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### President's Message

Dear Colleagues,

As we look towards the fall, I hope for calmer days ahead given the tumultuous spring and summer we all have experienced. I seek a salve to help heal our communities and a means to help comfort those who have grieved the loss of so many lives in the past few months.

We have been united with concern as protests ignited across the country and within our city in response to the pandemics of COVID and social injustice. We have endured months of caring for COVID patients, risking repeated exposure to this deadly disease, constantly worrying about our own safety and the health of our loved ones when we return home from shifts. Many of us witnessed the disproportionate deaths among men and women of color from COVID and social injustices broadcasted across the country as Black lives have been callously disregarded and senselessly taken. We mourned for our families, friends, colleagues, and members of our communities who endured social injustices and acts of racism that denied their humanity. Some of us were left emotionally and physically exhausted from dealing with these crises and depressed to a depth we had never felt.

Through all of this, I hope we demonstrate resilience and advocate for peace and equity. I hope we care for our patients more keenly aware of the complex social factors that impact the health of those we serve and vow to be more introspective about how our own biases may impact the treatment we provide. I hope we find personal and professional outlets to demonstrate allyship and commit ourselves to creating anti-racist coalitions to begin to address generations of injustices that continue to plague our country.

The DC Chapter of the American College of Emergency Physicians hears the call to action and is advocating for our patients and communities by developing policies that respond to the moment and the movement. DC ACEP Chapter Board members Dr. Marisa Dowling, Dr. James Maloy, and Dr. Leah Steckler have developed two-2 resolutions that will be debated at the [2020 ACEP Council Meeting](#).

The first resolution submitted by DC ACEP addresses systemic racism as a public health crisis and challenges our national organization to use its voice to support its members who seek to dismantle systems of discrimination and advocate for policies promoting the social determinants of health within historically disenfranchised communities at an institutional, local, state, and national level. The second resolution, which seeks to create a culture of anti-discrimination in our emergency departments and health care institutions, gained co-sponsorship by both the Maryland ACEP Chapter and the National ACEP Diversity, Inclusion and Health Equity Sections.

DC ACEP is committed to supporting the emergency physicians practicing within the District of Columbia and advocating for our patients entrusting us with their care. We want to hear your voices about how to make our organization stronger and more responsive to the concerns of our members. Please consider joining us at our next [chapter meeting](#) during the [ACEP20](#) in October.

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**Resident Corner**  
**Racial Injustice in a Pandemic: Insight into the District**  
**Kawthar Yusuf, MD, PGY-3**

The District of Columbia is a substantial example of the significant health disparities that black Americans face within this nation. Approximately 46% of DC residents are black, another 46% are white, and 8% are listed as 'other'. As of July 80%, of the reported COVID-19 deaths were black, while whites made up appropriately 22% of coronavirus cases leading to 11% of deaths related to COVID-19.

While most Americans quarantined in their homes during this pandemic, a horrific video surfaced showing a black man, George Floyd, dying while in the hands of the police. For many black people, this was not something new, however the level of outrage changed as a result of this incidence. Ongoing COVID-19 statistics prior to this incident, were showing the higher risk of cases and death within the black population in the United States. It was reported that George Floyd had history of cardiovascular disease and had just recently survived COVID-19. Again, an infectious syndrome we have come to understand as a potentially life-threatening outcome due to his race and co-morbidity background. This paramount moment around the world gave a large display of the injustices black people experience. He survived the infection during the pandemic, but unfortunately died in the hands of injustice. Altogether, this greatly showcased the various forms of discrimination to the country, whether it be related to law or health.

In a report that was published by Georgetown University in May 2020 (Pre-COVID data), they were able to demonstrate the systemic disparities between two races by comparing two Wards within D.C. D.C. is a prime representation of racially segregated housing and the challenges black residents face. It is reported that Ward 8, a large portion of Southeast D.C., approximately 90% of the population are black. While Ward 3, a large part of Northwest has a population of 5% black residents. The racial segregation of wards, which could be contributed to cost of living, discrimination, affordable housing, etc. play a tremendous role in discrepancies in co-morbidities, life expectancy, infant mortality risk, education, and income. It was reported that black people (represented by residents in Ward 8) had a shorter life span of 15 years when compared to the densely populated white residents in Ward 3. The rate of infant mortality was 6x higher and cardiac disease was 4x higher in blacks. While whites had higher income, education, and easy access to care. There are so many factors that contribute to such findings, e.g. food deserts in ward 8 with many convenience stores and few grocery stores, poor access to adequate health care, and much more.

This report provides guidance to many, but especially healthcare providers. We should use this information when caring for our black patients. As healthcare providers, it is imperative that we consciously work to improve our implicit biases and provide quality care. Cultural context for the patients we serve is important. Understanding our community and communicating with them about their concerns can make significant difference in their lives. Diversifying health professionals and actively providing education to all healthcare professionals on the barriers their patients face in obtaining care can help reduce such disparities. Lastly, being more conscious of our local representatives, if one lives outside of D.C., and supporting those who stand for making a change within the law of government when it comes to health disparities, housing discrimination, criminal injustice, and so on. With these efforts as a nation, we could only hope for a better future.

### Reference

“Health Disparities in the Black Community: An Imperative in Racial Equity in the District of Columbia, Georgetown University School of Nursing & Health Studies, May 2020.

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### **New Fellow Designation!**

Congratulations to Imad M. Khojah, MD, FACEP and Mathew Pyle, MD, FACEP.

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### **Welcome New Members!**

A special welcome to the new members of the District of Columbia Chapter. We are excited to have you.

**Rah-Sha M. Al-Hassan**

**Gavin Koenig**

You may wonder if you should get involved with District of Columbia ACEP or EMRA or at the national level? We encourage you to please get involved!

If you are unsure about how to get involved, feel free to contact the chapter [directly](#).

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**FROM NATIONAL ACEP**



Stay current with the [COVID-19 Center](#). It's your one-stop-shop for clinical and legislative updates. **Quick Links:** [Physician Wellness Hub](#) | [COVID-19 Field Guide](#)

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#### **Get PPE through Project N95**

With member concerns about the quality of N95 masks on the open market, ACEP has joined with Project N95 to offer PPE to you at volume prices. This [exclusive benefit for ACEP members](#) is available only through August 26. Registration opens at 4 p.m. ET today Wednesday, August 19 and is only available to members in the 50 states of the US, DC and Puerto Rico.

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#### **ACEP & EMRA Launch Diversity Mentoring Initiative on August 15**

This collaboration between the ACEP Diversity, Inclusion and Health Equity Section (DIHE) and EMRA's Diversity & Inclusion Committee that supports leadership and career development for diverse medical students, residents, fellows, academic attendings and community emergency physicians in the EM community. The first 200 mentees have been matched with 100 mentors from across the EM community. If you're interested in being part of the next cohort, slots will open up in six months. Follow #mentorsofEM and #menteesofEM on Twitter to keep tabs on the program's progress, and learn more at [mentor.acep.org](https://mentor.acep.org).

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#### **New Policy Statements and Information Papers**

During their June 2020 meeting, the ACEP Board of Directors approved the following new policy statements and information/resource papers. For a full list of the College's current policy statements, consult the [ACEP Policy Compendium](#).

##### **New Policy Statements:**

[Antimicrobial Stewardship](#)  
[Expert Witness Cross-Specialty Testimony for Standard of Care](#)  
[Leadership and Volunteers Conduct Policy](#)  
[Medical Neutrality](#)

##### **Revised Policy Statements:**

[2020 Compendium of ACEP Policy Statements on Ethical Issues \(page two of the Code of Ethics\)](#)  
[Guidelines Regarding the Role of Physician Assistants and Nurse Practitioners in the Emergency Department](#)  
[Role of the Emergency Physician in Injury Prevention and Control for Adult and Pediatric Patients](#)

##### **New Information/Resource Papers (Smart Phrases)**

[Antitussive Medications for Children](#)

[Asthma Exacerbation](#)  
[Asymptomatic Hypertension](#)  
[Coronavirus Concern — Confirmed or Suspected](#)  
[Ethanol Intoxication](#)  
[Influenza-Like Illness](#)  
[Injection Drug Use](#)  
[Motor Vehicle Crash](#)

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**ACEP20 is a CME Jackpot + Announcing Special Guest: Dr. Anthony Fauci!**  
ACEP20 will include more than 250 hours of CME education, but here's the best part: Attendees get access to this education and **CME for THREE YEARS** after the event! All of the live events will be debuting during the original dates: Oct. 26-29. We are happy to announce our **first special guest at ACEP20 – Dr. Anthony Fauci**, NIAID Director. We'll be unveiling other celebrity keynote speakers throughout August, so follow ACEP's social media channels for those exciting announcements. [Click here for more information and to register.](#)

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### **Upcoming Webinar: The Long and Winding Road of an Epidemic: Prescription Opioids, Heroin, and Beyond**

Join us on August 31, 2020 from 1pm - 2pm CT for the first installment in a 6-part **free** webinar series on opioid use disorder, federal and state regulations/regulatory considerations and state initiatives. [Click here to register.](#)

Moderator and Panelists:

- Chadd K Kraus, DO, DrPH, MPH, FACEP, Director, Emergency Medicine Research Core Faculty, Geisinger Medical Center, EM Residency Associate Professor of Medicine, Geisinger Commonwealth School of Medicine
- Harry Monroe, Director, Chapter and State Relations, ACEP
- Jeffrey Davis, Regulatory Affairs Director, ACEP

The webinar will be recorded and link to recording will be made available to all registrants. For more information, please email Mari Houlihan at [mhoulihan@acep.org](mailto:mhoulihan@acep.org).

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# Opioid Use Disorder: A Regulatory Perspective

Join us for a 6-Part Webinar Series on Opioid Use Disorder, Federal and State Regulations/Regulatory Considerations and State Initiatives.

The first webinar will provide a national perspective and the follow-up webinars will be focused more regionally.

For more information about this series please email Mari Houlihan at [mhoulihan@acep.org](mailto:mhoulihan@acep.org)

Funding for this initiative was made possible (in part) by grant no. 6H79T1080816 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.



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## Regulatory Updates

Check out our [Regs & Eggs blog](#) for the latest regulatory updates.

### **2021 Physician Fee Schedule Proposed Rule: What You Need To Know**

ACEP recently published a new [comprehensive summary of the 2021 Physician Fee Schedule Proposed Rule](#) and its potential effect on emergency medicine. Last week, we [sent a letter](#) expressing our concerns with the proposed cuts and calling on Congress to waive budget neutrality requirements to avert the cuts that pose a significant threat to EM physicians and the health care safety net. [Voice your concerns](#) by joining the thousands of ACEP members who have urged their legislators waive the budget neutrality requirement for calendar years 2021 and 2022 by signing on to a bipartisan "Dear Colleague" letter.

### **HHS Reopens Application Process for Provider Relief Funding**

Most EM groups were eligible to receive funding from the Medicare General Distribution. If you missed the original June 3 deadline, [you may be eligible to apply now](#). Note: If you already received funding from the "General Distribution" and kept

it, you cannot apply for additional funding. The cap in funding is still 2% of your annual patient revenues.

### **CMS Delays AUC Program to 2022**

CMS recently announced that it would delay the full implementation of the Appropriate Use Criteria (AUC) program until at least the start of calendar year (CY) 2022. ACEP has long advocated for emergency physicians to be exempted from this program. [Learn more about the AUC program.](#)

**As of Aug. 1, all laboratories must report certain data elements for all COVID-19 tests** (including patient demographic data). The responsibility of collecting this information [may fall on emergency physicians.](#)

### **What President Trump's Executive Order on Rural Health and Telehealth Means for EM**

On August 3, President Trump issued an executive order (EO) that calls on the Department of Health and Human Services (HHS) to develop new payment models aimed at transforming how clinicians practicing in rural areas are reimbursed under Medicare. Further, the President states in the EO that he believes that many of the telehealth flexibilities available during the COVID-19 public health emergency (PHE) should be made permanent and asks HHS to issue a reg that would examine which services should continue to be provided to patients via telehealth after the PHE ends. On the same day the EO was issued, the (CY) 2021 Physician Fee Schedule (PFS) and Quality Payment Program (QPP) proposed reg was released, which includes a robust set of proposed telehealth policies. [Last week's regulatory blog](#) digs in to the telehealth proposals and what they could mean for emergency physicians.

Related News: [New Analysis Reveals Worsening Shortage of Emergency Physicians in Rural Areas](#)

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### **Urge Congress: Please Support Mental Health Resources and Protections for COVID-19 Health Care Providers**

ACEP applauds last week's [introduction of the Lorna Breen Health Care Provider Protection Act](#) in the Senate. We worked closely with the legislators on the development of this bill and encourage ACEP members to [contact their legislators to ask for their support](#). Read our [latest Member Alert](#) for information about this legislation and the other bills ACEP is supporting that advocate for the wellbeing of frontline health care workers.

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### **Marking Physician Suicide Awareness Day**

Physician Suicide Awareness Day is coming up on Sept. 17. ACEP will be providing updates on the Dr. Lorna Breen Health Care Provider Protection Act and additional tools and resources to mark this solemn occasion. As we advocate against barriers that prevent EM physicians from seeking mental health care, ACEP encourages members to visit the Wellness Hub at [acep.org/wellness-hub](http://acep.org/wellness-hub) for multiple pathways to help you find the support you need during this challenging season for our profession.

The **Innovation in Suicide Prevention Award** recognizes promising and innovative acute care activities in the area of suicide prevention that improve patient outcomes and improve lives of patients and/or providers. [Nominations are due Sept. 1.](#)

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### **NEMPAC Charity Match**

For a limited time, your NEMPAC contribution of \$100 or more will be matched 10 cents on the dollar by ACEP to a charitable cause that provides resources to the COVID-19 front lines. The more you give, the more we give back! You can choose from one of three charities after making your contribution online: EMF COVID-19 Research Fund, GetUsPPE.org or the American Foundation for Suicide Prevention. [Click here](#) to join your fellow ACEP members today to support meaningful **political and charitable** involvement.

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### **Be Accredited to Provide Pain & Addiction Care in the ED**

Show your community that your ED is part of the solution. ACEP is now accepting applications for the [Pain & Addiction Care in the ED \(PACED\) Accreditation Program](#), developed for EM physicians by EM physicians.

PACED, the nation's only specialty-specific accreditation program, will provide the education, tools & resources you need to provide better care for patients in pain & those with substance misuse.

Elevate the quality of patient care with innovative treatments, alternative modalities, and impactful risk reduction strategies in a collaborative team setting, resulting in positive outcomes for your patients, families, providers, and communities. Learn more at [www.acep.org/PACED](http://www.acep.org/PACED) or contact us at [paced@acep.org](mailto:paced@acep.org).

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