members interested in implementing public health initiatives in their communities.

Action: Assigned to the Public Health & Injury Prevention Committee to develop a policy statement and information paper. The information paper, "Pedestrian Injury Prevention through Vision Zero Model," was reviewed by the Board in October 2015. The policy statement "Pedestrian Injury Prevention" was approved by the Board in January 2016.

Resolution 42 Reverse an Overdose, Save a Life (as amended)

RESOLVED, That ACEP advocates and supports training and equipping first responders, including police, fire, and EMS personnel, to use injectable and nasal spray naloxone; and be it further

RESOLVED, That ACEP advocates and supports the availability of naloxone being dispensed over the counter with overdose education by a pharmacist.

Action: The resolution provided the foundation for a policy statement. It was assigned to the EMS Committee to determine if additional information was needed for the policy statement and to work with the Emergency Medicine Practice Committee regarding the second resolved.

The EMS Committee determined that several other organizations were pursuing a similar objective. The committee contacted the National Association of EMS Physicians (NAEMSP) and the American College of Medical Toxicology (ACMT) to develop a joint policy statement. The policy statement "Naloxone Access and Utilization for Suspected Opioid Overdoses" was approved in June 2016.

Resolution 43 State Medical Licensing Board Anonymous Complaint (as amended)

RESOLVED, That ACEP oppose anonymous complaints from third parties not directly involved in the episode of care to state medical licensing boards.

Action: Assigned to the Medical-Legal Committee. The policy statement "Anonymous Complaints to State Licensing Board by Third Parties" was approved by the Board in June 2015. The policy was distributed to all state medical boards.

Resolution 44 Support for Clinical Pharmacists as Part of the Emergency Medicine Team

RESOLVED, That ACEP create a policy statement that supports clinical pharmacy services in emergency departments and collaboration among emergency medicine providers to promote safe, effective, and evidence-based medication practices, to conduct emergency-medicine-related clinical research, and to foster an environment supporting pharmacy residency training in emergency medicine.

Action: Assigned to the Emergency Medicine Practice Committee. Two clinical pharmacists worked with the committee to develop the policy statement "Clinical Pharmacist Services in the Emergency Department" and it was approved by the Board in June 2015. The committee was assigned an objective for the 2015-16 committee year to explore development of an information paper. Representatives from the American Society of Hospital Pharmacists worked with the committee to develop the information paper "Clinical Pharmacy Services in the Emergency Department. It was reviewed by the Board in April 2017 and has been submitted to *Annals of Emergency Medicine* for publication consideration.

Resolution 45 Trauma Center Certification Task Force (as amended)

RESOLVED, That the Board of Directors appoint a diverse task force comprised of members from College leadership, including existing College committees, members from state chapter leadership, members with expertise in the areas of trauma systems, certification and accreditation programs, and chapter executives to develop a strategy for ensuring significant and meaningful emergency physician input in trauma center and regional trauma system certification programs.

Action: A task force was appointed and their work continued in 2015-16. An initial list of 12 emergency physicians was provided to the American College of Surgeons (ACS) to serve as trauma center verification team members. A contact list was developed of the states that conduct their own trauma center verification so that coordination with the site visit team process can be initiated. Additionally, ACEP leaders met with the leadership of the American College of Surgeons-Committee on Trauma (ACS-COT) and discussed the verification criteria and who would be allowed to work in ACS-certified trauma centers. ACS agreed that physicians who are ABEM or AOBEM certified or who are ACEP fellows (FACEP) must have taken ATLS only once to maintain their current trauma center certification. Any physician board-certified in a specialty outside of emergency medicine can continue to work in trauma centers as long as they were board certified before December. 31, 2016, and maintain current ATLS certification. This protects those legacy physicians working side-by-side with us in trauma centers, but it also recognizes the importance of residency training and fellowship status. A final report with recommendations from the task force was reviewed by the Board in October 2016. The following strategies developed by the task force strive to address the resolution while recognizing the vital role each state chapter must play in the process:

- Assist the state chapters in connecting and coordinating with the individual state agency that oversees the state trauma system.
- Assist the ACEP liaisons to the ACS-COT as needed in identifying additional emergency physicians to serve on national ACS-COT trauma center verification site teams.
- Assist the state chapters in developing a description of the needed experience that would prepare emergency physicians to serve on trauma center verification site teams and in developing any needed training programs for new emergency physician trauma center verification site team members.

Resolution 46 Triage Screening Questions (as amended)

RESOLVED, That ACEP create a practice resource that identifies best practice triage processes.

Action: Assigned to the Emergency Medicine Practice Committee. The information paper "Screening Questions and Streamlining Triage" was reviewed by the Board in October 2015. At that time, the Board supported development of a policy statement focused on triage screening questions. The Emergency Medicine Practice Committee was assigned an objective to "explore development of a policy statement on screening questions at triage." A draft was reviewed by the ACEP Board in April 2016 and was referred back to the committee with the request that the Emergency Nurses

Association (ENA) review it and consider a joint policy statement. The joint policy statement, "Screening Questions at Triage," was approved by ENA in September 2016 and the ACEP Board in October 2016.

Resolution 47 In Memory of Karl Ambroz, MD

RESOLVED, That the American College of Emergency Physicians remembers with gratitude and honor the contributions made by Karl G. Ambroz, MD, as one of the leaders in Emergency Medicine; and be it further,

RESOLVED, That the American College of Emergency Physicians and the Illinois Chapter extends to his wife Clare, his children, Ryan, Sean, and Logan, his friends, family, and his colleagues our condolences and gratitude for his service to the specialty of Emergency Medicine.

Action: A framed resolution was prepared and sent to Dr. Ambroz's family.

Resolution 48 In Memory of George Podgorny, MD, FACS, FACEP

RESOLVED, That the American College of Emergency Physicians memorialize and remember George Podgorny, MD, FACS, FACEP, for his indefatigable contributions to the creation and development of emergency medicine; and be it further

RESOLVED, That the American College of Emergency Physicians extends to the family, friends, and colleagues of Dr. Podgorny its deepest sympathy for the loss of this wise, sagacious man and its gratitude for having shared and been enhanced by his exceptional life.

Action: A framed resolution was prepared and sent to Dr. Podgorny's family.

Resolution 49 In Memory of Otto Floyd Rogers, III, MD, FACEP

RESOLVED, That the American College of Emergency Physicians and the North Carolina College of Emergency Physicians extends to his wife Ryn Rogers, his son Adam, and his other family, friends, and colleagues our deepest sympathy, our sense of loss, and gratitude for his service to his communities and the specialties of emergency medicine and palliative care.

Action: A framed resolution was prepared and sent to Dr. Rogers' family.

Resolution 50 In Memory of Francis M. Fesmire, MD, FACEP

RESOLVED, That the American College of Emergency Physicians remembers with honor the contributions made by Francis M. Fesmire, MD, FACEP, to the state of Tennessee, to the specialty of emergency medicine, and to the ACEP Clinical Policies Committee; and be it further

RESOLVED, That the American College of Emergency Physicians extends to the family, friends, and colleagues of Dr. Fesmire our deepest sympathy, our sense of sadness and loss, and our gratitude for his service to our specialty and our patient communities.

Action: A framed resolution was prepared and sent to Dr. Fesmire's family.

Resolution 51 In Memory of Richard V. Aghababian, MD, FACEP

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

RESOLVED, That National ACEP and the Massachusetts Chapter of ACEP extends to his wife, Ann, his children Emily and Andrew, his friends, family, 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 Dr. Aghababian's family.

Resolution 52 In Memory of Gail V. Anderson, Sr., MD

RESOLVED, That the American College of Emergency Physicians honors with the utmost gratitude and respect the significant contributions made by Gail V. Anderson, Sr., MD, as one of the pioneers of and great teachers in emergency medicine; and be it further

RESOLVED, That the American College of Emergency Physicians extend to his wife Alice, his five sons Gail Jr., David, Jerrold, Walter, and Mark, and to their wives and children, his brother Donald, and his many nieces and nephews, our sincerest condolences and deepest gratitude for his lifelong service to educating physicians and putting patients first.

Action: A framed resolution was prepared and sent to Dr. Anderson's family.

College Manual Resolution

Resolution 11 Eligibility for Fellow Emeritus

RESOLVED, That the ACEP College Manual, "Section II. Eligibility Criteria for Fellow Emeritus" be deleted and the remaining sections of the College Manual be renumbered accordingly.

~~**II. Eligibility Criteria for Fellow Emeritus**~~

~~To be eligible for election, a member must:~~

~~1. Be nominated by a member, chapter or section, or be self-nominated.~~

~~2. Have made a significant contribution to and enhanced the profile of the College or the specialty of emergency medicine through their professional and personal endeavors.~~

Action: The College Manual was updated.

Council Standing Rules Resolution

Resolution 6 Election Procedures

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

Election Procedures

Elections of the president-elect, Board of Directors, and Council officers shall be by a majority vote of councillors voting. Voting shall be by written or electronic ballot. There shall be no write-in voting.

When voting electronically, the names of all candidates for a particular office will be projected at the same time. Thirty (30) seconds will be allowed for each ballot. Councillors may change votes only during the allotted time. The computer will accept the last vote or group of votes selected before voting is closed. When voting with paper ballots, the chair of the Tellers, Credentials, and Elections Committee will determine the best procedure for the election process.

Councillors must vote for the number of candidates equal to the number of available positions for each ballot. A councillor's individual ballot shall be considered invalid if there are greater or fewer votes on the ballot than is required. The total number of valid and invalid individual ballots will be used for purposes of determining the denominator for a majority of those voting.

The total valid votes for each candidate will be tallied and candidates who receive a majority of votes cast shall be elected. If more candidates receive a majority vote than the number of positions available, the candidates with the highest number of votes will be elected. When one or more vacancies still exist, elected candidates and their respective positions are removed and all non-elected candidates remain on the ballot for the subsequent vote. If no candidate is elected on any ballot, ~~then~~ the candidate ~~who received~~ **with** the lowest number~~*~~ of valid votes ~~on the inconclusive ballot will be~~ **is** removed from ~~all~~ subsequent ballots. **In the event of a tie for the lowest number of valid votes on a ballot in which no candidate is elected, a run-off will be held to determine which candidate is removed from subsequent ballots.** This procedure will be repeated until a candidate receives the required majority vote* for each open position.

*NOTE: If at any time, the total number of invalid individual ballots added to any candidate's total valid votes would change which candidate is elected or removed, then only those candidates not affected by this discrepancy will be elected. If open positions remain, a subsequent vote will be held to include all remaining candidates from that round of voting.

The chair of the Tellers, Credentials, and Elections Committee will make the final determination as to the validity of each ballot. Upon completion of the voting and verification of votes for all candidates, the Tellers, Credentials, and Elections Committee chair will report the results to the speaker.

Within 24 hours after the close of the annual Council meeting, the Chair of the Tellers, Credentials, and Elections Committee shall present to the Council Secretary a written report of the results of all elections. This report shall include the number of credentialed councillors, the slate of candidates, and the number of open positions for each round of voting, the number of valid and invalid ballots cast in each round of voting, the number needed to elect and the number of valid votes cast per candidate in each round of voting, and verification of the final results of the elections. This written report shall be considered a privileged and confidential document of the College. However, when there is a serious concern that the results of the election are not accurate, the Speaker has discretion to disclose the results to provide the Council an assurance that the elections are valid. Individual candidates may request and receive their own total number of votes and the vote totals of the other candidates without attribution.

Action: The Council Standing Rules were updated.

Referred Resolutions

Resolution 8 Fellow Status Continued vs. Continuous Membership

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

ARTICLE V — FELLOWSHIP
Section 1 — Fellow Status

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

1. Be active, life, honorary, or international members for three continuous years immediately prior to election and must have been certified in emergency medicine at the time of election by the American Board of Emergency Medicine, the American Osteopathic Board of Emergency Medicine, or in pediatric emergency medicine by the American Board of Pediatrics. Maintenance of Fellow status requires ~~continued~~ **continuous** membership in the College. In addition, the following requirements demonstrating evidence of high professional standing must be met by candidates some time during their professional career prior to application.

Note: This Article and Section of the Bylaws were revised by other resolutions. The proposed revision now appears in Article V – ACEP Fellows, Section 2 – Fellow Status and reads:

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

Action: Assigned to the Membership Committee for review and provide a recommendation to the Board of Directors regarding further action. The committee recommended to the Board in June 2015 to submit a resolution to the 2015 Council amending the Bylaws to stipulate retention of ACEP fellow status is contingent on maintaining "continuous" membership (no lapse in dues) in the College instead of "continued" membership. The Board did not adopt the recommendation and the proposed resolution was not submitted to the 2015 Council.

Resolution 17 Advocacy for Professional Licensure of EMS Providers (as substituted)

RESOLVED, That ACEP reaffirm the critical importance of physician leadership of EMS as described in existing ACEP policies; and be it further

RESOLVED, That EMS personnel are not independent practitioners, but function only under direct physician oversight; and be it further

RESOLVED, That ACEP adopt a position that EMS personnel **with training no less than the current national standard curriculum paramedic** should be ~~licensed~~ health care ~~professionals~~ **practitioners licensed** under state**s** ~~medical boards~~; and be it further

RESOLVED, That ACEP coordinate and collaborate with the Federation of State Medical Boards (FSMB), individual state medical boards, and other stakeholders to develop model statutory language for states to utilize in adopting professional licensing processes and standards for **advanced** EMS providers; and be it further

RESOLVED, That ACEP develop a policy statement and Policy Resource and Education Paper (PREP) supporting professional licensing of EMS personnel by state**s** ~~medical boards~~ and provide informational resources to fellow stakeholders to promote such licensing.

Action: Assigned to the EMS Committee for review and to provide a recommendation to the Board of Directors regarding further action. A draft policy statement was developed and reviewed by the Board in October 2015. The Board determined that more information was needed and directed the EMS Committee to suspend its work. The work was reassigned to the Mobile Integrated Healthcare/Community Paramedicine Task Force. The task force developed the "Mobile Integrated Health/Community Paramedicine Primer" that was reviewed by the Board in June 2016 and it was submitted for publication consideration. The National Highway Traffic Safety Administration developed a multi-year project to update the "National EMS Scope of Practice Model." The "Model" addresses professional licensure of EMS providers.

Resolution 38 Geriatric Emergency Department Accreditation (as substituted)

RESOLVED, That ACEP ~~study the feasibility of developing an accreditation process for geriatric emergency departments, including the potential of partnering with other stakeholder agencies.~~ **work with regulatory agencies**

that are or may become involved in the development of accreditation requirements for geriatric emergency departments.

Action: Assigned to the Emergency Medicine Practice Committee for review and to provide a recommendation to the Board of Directors regarding further action. The Board approved the committee's recommendation in April 2015 to collaborate with regulatory agencies if they pursue development of accreditation requirements for geriatric EDs. The committee was assigned an objective for the 2015-16 committee year to develop a policy statement in support of quality improvement initiatives for the care of geriatric patients in the ED. The policy statement "Quality Improvement Initiatives for the Care of Geriatric Patients in the Emergency Department" was approved by the Board in April 2016.

The Board has discussed the potential of developing a Geriatric ED Accreditation program. In September 2016, the Board authorized staff to proceed in developing a formal business plan and framework of a Geriatric ED Accreditation Program. The business plan and accreditation program were approved by the Board in January 2017. The program was publicized in the April 2017 edition of ACEP Now