

Summary of 2020 Council Resolutions

Resolutions Not Adopted (NA) or Withdrawn (W)

- 11 Council Resolution Sponsors and Cosponsors - Bylaws Amendment (NA)
- 23 Subspecialty Faculty for ACEP Educational Programs (NA)
- 32 Loss of Health Insurance Due to COVID-19 (NA)
- 33 Metrics, Measures, and Pay-for-Performance Programs (NA)
- 39 Urging the Prohibition of Law Enforcement Use of Rubber Bullets and Tear Gas for Crowd Control (NA)
- 40 Addressing Critical Need for PPE by Emergency Physicians During a Pandemic (NA)
- 46 Employment Information (NA)

Referred Resolutions

- 27 Attributing the Unqualified Term “Resident” to Physicians (as amended) – *first resolved*
- 29 Billing and Collections Transparency in Emergency Medicine (as amended) – *last three resolved*
- 36 Telehealth Free Choice (as substituted in lieu of Resolution 36 and Resolution 37)
- 44 Due Process in Emergency Medicine (as amended)
- 45 Emergency Licensing and Protection in Disasters (as amended)
- 48 Residency Program Expansion
- 52 The Corporate Practice of Medicine

College Manual Resolution

Requires a majority vote for adoption.

- 15 Procedures for Addressing Charges of Ethical Violations and Other Misconduct – College Manual Amendment

Council Standing Rules Resolutions

The Board does not take action on Council Standing Rules amendments.

- 10 Commendation and Memorial Resolutions – Council Standing Rules Amendment
- 12 Council Resolution Sponsors and Cosponsors – Council Standing Rules Amendment
- 17 Unanimous Consent Agenda – Council Standing Rules Amendment

Bylaws Resolutions

Requires a 2/3 affirmative vote of the Board of Directors for adoption.

- 9 ACEP Committee Quorum Requirement – Housekeeping Amendment – Bylaws Amendment
- 13 Counting Fellowship Training Time Toward FACEP – Bylaws Amendment – Board deferred action to Jan 27-28 Board meeting.
- 14 Ethics Procedures – Bylaws Amendment
- 16 Special Board of Directors Meetings – Bylaws Amendment

Non-Bylaws Resolutions

Requires a 3/4 vote to amend or overrule.

- 1 Commendation for Stephen H. Anderson, MD, FACEP
- 2 Commendation for James J. Augustine, MD, FACEP
- 3 Commendation for Jon Mark Hirshon, MD, MPH, PhD, FACEP
- 4 Commendation for Janyce M. Sanford, MD, MBA, FACEP
- 5 Commendation for Dean Wilkerson, JD, MBA, CAE
- 6 In Memory of Walter J. Bradley, III, MD, MBA, FACEP
- 7 In Memory of Lorna Breen, MD, FACEP
- 8 In Memory of Col (ret) Christopher Scharenbrock, MD, CPE, FACEP
- 18 ACEP Membership and Leadership (as amended)
- 19 Framework to Assess the Work of the College Through the Lens of Health Equity (as amended)
- 20 ACEP Award for Excellence in Innovations in the ED Care of Patients with Behavioral Health and Substance use Disorder (as amended)
- 21 Medical Society Consortium on Climate & Health
- 22 State Media Training for Emergency Physicians
- 24 911 Awareness and Policy (as amended)
- 25 Adverse Impact of Healthcare Insurers on Emergency Medicine Reimbursement & Optimal Patient Coverage
- 26 Addressing Systemic Racism as a Public Health Crisis (as amended)

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- 27 Attributing the Unqualified Term “Resident” to Physicians (as amended) – *last three resolveds*
- 29 Billing and Collections Transparency in Emergency Medicine (as amended) – *first and second resolveds*
- 30 Protection and Transparency (as amended)
- 31 Insurer Accountability/Policy Weakness Disclosure (as amended)
- 34 Public/School Bleeding Control Kit Access and Training
- 35 Supporting the Development of a Seamless healthcare Delivery System to Include Prehospital Care
- 38 Universal Access to Telehealth Care
- 41 Personal Protection Equipment (as amended)
- 42 Addressing Ethical Challenges of the COVID-19 Pandemic for Emergency Physicians (as amended)
- 43 Creating a Culture of Anti-Discrimination in our Emergency Departments and Healthcare Institutions (as amended)
- 47 Honoring Employment Contracts for Graduating Emergency Medicine Residents (as amended)
- 49 Strangulation Policy Statement and Educational Resources (as substituted in lieu of Resolution 28 and Resolution 49)
- 50 Support for Expedited Partner Therapy
- 51 Telehealth Disaster Pilot and Educational Resources
- 53 In Memory of Lindsey J. Myers, MD
- 54 In Memory of Herbert Arnold (“Arn”) Muller, MD, FACEP
- 55 In Memory of J. Ward Donovan, MD, FACEP, FACMT
- 56 In Memory of Craig Manifold, DO, FACEP, FAAEM, FAEMS
- 57 In Memory of Douglas W. Lowery-North, MD, MSPH, FACEP
- 58 In Memory of Debra Sanders. Hawaii Chapter Executive

Resolutions Adopted by the 2020 Council Requiring Board Action

Resolution 1 Commendation for Stephen H. Anderson, MD, FACEP

RESOLVED, That the American College of Emergency Physicians commends and thanks Stephen H. Anderson, MD, FACEP, for his exemplary service, leadership, and commitment to the College and the specialty of emergency medicine.

Resolution 2 Commendation for James J. Augustine, MD, FACEP

RESOLVED, That the American College of Emergency Physicians extends heartfelt appreciation and gratitude and commends James J. Augustine, MD, 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 Jon Mark Hirshon, MD, MPH, PhD, FACEP

RESOLVED, That the American College of Emergency Physicians commends Jon Mark Hirshon, MD, MPH, PhD, FACEP, for his devotion as an emergency physician, educator, and leader in emergency medicine.

Resolution 4 Commendation for Janyce M. Sanford, MD, MBA, FACEP

RESOLVED, That the American College of Emergency Physicians commends Janyce M. Sanford, MD, MBA, FACEP, for her service as Chair and Chief of Service for the Department of Emergency Medicine at the University of Alabama at Birmingham.

Resolution 5 Commendation for Dean Wilkerson, JD, MBA, CAE

RESOLVED, That the American College of Emergency Physicians commends Dean Wilkerson, JD, MBA, CAE, for his outstanding contributions to ACEP and the specialty of emergency medicine.

Resolution 6 In Memory of Walter J. Bradley, III, MD, MBA, FACEP

RESOLVED, That the American College of Emergency Physicians (ACEP) cherishes the memory of Walter J. Bradley, III, MD, MBA, FACEP, whose philosophy and approach to patient care was “Whatever the hour you may come, you will find light, hope, and human kindness,” and be it further

RESOLVED, That national ACEP and the Illinois Chapter extends to his wife Meme, son Ryan, and the extended Bradley and Wood families gratitude for his tremendous service to emergency medicine and EMS.

Resolution 7 In Memory of Lorna Breen, MD, FACEP

RESOLVED, That the American College of Emergency Physicians extends to the family, friends, and colleagues of Lorna Breen MD, FACEP, our condolences and gratitude for her tremendous service to the specialty of emergency medicine and to the patients and physicians of New York and the United States.

Resolution 8 In Memory of Col (ret) Christopher Scharenbrock, MD, CPE, FACEP

RESOLVED, That the American College of Emergency Physicians remembers with gratitude and honors the many contributions made by Colonel (ret) Christopher G Scharenbrock, MD, CPE, FACEP, as one of the leaders in emergency medicine and military medicine; and be it further

RESOLVED; That the American College of Emergency Physicians extends to his wife Mary, his daughters Emily and Anna, his extended family, colleagues, and friends our condolences and gratitude for his tremendous service to the specialty of emergency medicine, military medicine, and to the countless patients and physicians across the world whom he selflessly served.

Resolution 9 ACEP Committee Quorum Requirement – Bylaws Housekeeping Amendment

RESOLVED, That the ACEP Bylaws Article XI – Committees, Section 1 – General Committees, be amended to read:

The president shall annually appoint committees and task forces to address issues pertinent to the College as deemed advisable. The members thereof need not consist of members of the Board, nor shall it be necessary that the chair of a committee be a member of the Board. **A majority of the voting membership of a committee shall constitute a quorum.**

The president shall appoint annually committees on Compensation, Bylaws, and Finance.

Resolution 13 Counting Fellowship Training Time Toward FACEP – Bylaws Amendment

RESOLVED, That the ACEP Bylaws, Article V – ACEP Fellows, Section 1 - Eligibility, be amended to read:

- 1.
2. active involvement in ACEP chapter activities as attested by the chapter president or chapter executive director;
3. member of a national ACEP committee, the ACEP Council, or national Board of Directors;
4. 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;
5. 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 14 Ethics Procedures – Bylaws Amendment

RESOLVED, That the ACEP Bylaws Article IV – Membership, Section 3 – Agreement, and Section 4 – Disciplinary Action, be amended to read:

Section 3 — Agreement

Acceptance of membership in the College shall constitute an agreement by the member to comply with the ACEP Bylaws. The Board of Directors shall serve as the sole judge of such member's right to be or to remain a member, subject to **Article IV, Section 4 of these Bylaws and** the due process as described in the College Manual.

All right, title, and interest, both legal and equitable, of a member in and to the property of this organization shall cease in the event of any of the following: a) the expulsion of such member; b) the striking of the member's name from the roll of members; c) the member's death or resignation.

Section 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, **or a designated body appointed by the Board of Directors for such purpose**, for good cause. Procedures for such disciplinary action shall be stated in the College Manual.

Resolution 15 Procedures for Addressing Charges of Ethical Violations and Other Misconduct – College Manual Amendment

RESOLVED, That the College Manual be amended by substitution of the *Procedures for Addressing Charges of Ethical Violations and Other Misconduct* to read:

Procedures for Addressing Charges of Ethical Violations and Other Misconduct

Guiding Principle: Ethics charges and other disciplinary charges are important and will be addressed in accordance with College policy.

A. Definitions

- 1. ACEP means the American College of Emergency Physicians.**
- 2. Code of Ethics means the Code of Ethics for Emergency Physicians.**
- 3. Procedures means the Procedures for Addressing Charges of Ethical Violations and Other Misconduct.**
- 4. Ethics Complaint Review Panel consists of three (3) members of the Ethics Committee and two (2) members of the Medical-Legal Committee – in matters requiring the expertise of a different committee, the President may appoint two (2) members of the relevant committee to replace the standing members of the Medical-Legal Committee.**
- 5. Bylaws Committee refers to the Bylaws Committee or appointed subcommittee.**
- 6. Board Hearing Panel conducts all hearings and consists of the ACEP Vice-President, Chair of the Board, and Board Liaison to the Ethics Committee.**
- 7. ACEP review bodies are the Ethics Complaint Review Panel, the Bylaws Committee, the Board Hearing Panel and the ACEP Board of Directors.**

~~A.~~ B. Complaint Received

A complaint may be initiated by an ACEP member, chapter, committee, or section. No others have standing to present a complaint.

1. Must be in writing and signed by the complainant;
2. Must specify in reasonable detail an alleged violation by an ACEP member of **an ACEP policy as it existed at the time of the alleged violation, including ACEP Bylaws, ~~current~~ ACEP “Principles Code of Ethics, for Emergency Physicians,”** other ~~current~~ ACEP ethics policies, or other conduct believed by the complainant to warrant censure, suspension, or expulsion;
3. Must allege a violation that occurred within ~~twelve (12)~~ **ten (10)** years prior to the submission of the complaint, **is not the subject of pending litigation, and any rights of appeal have been exhausted or have expired;**
4. Must state that the complainant has personal, first-hand knowledge or actual documentation of the alleged violation; substantiating documentation must accompany the complaint. Complainant is responsible for ensuring that the documentation does not provide information that can be used to identify a particular patient, including but not limited to, the patient’s name, address, social security number, patient identification number, or any identifying information related to members of the patient’s family;
5. Must state that the complainant is willing to have his or her name disclosed to the ACEP Executive Director, ~~the Ethics Committee, the Bylaws Committee, the Board of Directors,~~ **any additional ACEP review body listed in these Procedures,** and ~~to~~ the respondent should the complaint be forwarded to the respondent; **and**
6. Must be submitted to the ACEP Executive Director.

B. C. Executive Director

1.
 - a. **If any elements of the complaint have not been met, returns the complaint and supporting documentation to complainant, identifying the elements that must be addressed in an ethics complaint.**
 - b. **If all elements of the complaint have been met, sends ~~1-~~Sends a written acknowledgement to the complainant confirming ~~the~~ complainant’s intent to file a complaint. **Includes a copy of ACEP’s Procedures providing and identifying the ~~elements-guidelines and timetables~~ that ~~must-will~~ be addressed-followed in this matter. Requests complainant sign acknowledgement specifying intent to file an ethics complaint and to be bound by the Procedures.****
2. Confirms receipt of an acknowledgement signed by the complainant specifying intent to file an ethics complaint and to be bound by the ~~“Procedures for Addressing Charges of Ethical Violations and Other Misconduct” (“Procedures”)~~ **Procedures.**
3. Notifies the ACEP President and the ~~e~~Chair of the Ethics Committee or the Bylaws Committee, as appropriate, that a complaint has been filed and forwards to each of them a copy of the complaint.
4.
 - a. Determines, in consultation with the ACEP President and the ~~e~~Chair of the Ethics ~~and/or~~ **Committee, the Bylaws Committee, or other committee designee,** that the complaint is frivolous, inconsequential, or does not allege an actionable violation of a policy or principle included in the *Code of Ethics for Emergency Physicians* or ~~of~~ ACEP Bylaws, or other conduct warranting censure, suspension, or expulsion. If so, the Executive Director dismisses the complaint and will notify the complainant of this determination, or
 - b. Determines, in consultation with the **ACEP President and the Chair of the** Ethics Committee ~~chair,~~ **or other committee designee,** that the complaint alleges conduct that may constitute a violation of a policy or principle included in the *Code of Ethics for Emergency Physicians*, and if so, forwards the complaint and the response together, ~~as soon as~~ **after** both are received, to each member of the Ethics ~~Committee, or, at the discretion of the chair of the Ethics Committee, to members of a subcommittee of the Ethics Committee appointed for that purpose~~ **Complaint Review Panel,** or
 - c. Determines, in consultation with the **ACEP President and the Chair of the** Bylaws Committee ~~chair,~~ **or other committee designee,** that the complaint alleges conduct that may constitute a violation of ACEP Bylaws or other conduct justifying censure, suspension, or expulsion, and forwards the complaint and response together, ~~as soon as~~ **after** both are received, to each member of the Bylaws Committee, or at the discretion of the ~~e~~Chair of the Bylaws Committee, to members of a subcommittee of the Bylaws Committee appointed for that purpose, or
 - d. Determines that the complaint is more appropriately addressed through judicial or administrative avenues, such as in the case of pending litigation or action by state licensing boards, and ACEP should defer actions pursuant to such other avenues. If so, the Executive Director will refer the matter to the ACEP President for review. If the President also determines that the complaint is more appropriately

addressed through judicial or administrative avenues, the complaint will not be considered. The ~~Board of Directors~~ **Ethics Complaint Review Panel or the Bylaws Committee** will review the President's action, ~~at the next regularly scheduled Board meeting.~~ The President's action can be overturned by a majority vote of the ~~Board,~~ or **applicable ACEP review body.**

~~e. Determines that the alleged violation is not the subject of a pending ACEP Standard of Care Review. If the alleged violation is the subject of a pending Standard of Care Review, the Standard of Care Review will be suspended pending the resolution of the complaint brought pursuant to these Procedures.~~

5. Within ten (10) business days after the determinations specified in Section ~~BC.4.b.~~ or Section ~~BC.4.c.~~ of these *Procedures*, forwards the complaint to the respondent by ~~certified U.S. mail~~ **USPS Certified Mail** with a copy of these *Procedures* and requests a written response within thirty (30) days of receipt of the documents. The communication will indicate that ACEP is providing notice of the complaint, the reasons for the review action, that no determination has yet been made on the complaint, and that the respondent has the right to request a hearing if the ~~Board,~~ **applicable ACEP review body** decides not to dismiss the complaint. A copy of the complaint and all supporting documentation provided by the complainant will be included in this communication. Such notice must also include a summary of the respondent's rights in the hearing, and a list of the names of the members of the ~~ACEP Ethics Committee or the ACEP Bylaws Committee, as appropriate~~ **applicable ACEP review body, including,** and the Board of Directors. The respondent will have the right to raise any issues of potential conflict or reason that any individuals should recuse themselves from the review. Such recusal shall be at the discretion of the ACEP President.
6. When a written response to a complaint is received, the Executive Director will forward that response and any further related documentation to the complainant and the Ethics ~~Committee,~~ **Complaint Review Panel or** the Bylaws Committee, ~~or the subcommittee~~ appointed to review the complaint, as appropriate.

D. Ethics ~~Committee~~ Complaint Review Process [within sixty (60) days of the forwarding of the complaint/response specified in Section ~~BC.4.eb.~~ above]

1. Reviews the written record of any complaint that alleges a violation of ~~current~~ **the ACEP "Principles Code of Ethics for Emergency Physicians"** or other ~~current~~ ACEP ethics policies **as they existed at the time of the alleged violation and the accompanying response.**
2. Discusses the complaint and response by telephone conference call;
3. Determines the need to solicit in writing additional information or documentation from the parties, third parties, or experts regarding the complaint.
4. Considers whether:
 - a. ~~Current~~ **Applicable version of the** ACEP **"Principles Code of Ethics for Emergency Physicians"** or other ~~current~~ ACEP ethics policies apply.
 - b. Alleged behavior constitutes a violation of ~~current~~ **the applicable version of the** ACEP **"Principles Code of Ethics for Emergency Physicians"** or other ~~current~~ ACEP ethics policies.
 - c. Alleged conduct warrants censure, suspension, or expulsion.
- ~~5. Proceeds to develop its recommendation based solely on the written record.~~
- ~~6. Develops a report regarding the complaint and recommendation for action. Minority reports may also be presented.~~
- ~~7.5. The Ethics Committee will deliver its report and minority reports, if any, to the Board of Directors. In its report, the Ethics Committee shall recommend that the Board of Directors **Decides to:**~~
 - a. Dismiss the complaint; or
 - b. ~~Take~~ **Ethics Complaint Review Panel renders a decision to impose** disciplinary action, ~~the specifics of which shall be included in the committee's report.~~ **based on the written record.**
- ~~8. At the discretion of the chair of the Ethics Committee, these functions may be carried out by a subcommittee of five or more members of the Ethics Committee. The Ethics Committee chair shall appoint this subcommittee and designate one of its members to chair the subcommittee. The subcommittee may seek counsel from other consultants with particular expertise relevant to the matter under consideration. In the event that a subcommittee is appointed, it shall deliver its report and recommendations to the Board of Directors.~~
- 6. If the Ethics Complaint Review Panel determines to impose disciplinary action pursuant to Section D.5.b., the respondent will be provided with notification of the Ethics Complaint Review Panel's determination and the option of:**
 - a. A hearing; or**
 - b. The imposition of the Ethics Complaint Review Panel decision based solely on the written record.**

7. If the respondent chooses the option described in Section D.6.b., that is, an Ethics Complaint Review Panel decision based solely on the written record, the Ethics Complaint Review Panel will implement its decision to impose disciplinary action based on the written record.

C E. Bylaws Committee Complaint Review Process [within sixty (60) days of the forwarding of the complaint/response specified in Section BC.4.bc. above]

1. Reviews the written record of any complaint that alleges a violation of the ACEP Bylaws **as it existed at the time of the alleged violation** and the accompanying response.
2. Discusses the complaint and response by telephone conference call.
3. Determines the need to solicit in writing additional information or documentation from the parties, third parties, or experts regarding the complaint.
4. Considers whether:
 - a. ~~Current~~ **Applicable version of the** ACEP Bylaws apply.
 - b. Alleged behavior constitutes a violation of ~~current~~ **the applicable version of the** ACEP Bylaws.
 - c. Alleged conduct warrants censure, suspension, or expulsion.
- ~~5. Proceeds to develop its recommendation based solely on the written record.~~
- ~~6. Develops a report regarding the complaint and recommendation for action. A minority reports may also be presented.~~
- ~~7.5. The Bylaws Committee will deliver its report and minority reports, if any, to the Board of Directors. In its report, the Bylaws Committee shall recommend that the Board of Directors~~
Decides to:
 - a. Dismiss the complaint; or
 - b. ~~Take~~ **Bylaws Committee renders a decision to impose** disciplinary action, ~~the specifics of which shall be included in the committee's report~~ **based solely on the written record.**
- ~~8. At the discretion of the chair of the Bylaws Committee, these functions may be carried out by a subcommittee of five or more members of the Bylaws Committee. The Bylaws Committee chair shall appoint this subcommittee and designate one of its members to chair the subcommittee. The subcommittee may seek counsel from other consultants with particular expertise relevant to the matter under consideration. In the event that a subcommittee is appointed, it shall deliver its report and recommendations to the Board of Directors.~~
- 6. If the Bylaws Committee determines to impose disciplinary action pursuant to Section E.5.b., the respondent will be provided with notification of the Bylaws Committee's determination and the option of:**
 - a. **A hearing; or**
 - b. **The imposition of the Bylaws Committee's decision based solely on the written record.**
- 7. If the respondent chooses the option described in Section E.6.b., that is, a Bylaws Committee decision based solely on the written record, the Bylaws Committee will implement its decision to impose disciplinary action based on the written record.**

E.—Board of Directors

- ~~1. Receives the report of the Ethics Committee or Bylaws Committee, including minority reports, if any, and receives the complaint and response.~~
- ~~2. May request further information in writing from the complainant and/or respondent.~~
- ~~3. Decides to:~~
 - a. ~~Dismiss the complaint; or~~
 - b. ~~Render a decision to impose disciplinary action based on the written record.~~
- ~~4. If the Board determines to impose disciplinary action pursuant to Section E.3.b., the respondent will be provided with notification of the Board's determination and the option of:~~
 - a. ~~A hearing; or~~
 - b. ~~The imposition of the Board decision based solely on the written record.~~
- ~~5. The decision to impose disciplinary action shall require a two-thirds vote of Directors voting at a meeting in which a quorum is present pursuant to ACEP Bylaws. Directors entitled to vote include members of the Board who have been present for the entire discussion of the complaint, either in person or by conference call, with no conflict of interest or other reason to recuse themselves from participation.~~
- ~~6. If the respondent chooses the option described in Section E.4.b., that is, a Board decision based solely on the written record, the Board will implement its decision to impose disciplinary action based on the written record.~~

~~F.~~ Ad Hoc Committee

- ~~1. If a majority of Board members have recused themselves from consideration of a complaint, the Board shall delegate the decisions regarding disciplinary action to an Ad Hoc Committee composed of nine (9) members.~~
- ~~2. This Ad Hoc Committee shall be composed of all those Board members who have not recused themselves, if any, plus independent third parties who are ACEP members. Should the chair of the Board receive notification of recusal from consideration of an ethics complaint from a majority of Board members, the chair shall request those Board members who have not recused themselves to submit nominations of independent third parties who are ACEP members to serve on an Ad Hoc Committee to act on that ethics complaint. At the next meeting of the Board, the Board members who have not recused themselves shall elect from those nominees, by majority vote, the required number of independent third party members of the Ad Hoc Committee. Should all Board members recuse themselves, the chair shall appoint a committee of seven (7) independent third parties who are ACEP members without conflicts in this matter who will select the nine (9) members of the ad hoc committee.~~
- ~~3. The Ad Hoc Committee:~~
 - ~~a. Receives the report of the Ethics Committee or Bylaws Committee, including minority reports, if any, and receives the complaint and response.~~
 - ~~b. May request further information in writing from the complainant and/or respondent.~~
 - ~~c. Decides to:~~
 - ~~i. Dismiss the complaint; or~~
 - ~~ii. Render a decision to impose disciplinary action based on the written record.~~
 - ~~d. If the Ad Hoc Committee determines to impose disciplinary action pursuant to Section F.3.c.ii., the respondent will be provided with notification of the Ad Hoc Committee's determination and the option of:~~
 - ~~i. A hearing conducted by the Ad Hoc Committee; or~~
 - ~~ii. The imposition of the Ad Hoc Committee decision based solely on the written record.~~
 - ~~e. If the respondent requests a hearing, the Ad Hoc Committee shall follow the hearing procedures described in Section H below.~~
 - ~~f. An affirmative vote of two thirds of the Ad Hoc Committee shall be required to take disciplinary action against the respondent. If the Ad Hoc Committee does not achieve a two thirds vote of its members, the respondent shall be exonerated.~~
 - ~~g. If the respondent does not request a hearing, the Ad Hoc Committee will report to the Board its decision to impose disciplinary action based on the written record. This decision will be final and will be implemented by the Board.~~

~~G.~~ F. Right of Respondent to Request a Hearing

If the ~~Board~~ Ethics Complaint Review Panel or Bylaws Committee chooses to impose disciplinary action, the ~~option described in Section E.3.b., or an Ad Hoc Committee chooses the option described in Section F.3.c.ii.,~~ the Executive Director will send to the respondent a written notice by ~~certified U.S. mail~~ USPS Certified Mail of the right to request a hearing, ~~or to have the Board or the Ad Hoc Committee impose its decision based solely on the written complaint.~~ This notice will list the respondent's hearing rights as set forth in Section ~~H.~~ G. below. The respondent's request for a hearing must be submitted in writing to the Executive Director within thirty (30) ~~business~~ days of receipt of the notice of right to a hearing. In the event of no response, the ~~ACEP President may determine the manner of proceeding~~ applicable ACEP review body will implement its final decision.

~~H.~~ G. Hearing Procedures

1. If the respondent requests a hearing, the complainant and respondent will be notified in writing by ~~certified U.S. mail~~ USPS Certified Mail by the Executive Director within ten (10) business days of such request. Such notice will include a list of witnesses, if any, that the Board, ~~its subcommittee pursuant to Section H.6. below, or an Ad Hoc Committee pursuant to Section F.,~~ Hearing Panel intends to call in the hearing.
2. The Executive Director will send a notification by USPS Certified Mail of the date, time, and place of the hearing and will provide the parties with information regarding the hearing process and the conduct of the hearing. ~~by certified U.S. mail.~~

3. The time set for the hearing will not be less than thirty (30) days nor more than nine (9) months after the date on which notice of hearing was received by the respondent.
4. The complainant and respondent each may be represented by counsel or any other person of their choice. Each party will bear the expense of his or her own counsel.
5. The parties have the right to have a record made of the proceedings by transcript, audiotape, or videotape at the expense of the requesting party.
6. The hearing ~~may be conducted by the entire Board, by a subcommittee of three to five members of the Board of Directors, at the discretion of and as appointed by the chair of the Board of Directors or, if required pursuant to Section F., by an Ad Hoc Committee described in Section F. If the hearing is conducted by a subcommittee or by an Ad Hoc Committee that includes one or more Board members as described in Section F., the presiding officer of the hearing will be a Board member designated by the chair of the Board. The chair of the Board of Directors will act as the presiding officer throughout the hearing conducted by the full Board unless the chair is unable to serve or is disqualified from serving, in which case the ACEP President will designate a member of the Board of Directors to chair the hearing. If all Board members have recused themselves, the Ad Hoc Committee members shall choose an individual from among themselves to chair the hearing. If a subcommittee of the Board or an Ad Hoc Committee conducts the hearing, such hearing must take place with all of the parties and all the members of the subcommittee or ad hoc committee present in person. If the full Board conducts the hearing, all of the parties, and a quorum of the Board, must be present in person. Hearings may not take place by telephone conference call~~ **will take place before the Board Hearing Panel. All members of the Board Hearing Panel must be present in person, except in circumstances in which it is impossible or commercially impracticable for the parties and the Board Hearing Panel to hold an in-person hearing, at which time the Board Hearing Panel may choose to hold a virtual hearing.**
7. The parties to the complaint have the right to call, examine, and cross-examine witnesses and to present evidence that is determined to be relevant by the presiding officer, even if the evidence would not be admissible in a court of law. Respondent may submit a written statement at the close of the hearing. All witness expenses will be borne by the party who calls the witness.
8. The Board, ~~its appointed subcommittee, or an Ad Hoc Committee~~ **Hearing Panel** will, after having given the complainant and the respondent an opportunity to be heard, including oral arguments and the filing of any written briefs, conclude the hearing.
- ~~9. In the event that the hearing is conducted by a subcommittee of the Board or an Ad Hoc Committee, such subcommittee or Ad Hoc Committee will, within one hundred twenty (120) days after the hearing concludes, submit the written record of the hearing, along with the subcommittee's recommendation or the Ad Hoc Committee's decision, to the Board of Directors. If the hearing is conducted by a subcommittee of the Board, within thirty (30) days after receiving a subcommittee report and recommendation, or, if the full Board conducts the hearing, within thirty (30) days after the hearing concludes, the Board shall render a decision. The affirmative vote of two-thirds of the Directors entitled to vote pursuant to this Section, with a quorum of Directors present pursuant to ACEP Bylaws, shall be required to take disciplinary action against the respondent. If the Board does not achieve a two-thirds vote of entitled Directors with a quorum present, the respondent shall be exonerated. Directors shall be entitled to vote if they have not recused themselves or been recused, and, in the case of a hearing conducted by the full Board, if they have attended the entire hearing. If the hearing is conducted by an Ad Hoc Committee pursuant to Section F., the decision of such Ad Hoc Committee will be final and will be implemented by the Board.~~
- ~~10.9.~~ The decision of the Board ~~or Ad Hoc Committee~~ **Hearing Panel** will be expressed in a resolution that will be included in the minutes of the meeting at which the decision occurs. Written notice of the ~~Board's or Ad Hoc Committee~~ **Board Hearing Panel's** decision will be sent by ~~certified U.S. mail~~ **USPS Certified Mail** to the respondent and complainant within sixty (60) days of the decision. This written notice will include the ~~Board's or Ad Hoc Committee's~~ **Board Hearing Panel's** decision and a statement of the basis for that decision.

H. Notice to the Board of Directors

At the next meeting of the ACEP Board of Directors, following a final determination regarding a complaint, the Board shall be presented with an outline of the steps taken by the applicable ACEP review body in its review of the complaint. The Board shall review the Procedures used in the complaint review process but will not review the facts or merits of the case. Should the Board decide these Procedures were not followed appropriately, it will remand the case back to the reviewing committee or panel to correct the procedural error.

I. Possible Disciplinary Action: ~~Censure, Suspension, or Expulsion~~ and Disclosure to ACEP Members

1. Nature of Disciplinary Action

a. Censure

- a. i. Private Censure: a private letter of censure informs a member that his or her conduct ~~is~~ does not ~~in conformity~~ conform with the College's ethical standards; it may detail the manner in which ~~the Board~~ ACEP expects the member to behave in the future and may explain that, while the conduct does not, at present, warrant public censure or more severe disciplinary action, the same or similar conduct in the future may warrant a more severe action. ~~The content~~ Upon written request by a member of ACEP, ACEP may confirm the censure; however, contents of the ~~a private letter of censure shall will~~ not be ~~disclosed~~ provided. ~~but the fact that such a letter has been issued shall be disclosed.~~
- b. ii. Public Censure: a public letter of censure shall detail the manner in which the censured member has been found to violate the College's ethical standards set forth in Section ~~A.B.2.~~ above. The censure shall be announced in an appropriate ACEP publication. The published announcement shall also state which ACEP policy or Bylaws provision was violated by the member and shall inform ACEP members that they may request further information about the disciplinary action.

- ~~2.~~ b. Suspension from ACEP membership shall be for a period of twelve (12) months; the dates of commencement and completion of the suspension shall be determined by the ~~Board of Directors~~ ACEP President. At the end of the twelve ~~(12)~~ month period of suspension, the suspended member ~~shall be offered~~ may request reinstatement. Request for reinstatement shall be processed in the same manner as that of any member whose membership has lapsed (i.e., has been cancelled for non-payment of dues). The suspension shall be announced in an appropriate ACEP publication. The published announcement shall also state which ACEP policy or Bylaws provision was violated by the member and shall inform ACEP members that they may request further information about the disciplinary action. ACEP is also required to report the suspension from membership and a description of the conduct that led to the suspension to the Board of Medical Examiners in the states in which the physician is licensed which may result in a report of such action to the National Practitioner Data Bank.

- ~~3.~~ c. Expulsion from ACEP membership shall be for a period of five (5) years, after which the expelled member may petition the Board of Directors for readmission to membership. The decision regarding such a petition shall be entirely at the discretion of the Board of Directors. The expulsion

J. Disclosure

1. Nature of Disciplinary Action

- a. ~~Private censure: the content of a private letter of censure shall not be disclosed, but the fact that such a letter has been issued~~ announced in an appropriate ACEP publication. The published announcement shall ~~be disclosed. The name of the respondent shall be disclosed, but the conduct that resulted in censure shall not be disclosed.~~ also state which ACEP policy or Bylaws provision was violated by
- b. ~~Public censure: both the fact of issuance, and the content, of a public letter of censure shall be disclosed.~~
- e. ~~Suspension: the dates of suspension, including whether or not the member was reinstated at the end of the period of suspension, along with a statement of the basis for the suspension, shall be disclosed. ACEP is also required to report the suspension of membership and a description of the conduct that led to suspension to the Boards of Medical Examiners in the states in which the physician is licensed, which~~ and shall inform ACEP members that they may request further information about the disciplinary action. ~~to the National Practitioner Data Bank.~~
- d. ~~Expulsion: the date of expulsion, along with a statement of the basis for the expulsion, shall be disclosed. If the five year period has elapsed, the disclosure shall indicate whether the former member petitioned for reinstatement and, if so, the Board's decision on such petition. ACEP is also required to report the expulsion from membership and a description of the conduct that led to expulsion to the Boards of Medical Examiners in the states in which the physician is licensed which may result in a report of such action to the National Practitioner Data Bank.~~

2. Scope and Manner of Disclosure

- a. Disclosure to ACEP members ~~Members~~: Any ACEP member may transmit ~~to the Executive Director~~ a request for information to the Executive Director regarding disciplinary actions taken by the College.

Such letter shall specify the name of the member or former member who is the subject of the request. The Executive Director shall disclose, in writing, the relevant information as described in Section ~~J~~ I.1.

- b. ~~Public Disclosure to Non-Members: If a non-member~~ The Board of Directors shall publicize in an appropriate ACEP publication the names of members receiving public censure, suspension, or expulsion. This published announcement shall also state which ACEP bylaw or policy was violated by the member and shall inform ACEP members that they may request further information about the disciplinary action. If any person makes a request for information about disciplinary actions against a member who has received public censure, suspension, or expulsion, the Executive Director shall refer that person to the published announcement of that disciplinary action in an ACEP publication. No further information shall be provided.

~~K~~ J. Ground Rules

1. All proceedings are confidential until a final decision on the complaint is rendered by the ~~Board of Directors or an Ad Hoc Committee pursuant to Section F.~~ applicable ACEP review body, at which time the decision will be available upon request by ACEP members, to the extent specified in Section ~~J~~ I. Files of these proceedings, including written submissions and hearing record will be kept confidential.
2. Timetable guidelines are counted by calendar days unless otherwise specified.
3. The Ethics ~~Committee~~ Complaint Review Panel, the Bylaws Committee, ~~or the Board of Directors, their appointed subcommittees, as appropriate, or an Ad Hoc Committee~~ Hearing Panel, may request further written documentation from either party to the complaint; a time to satisfy any request will be specified in the notice of such request, and these times will not count against the ~~committee's, Board's, subcommittee's, or Ad Hoc Committee's overall time to complete its task. However, such requests and the responses thereto shall not extend the time to deliver a recommendation or a decision to the Board beyond ninety (90) days from the date the complaint is forwarded to the appropriate committee, subcommittee, or Ad Hoc Committee.~~ ACEP review body's overall time to complete its task.
4. All parties to the complaint are responsible for their own costs; ACEP will pay its own administrative and committee costs.
5. If a participant in this process (such as a member of the Ethics ~~Committee~~ Complaint Review Panel, the Bylaws Committee, or ~~the Board of Directors~~ Hearing Panel) is a party to the complaint, has a material reason for bias, subjectivity, or conflicts of interest in the matter, or is in direct economic competition with the respondent, that person shall recuse himself or herself from the process except as a complaining party or respondent. ~~Any committee member who recuses himself or herself shall report this recusal promptly to the committee chair, and any Board member who recuses himself or herself shall report this recusal promptly to the chair of the Board.~~ at which time the ACEP President will appoint a replacement.
6. Once the ~~Board~~ Ethics Complaint Review Panel or the Bylaws Committee has made a decision ~~or implemented a decision of an Ad Hoc Committee pursuant to Section F.~~ on a complaint, it will not consider additional allegations against the same respondent based on the same or similar facts.
7. The ~~Board's~~ Ethics Complaint Review Panel or the Bylaws Committee's decision ~~or the decision of an Ad Hoc Committee pursuant to Section F.~~ to impose an adverse action must be based on a reasonable belief that the action is warranted by the facts presented or discovered in the course of the disciplinary process.
8. If a respondent fails to respond to a complaint, to a notice of the right to request a hearing, or to a request for information, the ~~Board or an Ad Hoc~~ Ethics Complaint Review Panel, the Bylaws Committee, ~~pursuant to Section F.~~ or the Board Hearing Panel may make a decision on the complaint solely on the basis of the information it has received.
- ~~9. If a complaint alleges a violation that is the subject of a pending ACEP Standard of Care Review, the Standard of Care Review will be suspended pending the resolution of the complaint brought pursuant to these Procedures.~~
- ~~10.~~ 9. If a respondent seeks to voluntarily resign his/her ACEP membership after ACEP has received a complaint against that respondent, that request for resignation will not be accepted by ACEP until the complaint has been resolved. For the purposes of this provision, non-payment of ACEP member dues will be interpreted as a request for resignation.

Resolution 16 Special Board of Directors Meetings – Bylaws Amendment

RESOLVED, That the ACEP Bylaws Article IX – Board of Directors, Section 3 – Meetings be amended to read:

The Board of Directors shall meet at least three times annually. One of these meetings shall take place not later than 30 days following the annual meeting of the College. The other meetings shall take place at such other times and places as the Board may determine. Meetings may take place within or outside of the State of Texas. A majority of the Board shall constitute a quorum.

Subject to the provisions of these Bylaws with respect to notice of meetings of the Board of Directors, members of the Board of Directors may participate in and hold additional meetings of such Board by means of conference telephone or similar communications equipment by means of which all persons participating in the meeting can hear each other, and participation in a meeting pursuant to this section shall constitute presence in person at such meeting, except where a director participates in such meeting for the express purpose of objecting to the transaction of any business on the ground that the meeting is not lawfully called or convened.

Any action required or permitted to be taken at a meeting of the Board of Directors may be taken without a meeting if a consent in writing, setting forth the action to be taken, shall be signed by all of the members of the Board of Directors and Council officers, and such a consent shall have the same force and effect as a unanimous vote of the members of the Board of Directors at a meeting of the Board of Directors.

Special meetings of the Board of Directors may be called by the president **or the chair of the Board** with not less than ~~10~~ **48 hours** ~~nor more than 50 days~~ notice to each director, either personally or by other appropriate means of communication. Special meetings also may be called by one-third of the current members of the Board in like manner and on like notice. Such notice of a special meeting of the Board of Directors shall specify the business to be transacted at, and the purpose of, such special meeting

Resolution 18 ACEP Membership and Leadership (as amended)

RESOLVED, That ACEP will study and create a plan for improving racial/ethnic, gender, and other forms of diversity of its members, committee members, councillors, Council Officers, and Board of Directors; and be it further

RESOLVED, That ACEP collect and publish demographic data about its members, Council, and leaders and encourage community and academic emergency medicine groups alike to publish demographic data about its members and, likewise, to create a plan for improving racial/ethnic, gender, and other forms of diversity among its members; and be it further

RESOLVED, That ACEP create an annual diversity report to be presented to Council for the next 5 years.

Resolution 19 Framework to Assess the Work of the College Through the Lens of Health Equity (as amended)

RESOLVED, That ACEP create or select a framework to assess the future work of the College (position statements, adopted resolutions, task forces) through the lens of health equity; and be it further

RESOLVED, That ACEP provide to members a biennial assessment of the work of the College as it pertains to health equity.

Resolution 20 ACEP Award for Excellence in Innovations in the ED Care of Patients with Behavioral Health and Substance use Disorder (as amended)

RESOLVED, That ACEP will honor emergency physicians with this annual award who have led the way in improving the care of patients with behavioral health and substance use disorder.

Resolution 21 Medical Society Consortium on Climate & Health

RESOLVED, That ACEP become an official member of the Medical Society Consortium on Climate & Health; and be it further

RESOLVED, That ACEP support one ACEP member representative by paying registration and travel expenses to attend the Medical Society Consortium on Climate & Health annual meeting starting in 2021.

Resolution 22 State Media Training for Emergency Physicians

RESOLVED, That ACEP develop a dedicated media training course for emergency physicians to respond to requests from state or local media outlets via ACEP constituent chapters and sections with an emphasis on specific talking points pertinent to the key issues affecting those physicians at that level; and be it further

RESOLVED, That ACEP develop a media training course specifically focused on effective, unbiased, fact-based social media delivery; and be it further

RESOLVED, That ACEP partner with state chapters and sections to effectively market a media training course for chapter and section leaders and encourage that chapter and section officers are offered the opportunity to enroll in such training in conjunction with ACEP *Scientific Assembly* or other ACEP meetings.

Resolution 24 911 Awareness and Policy (as amended)

RESOLVED, That ACEP promote awareness that healthcare professionals are increasingly accessing 911 on behalf of patients who cannot call 911 themselves, will not call 911 themselves, or have inadequate communication when speaking to 911 dispatchers themselves; and be it further

RESOLVED, That ACEP promote awareness that medical directors of Public Safety Access Points and EMS may need to build policies to take into strong consideration the patients' medical information and patients' medical needs provided by the treating doctor who activates the 911 emergency on behalf of a patient; and be it further

RESOLVED, That ACEP work with relevant stakeholders to facilitate the process of emergency medical dispatcher processing of calls originated by medical professionals – especially by those utilizing telehealth technologies.

Resolution 25 Adverse Impact of Healthcare Insurers on Emergency Medicine Reimbursement & Optimal Patient Coverage

RESOLVED, That ACEP create a task force and commission an independent study on the extraordinary financial influence health insurers have asserted over emergency physicians by leveraging EMTALA mandates and withholding appropriate reimbursement against emergency physicians; and be it further

RESOLVED, That ACEP engage an independent healthcare economist to analyze the reimbursement challenges and adverse financial impacts of the healthcare financing system on emergency medicine and the effect of commercial health insurance and reimbursement policies on emergency care; and be it further

RESOLVED, That ACEP advocate for higher standards and additional scrutiny of health insurer spending, including the Medical Loss Ratio (MLR) standards, to ensure more resources are dedicated to the patient health services and not diverted for other business pursuits without clear benefit to their patient population; and be it further

RESOLVED, That ACEP work with other similarly affected professional organizations, consumer advocacy groups, and the American Medical Association (AMA) to further understand the contribution of health insurers on the increased financial burden of patient access to emergency services and on the physician delivery of emergency care.

Resolution 26 Addressing Systemic Racism as a Public Health Crisis (as amended)

RESOLVED, That ACEP reaffirm the importance of recognizing and addressing the social determinants of health, including systemic racism as it pertains to emergency care; and be it further

RESOLVED, That ACEP continue to explore models of health care that would make equitable health care accessible to all; and be it further

RESOLVED, That ACEP continue to use its voice as an organization and support its members who seek to reform discriminatory systems and advocate for policies promoting the social determinants of health within historically disenfranchised communities at an institutional, local, state, and national level.

Resolution 27 Attributing the Unqualified Term “Resident” to Physicians (as amended) – last 3 resolveds

RESOLVED, That ACEP recognize the valuable contribution of NPs and PAs within a physician-led team in the emergency department and that any development of NP/PA post-graduate training programs must be done with approval of the emergency department leadership; and be it further

RESOLVED, That ACEP work with relevant stakeholders to clarify non-physician post-graduate title terminology, and advocate for alternative terminology replacing the terms “resident” and “residency” and “fellow” and “fellowship” in conjunction with, but not limited to, nurse practitioners (NP) and physician assistants (PA) as their training is not equivalent to the training undertaken by physicians in an ACGME accredited emergency medicine residency and fellowship programs;; and be it further

RESOLVED, That ACEP create a “Definition of Emergency Medicine Residency” policy statement.

Resolution 29 Billing and Collections Transparency in Emergency Medicine (as amended) – first two resolveds

RESOLVED, That ACEP modify the existing policy statement “Emergency Physician Contractual Relationships” through deletion and substitution as follows: “The emergency physician is entitled to detailed itemized reports on what is billed and collected for his or her service on a semi-annual basis regardless of whether or not billing and collection is assigned to another entity within the limits of state and federal law. The emergency physician shall not be asked to waive access to this information.”; and be it further

RESOLVED, That ACEP modify the existing policy statement “Emergency Physician Rights and Responsibilities” through deletion and substitution as follows: “5. Emergency physicians are entitled to detailed itemized reports of billings and collections in their name on a semi-annual basis and have the right to audit such billings at any time, without retribution. The emergency physician shall not be asked to waive access to this information.”

Resolution 30 Protection and Transparency (as amended)

RESOLVED, That ACEP establish policy that encourages all employers, persons or entities who contract for emergency physician services to provide information on a semi-annual basis to non-federal physicians for any and all compensation or benefit, cash, and payment-in-kind, received by the employer or Contract Management Group (CMG) as a result of the physician providing his or her services without any requirement of the physician requesting it.

Resolution 31 Insurer Accountability/Policy Weakness Disclosure (as amended)

RESOLVED, That ACEP establish policy advocating for legislation requiring health insurers to provide written disclosures to potential customers explaining the policy and potential shortfalls where customers would be financially responsible, before they could receive any benefit and at the time of sale of any healthcare; and be it further

RESOLVED, That ACEP support legislation imposing penalties on insurers who do not provide written disclosures explaining the policy and potential shortfalls where customers would be financially responsible to policyholders as required, i.e., before they purchase the policy that include requiring the insurer to cover 100% of all charges without deductible, co-pay, exclusions, etc.

Resolution 34 Public/School Bleeding Control Kit Access and Training

RESOLVED, That ACEP support access to bleeding control kits in all schools and public venues nationwide akin to the automated external defibrillators (AED) access programs; and be it further

RESOLVED, That ACEP support the expansion of bleeding control training in schools and communities to support educated use of these kits in the event of an emergency until help arrives.

Resolution 35 Supporting the Development of a Seamless healthcare Delivery System to Include Prehospital Care

RESOLVED, That ACEP take a leadership role to ensure the inclusion of prehospital care (e.g., emergency medical services) as a seamless component of health care delivery rather than merely a transport mechanism; and be it further

RESOLVED, That ACEP advocate for bidirectional data integration between hospitals and EMS; and be it further

RESOLVED, That ACEP advocate for appropriate payment of EMS services to include all clinical services separate from transport; and be it further

RESOLVED, That ACEP advocate for the development of a payment structure for EMS medical direction and oversight including physician field response; and be it further

RESOLVED, That ACEP advocate for additional support to the National Highway Traffic Safety Administration Office of EMS to allow for further federal leadership of EMS systems development and evolution and expansion of the

National EMS Information System; and be it further

RESOLVED, That ACEP collaborate with other stakeholder organizations to promote legislation that will allow for the integration of reimbursed prehospital care into a seamless patient-centered system of healthcare delivery.

Resolution 38 Universal Access to Telehealth Care

RESOLVED, That ACEP, in collaboration with other medical organizations, advocate for universal access to telehealth care through expanded broadband infrastructure and wireless connectivity to all rural and underserved areas of the United States as well as supporting innovative strategies to improve individual access to broadband and cellular technology.

Resolution 41 Personal Protection Equipment (as amended)

RESOLVED, That ACEP work with relevant stakeholder organizations to establish appropriate minimum standards and regulations applicable to hospitals for the readily accessible storage of appropriate levels of personal protection equipment for all workers at the facility, and to strengthen penalties for violation for such regulations; and be it further

RESOLVED, that ACEP work with relevant stakeholders to establish or strengthen whistleblower protections who in good faith report deficiencies in the quantity or quality of personal protective equipment (PPE) made available to them for the purposes of caring for patients; and be it further

RESOLVED, That ACEP establish a new policy supporting emergency physicians and other emergency workers providing their own personal protection equipment without any penalty of any kind if adequate and sufficient personal protection equipment to be used as intended by the manufacturer of the personal protection equipment is not provided.

Resolution 42 Addressing Ethical Challenges of the COVID-19 Pandemic for Emergency Physicians (as amended)

RESOLVED, That ACEP develop policy statements to address:

- 1) the implications of inadequate personal protective equipment for emergency physicians;
- 2) the care of patients under crisis treatment standards; and
- 3) the proportionality of responses by hospitals and practice organizations toward emergency physicians' compensation or benefits during times of pandemic illness or other similar events.

Resolution 43 Creating a Culture of Anti-Discrimination in our Emergency Departments and Healthcare Institutions (as amended)

RESOLVED, That ACEP promote transparency in institutional data to better identify disparities and biases in medical care; and be it further

RESOLVED, That ACEP continue to encourage training to combat discrimination for all clinicians; and be it further

RESOLVED, That ACEP continue to explore frameworks for integrating anti-discrimination into our emergency departments and institutions at all levels including, but not limited to, patients, families, medical students, staff, trainees, staff physicians, administration, and other stakeholders.

Resolution 47 Honoring Employment Contracts for Graduating Emergency Medicine Residents (as amended)

RESOLVED, That ACEP partner with the Emergency Medicine Residents' Association to encourage all employers to honor their employment contracts with graduating emergency medicine resident and fellow physicians.

Resolution 49 Strangulation Policy Statement and Educational Resources (as substituted in lieu of Resolution 28 and Resolution 49)

RESOLVED, That the American College of Emergency Physicians (ACEP) acknowledges the hazard associated with air-hoke holds, strangulation and carotid restraint; and be it further

RESOLVED, That ACEP educate its members and relevant stakeholders on the hazards and the recognition and appropriate management of patients who present to the emergency department with injuries associated with air-choke holds, strangulation and carotid restraint maneuvers in various settings.

Resolution 50 Support for Expedited Partner Therapy

RESOLVED, That ACEP develop a clinical policy supporting the use of expedited partner therapy; and be it further

RESOLVED, That ACEP develop model legislation that removes legal obstacles to expedited partner therapy, promotes legal clarity where the laws are ambiguous, and provides legal protection for health care professionals that choose to prescribe expedited partner therapy; and be it further

RESOLVED, That ACEP work with state and local health departments and key stakeholders to develop expedited partner therapy protocols.

Resolution 51 Telehealth Disaster Pilot and Educational Resources

RESOLVED, That ACEP create new policy that promotes federal, state, and private funding for pilot projects and studies to help provide care, once a disaster is officially declared by a state or federal agency, entity or official, to disaster victims and rescue workers using telehealth and other technology as tools and to study the effectiveness of using telehealth as a vehicle for the evaluation and treatment of disaster victims and patients; and be it further

RESOLVED, That ACEP create new policy that encourages federal, state, and private funding to develop and implement telehealth and other technology educational programs and training of first responders and disaster workers to become more familiar with such tools to improve access, evaluation of, and the care delivered to victims of natural and man-made disasters.

Resolution 53 In Memory of Lindsey J. Myers, MD

RESOLVED, That the American College of Emergency Physicians remembers with honor and gratitude the accomplishments and contributions of a gifted emergency physician Lindsey Jo Myers, MD and extends condolences and gratitude to her family and friends for her service to the specialty of emergency medicine and to patient care.

Resolution 54 In Memory of Herbert Arnold (“Arn”) Muller, MD, FACEP

RESOLVED, That the American College of Emergency Physicians cherishes the memory and expresses its appreciation for the professional accomplishments and personal influence of “Arn,” a consummate gentleman and emergency medicine pioneer, and be it further

RESOLVED, That the American College of Emergency Physicians and the Pennsylvania College of Emergency Physicians extends to his wife Anne, daughters Janice and Sarah, and sons Carl “Gus,” Peter, and Paul, and the extended Muller family gratitude for his tremendous service to public health and to the specialty of emergency medicine as one of its founding fathers.

Resolution 55 In Memory of J. Ward Donovan, MD, FACEP, FACMT

RESOLVED, That the American College of Emergency Physicians cherishes the memory and legacy of J. Ward Donovan, MD, FACEP, FACMT, who dedicated himself to his patients, to his profession, and to his family, and be it further

RESOLVED, That the American College of Emergency Physicians and the Pennsylvania College of Emergency Physicians extends to his wife Joan, daughter Erin, son-in-law, Greg, and grandchildren, Seamus and Aoife, and to the extended Donovan family gratitude for his tremendous service to the specialty of emergency medicine and to his leadership, vision, and commitment in the development of emergency medicine and medical toxicology.

Resolution 56 In Memory of Craig Manifold, DO, FACEP, FAAEM, FAEMS

RESOLVED, That the American College of Emergency Physicians recognizes the scope, breadth, and lasting impact of the magnanimous life of Craig Manifold, DO, FACEP, FAAEM, FAEMS, on the State of Texas, the Texas College of Emergency Physicians, and the Government Services Chapter of ACEP; and be it further

RESOLVED, That the aforementioned groups acknowledge the substantial loss to the medical community and bereavement of his many colleagues and friends, but above all extend condolences to his beloved wife of 31 years, Denise L. Moore, and their precious children Hanna Moore Manifold Cappadonna, her husband, Barrett; Della Caroline Manifold-Stolle, and her husband, Steven; and his son, Caleb Andrew Manifold.

Resolution 57 In Memory of Douglas W. Lowery-North, MD, MSPH, FACEP

RESOLVED, That the American College of Emergency Physicians remembers with gratitude the many contributions made by Douglas W. Lowery-North, MD, FACEP, as one of the leaders in emergency medicine and the greater medical community; and be it further

RESOLVED, That the American College of Emergency Physicians extends to the family of Douglas W. Lowery-North, MD FACEP, his friends, and his colleagues our condolences and gratitude for his tremendous service to his country, the specialty of emergency medicine, and to the patients and physicians of California, Georgia, Oregon, and the United States.

Resolution 58 In Memory of Debra Sanders. Hawaii Chapter Executive

RESOLVED, That the American College of Emergency Physicians and the Hawaii Chapter recognizes Debra Sanders for her Aloha and her outstanding contributions to the chapter.