



**Natasha N. Powell, MD, MPH, FACEP**  
**President**

[Adriana Alvarez](#)  
Executive Director  
800.798.1822 Ext. 3312 | [Website](#)



### **President's Message**

Dear Colleagues,

This "President's Message" is written during the worst pandemic that the specialty of Emergency Medicine has ever seen.

I hope this message finds you and your families well.

As I take the baton from Dr. Jessica Galarraga as DC ACEP President, I want to thank her for her tireless work and continued dedication to our chapter. I hope to continue moving our chapter forward working on many of the causes she identified, particularly her work on the COVID-19 pandemic and addressing the needs of emergency physicians providing direct patient care during this crisis.

I am humbled to serve alongside you and recognize there are real challenges the COVID-19 pandemic presents to each of us. As I begin my term as DC ACEP Chapter President, I want to learn what concerns you have and how we can work together to better serve our city and uplift each other.

Over the past few months, members of DC ACEP have been on the forefront actively advocating on behalf of our emergency medicine colleagues and patients within the District of Columbia. Through strategic partnerships, letter writing

campaigns, and virtual lobbying activities we have engaged our legislatures in conversations to better inform them of our unique needs as emergency physicians.

On April 28th, on behalf of the District of Columbia Chapter, members from our chapter had the honor of speaking with Delegate Eleanor Holmes Norton and her legislative assistant during ACEP's Lobby Day, where our voices were heard, and our cause and concerns were met with empathy and support. Our message was focused and amplified throughout the chambers of Congress as emergency medicine physicians from chapters across the country spoke with one voice to educate members of the Senate and House of Representative of our urgent needs.

Here is a summary of the issues we raised, and the specific asks discussed on behalf of the members of the emergency medicine community:

### **Personal Protection Equipment (PPE)**

- PPE must be prioritized for emergency physicians and other frontline personnel responding to the pandemic.
- A multi-pronged approach that includes proactive federal efforts and centralized coordination is necessary.
- Full use of the Defense Production Act and depletion of the Strategic National Stockpile are needed to make sure PPE moves through production and to the bedside where it is urgently needed today.
- The rights of emergency physicians to wear and use PPE even if we supply it ourselves must be protected and strongly enforced.

### **Liability**

- Congress should extend civil immunity to physicians and other clinicians for any alleged injury or death while they are providing medical care in response to the COVID-19 pandemic.
- Or, the **Federal Tort Claims Act liability protections** should be extended to us when we provide care to COVID-19 patients or otherwise respond to government guidance or protocols.

### **Hazard Pay**

- While the "Heroes Fund" proposed by Senate Democrats recognizes the need to provide hazard pay and provides an important starting point for this discussion, it has a two-tiered approach that would preclude most emergency physicians from receiving hazard pay in an amount commensurate with the risks associated with providing COVID-19 care.
- Congress should establish a "hazard pay" supplemental fund to acknowledge these risks and support emergency physicians and others on the front lines of this pandemic. This fund should allow emergency physicians to qualify for hazard pay of up to \$25,000. Given the broad range of employment types that emergency physicians practice in, individual physicians should receive payment directly, applying to the fund using their National Provider Identified (NPI).

### **Coverage**

- To truly protect patients and provide frontline clinicians such as emergency physicians with more financial security, Congress should mandate that health plans cover all COVID-19 care, including both testing and treatment, without patient cost-sharing and with appropriate reimbursement to the clinicians for all services rendered.

- Such an approach negates the need to hastily include surprise medical billing provisions in future COVID-19 relief legislation.
- Just like emergency physicians, Congress should focus for the time being on dealing with the crisis at hand. Long-term discussions on surprise billing should be deferred until after we have finished providing care for this initial wave of COVID-19 patients, and we have time to thoroughly deliberate and consider the best way forward.

In addition, we shared with Delegate Holmes-Norton a letter we cosigned with the Medical Society of the District of Columbia that provided language informing the city's COVID-19 Response Supplemental Temporary Amendment Act of 2020 that was unanimously passed DC City Council and transmitted to Mayor Muriel Bowser for her approval on May 7, 2020. You can follow this legislation [here](#).

As we continue to serve as advocates for emergency physicians and our patients during this era of COVID, DC ACEP also seeks to address the needs of our emergency medicine community through programming that targets our immediate priorities and concerns we anticipate in the year ahead.

## **DC ACEP's Current Priorities & The Road Ahead**

### **1. DC ACEP Chapter COVID-19 Town Halls**

We began a series of weekly COVID-19 virtual town hall meetings to address some of the concerns our members are facing. These meetings are taking place on Mondays from noon-1pm via the Zoom platform with the plan to continue them through the summer. Please let us know if you have experts you would like to invite to a town hall discussion or if there are topics you would like to see us address throughout the summer. After a brief pause in our series in observance of Memorial Day, we have scheduled the following town hall discussions:

**\*June 1st:** We will host Dr. Stuart Kessler. Dr. Stuart Kessler is a Vice Chair of the Department of Emergency Medicine, Icahn School of Medicine at Mount Sinai. He also serves in the capacity of Director of the Emergency Department at Elmhurst Hospital Center. This discussion will be facilitated by DC ACEP's secretary/treasurer, Dr. Aaran Drake, as Dr. Kessler shares his experiences working during the height of the COVID crisis in New York.

**\*June 8th:** Dr. Jessica Galarraga will facilitate our town hall meeting with our very own Dr. James P. Phillips, CNN Medical Analyst and Section Chief of Disaster Medicine at the George Washington University Department of Emergency Medicine.

### **2. DC ACEP PPE Survey**

DC ACEP is conducting a PPE survey of our EM physicians to inform our councilmembers and congressmembers of the realities of critical supplies within our hospital across the city. We hope to increase the response rate and need your input for each of your clinical sites to provide meaningful data to our legislators.

If you haven't been able to, please complete the survey [here](#).

### **3. MAT Waiver Course**

Our chapter was awarded funding for a Medication Assisted Treatment (MAT) waiver course as a member benefit. Our plan to hold a live course was canceled due to the COVID crisis, but we hope to be able to offer a virtual course this year with the support of National ACEP in the late summer or early fall.

We are fortunate to have a chapter rich in experience with local and national leaders who are dedicated to serving you and eager to get you engaged. As we

continue our focus on our current priorities and contemplate the road ahead, we want to learn what priorities you want to see us further explore and how your passions in emergency medicine can be supported with DC ACEP as your platform.

Again, thank you for your dedication to the practice of emergency medicine, particularly during these challenging times. I am honored for the opportunity to help lead our chapter and truly welcome your thoughts, suggestions, and support as we begin this year together.

---

### **Medical Society of the District of Columbia Town Hall Summary Aaran B. Drake, MD**

Thanks to the Medical Society of the District of Columbia, DC ACEP Board Members had the distinct pleasure of attending a COVID-19 based town hall with DC Council Member Mary Cheh. Council Member Cheh has served on the Council of the District of Columbia since 2007 and is currently the Chair of the Committee on Transportation and the Environment, but also serves on the Committees on the Judiciary and Public Safety, on Health, and on Labor and Workforce Development. Work which no doubt informed her responses during the meeting.

Council Member Cheh began the meeting by providing some COVID-19 updates relevant to healthcare providers from her most recent council meeting, and then graciously fielded questions from those in attendance, most of whom area physicians from a range of specialties were.

Just prior to the town hall, the District extended its stay at home order through June 8, 2020. Council Member Cheh clarified that this order does not affect outpatient medical clinics providing routine care, so long as they are following the CDC's guidelines. However, this does not apply to dental offices, which are restricted to seeing emergencies only given the aerosolization involved with many of their procedures. There was notably some concern among outpatient practitioners that remaining open for routine care would be unethical as they could needlessly expose patients and staff. Others noted difficulties in reopening previously closed practices as many of their staff are reluctant to return to a risky environment or give up unemployment benefits. Council Member Cheh acknowledged that it is true that persons refusing to go back to suitable employment without just cause (i.e. they personally are at high risk, or their workplace is not in compliance with CDC guidelines) would lose unemployment benefits. Ultimately, she recommended that practice function should be based on the doctor's preference and encouraged the use of telemedicine when appropriate.

Unfortunately, she reported that it is unlikely that the DC government would be of significant help regarding financial resources for struggling hospitals and clinics. Aside from a local \$33 million program for small business grants, Council Member Cheh suggested assistance could be sought from the federal government through programs like the Payroll Protection Act. Similarly, private offices and clinics will have to rely on their own vendors for obtaining PPE.

Some good news, however, surrounds an amendment included in the recent passage of the COVID-19 Response Supplemental Temporary Amendment Act of

2020. With respect to those people in the healthcare community who are working directly for the DC government or under contract with the DC government, liability is relieved for actions taken during the pandemic, with obvious exceptions for neglectful or criminal acts. Importantly, physicians in private practice or non-government positions are currently not covered, but there is council movement to soon include these providers.

Of course, plans for reopening were of great interest to the attendees. Council Member Cheh has been quite pleased with cautious approach of Mayor Muriel Bowser and reported that gradual reopening would be based on CDC guidelines and Dr. Anthony Fauci's recommendations, which at minimum require 14 days of declining new cases. Personally, Council Member Cheh would also be in favor of a mask requirement in public spaces.

However, when asked specifically about the readiness of the city's testing and tracing infrastructure that would be required for reopening, Council Member Cheh expressed some doubt that it would be in time for schools to reopen in the fall. While some schools have already announced they will be online for the fall semester, at George Washington University Law school, where Council Member Cheh is a tenured constitutional law and criminal procedure professor, they have formed a committee to brainstorm how they might reopen live classes safely. This uncertainty is furthered by seemingly unclear goals in testing. Dr. LaQuandra Nesbitt, the current Director of the District of Columbia Department of Health, spoke with press earlier in the day about the prioritization of different types of testing categories (ie hospital and healthcare workers, symptomatic patients, long term care facility residents, etc.) Per Council Member Cheh's report, Dr. Nesbitt denied any objective to reach a point that anyone who wants to get a test can get a test.

As of now, the District has taken over the Walter E. Washington Convention Center and outfitted it to care for noncritical COVID-19 patients if needed. However, per Council Member Cheh's report, hospitals are currently only at 71% capacity, which is similar to pre-COVID levels. As contact tracing is key in in Dr. Fauci's plan for safely reopening, DC Health plans to hire and train 200 tracers initially, and in a second phase will add an additional 700 tracers, to help mitigate the effects of new cases. Additionally, the city plans to rely on antibody testing to further guide the level of lockdown once we begin seeing a decline in cases.

Reopening in the District may prove to be especially complicated given the unique intersection of multiple governments in the DMV. Like DC, Arlington has extended its stay-at-home order. However, Maryland Governor Larry Hogan, just announced removal of his state's stay-at-home order. This obviously has significant implications for exposures to DC residents. Per Council Member Cheh, Mayor Bowser is in frequent contact with the governors of Virginia and Maryland to coordinate plans. Secondary to the size of our neighboring states, reopening there is planned to be by sectors. More outer-lying or rural areas will likely act independently of the District, but the areas surrounding the District will collaborate. Given the continued high case rates of COVID-19 in Prince George and Montgomery counties, both will be keeping their stay-at-home orders in place for now.

Council Member Cheh lamented that the Council is currently preoccupied with the COVID-19 emergency, and it is very unlikely that any other agendas will be moving forward soon. City revenues are down over \$700 million and many budget cuts are

anticipated. Still, she is hopeful that other important issues, like the disproportionate effect of the pandemic on our African American residents, will be a top priority.

---

**Resident Corner**  
**Monika Misak, MD**

With the introduction of COVID-19, emergency physicians are not only seeing the havoc it wreaks on our patients' bodies, but its deleterious economic impact on them, as well. The US Bureau of Labor Statistics released a report on May 11, 2020 which estimates the current unemployment rate at 14.7%. Unfortunately, the direct medical and indirect social and financial effects of COVID-19 are disproportionately affecting those of lower socioeconomic status. In my own experience of talking to patients, many have been laid off. Those who remain employed have not had the luxury of working from home and have increased difficulty in maintaining social distance due to work exposure or more crowded living environments. Unfortunately, these patients also tend to be those with a higher burden of existing comorbid conditions. Fear of contracting COVID-19 and medical office closures have, to some extent, prevented patients from seeking or obtaining care. When combined, increasing economic challenges and higher rates of disease and disability are driving growth of the food-insecure and homeless populations. Shelters are at maximum capacity and demand in local soup kitchens woefully higher than supply. Vulnerable populations are especially at risk during this time of crisis.

We often pride ourselves on being society's safety-net, a place to turn in one's worst hour. As health care workers take the lead on combating this virus with calls for PPE and widespread testing, we must not forget our role in advocating for the support of our patients' social determinants of health. Food and shelter are basic human rights, without which our medical countermeasures will fall short.

Emergency medicine residents at George Washington University Hospital are rallying together to help. Among the efforts underway are food drives for local free kitchens including Miriam's Kitchen and Bread for the City. We have also teamed up with [Back on my Feet](#) and [A Wider Circle](#), two amazing organizations uniting the community and combating homelessness in the District through running. To help raise funds for these groups, we are running a virtual race on May 16, 2020 with A Wider Circle and a Fun Run on July 29, 2020 with Back on My Feet.

As essential workers, we have been blessed with the opportunity to serve. We have also been fortunate in having a continued source of income despite many others sacrificing theirs in society's attempt to "flatten the curve." We are excited to help support members of our community in need and would love to involve the rest of our DC ACEP members in these efforts. If you would like to participate in one of the races or sponsor the events, please check our team's links above. [Miriam's Kitchen](#) and [Bread for the City](#) accept online monetary donations and have Amazon Wish Lists to make "doing good" easy!

---

## Medical Student Corner

### Lydia Koroshetz

Preventive measures against COVID-19 have led to curtailed clinical rotations and modified curriculums at medical schools across the country. With free time that would have otherwise been dedicated to clinical responsibilities, students are exploring new ways to fill their calendar, such as remote efforts aimed at helping those most deeply impacted by the pandemic. In the D.C. area, this has included students coordinating medical supply drives, helping with hospital telehealth initiatives, and providing childcare, pet care, and grocery delivery services to healthcare workers. Another opportunity to remain engaged and help protect the most vulnerable in this pandemic is through advocacy.

In April, I participated in ACEP's Virtual Hill Day with the D.C. chapter team to advocate on behalf of Emergency Medicine providers and patients. I was present on a call with other ACEP members briefing Delegate Eleanor Holmes Norton on several COVID related issues. Our asks included improving access to PPE, extending liability protections, providing hazard pay to emergency medicine providers, and demanding coverage for COVID services from health plans for our patients. The physicians on the call who have been on the frontlines of the pandemic since day one were able to provide powerful stories of how their work, patients, and personal lives have been affected by the issues. Delegate Holmes Norton was very receptive to our asks and expressed interest in continuing collaboration with ACEP on future COVID-related policies, a great success for our team.

Engaging in advocacy efforts remotely is an easy and productive way for students to promote positive change during this difficult time. When choosing to advocate, it is helpful to know that you do not have to reinvent the wheel. By using the toolkits and resources provided by advocacy organizations, such as ACEP, it becomes easy to formulate synthesized and persuasive recommendations for your target audience. Another benefit of working with a large organization is the collective influence when advocating for unified issues at a national level. Speaking with a policy maker is just one form of advocacy, among many other options to gain support for your message, such as social media campaigns. For medical students now is an opportune time to participate in advocacy, whether it is with their local ACEP chapter or another organization fighting for an issue that they are passionate about. Our country's policy makers are facing difficult decisions in the era of COVID and they value the unique perspective that the medical community has to offer.

Attending medical school in Washington D.C. has afforded me unique opportunities for advocacy, such as lobbying with classmates on Capitol Hill, attending protest marches, and working with local policy centers. I realize that when I leave D.C. in June to start residency in Emergency Medicine, I will begin a busy intern year that will likely not allow the time to make trips to Capitol Hill. I am reassured and inspired, however, by the lesson that advocacy can be just as effective when done remotely. Faced with a global health crisis unlike anything our world has seen in the last century, advocacy is more important than ever, especially as certain populations are and will continue to be disproportionately burdened by the pandemic.

---

## Adriana's Corner

A special thank you to all of you for your continued support of your patients during this pandemic. These are unprecedented times and many of you have made many sacrifices and have continued to risk your lives for others. Wishing you all the best during this crisis. Stay safe and healthy!

Take advantage of the useful resources that are posted on the chapter website:

[COVID-19](#)  
[Mental Health](#)

---

## Welcome New Members!

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

Jesus Trevino, MD  
Nadia Lehtihet, MD  
Gifford A. Mezey, MD  
Yasir Hussein, MD  
Omoyemen Blue, MD  
Grace C. Kunas, EMT  
Marcus J. Wooten  
Allison M. Rooney

Timothy Devita  
Larissa S. Silverman  
Zacahary Winchester  
Aslam Akhtar  
Katherine P. Banks  
Haroon O. Ismail  
Taylor Wahrenbrock

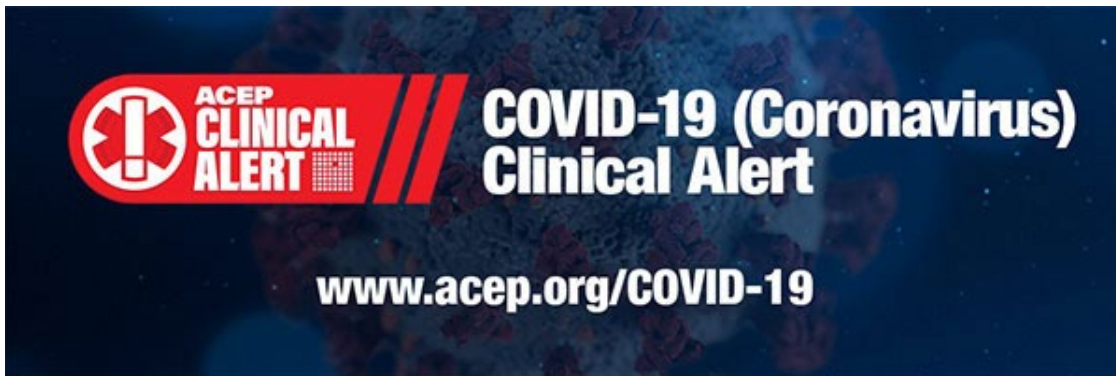
You may wonder if you should get involved with District of Columbia ACEP or EMRA or at the national level? We encourage you to please get involved!

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

---

**FROM NATIONAL ACEP**





We are updating our [COVID-19 Clinical Alert repository](#) daily to assist you with patient care, stay up-to-date with ACEP's efforts and resources and access free & discounted offers to healthcare workers. The site is organized by topic and also includes links to trusted external sources.

---

#### **Public Poll: Emergency Care Concerns Amidst COVID-19**

There is a worrisome trend across ERs of people who are avoiding getting the medical care they need. While it's important to stay home and follow social distancing guidelines, it's critical to always know when to go to the emergency department. [Read more.](#)

---

#### **Another Week, Another Bundle of COVID-19 Regulatory Changes Regs and Eggs Blog - May 7, 2020**

Last week, we mentioned that the Centers for Medicare & Medicaid Services (CMS) was planning on releasing a COVID-19 regulation any day—and in fact the reg came out later that same day, Thursday, April 30th. This is the second major reg CMS has released in response to the COVID-19 pandemic. While the first reg that CMS issued at the end of March had huge implications for emergency physicians, the reg released last Thursday won't have as much of a direct impact on emergency medicine. [Read more on ACEP's regulatory blog.](#)

---

### **COVID-19 Financial Survival Guide: What You Need to Know**

ACEP is standing up for our members who, despite serving on the frontlines of the COVID-19 pandemic, are having their livelihoods threatened. Cutting benefits, reducing shifts or canceling contracts in today's environment is akin to signing a 'Do Not Resuscitate' order for many emergency departments and the physicians who care for patients, especially those in rural or underserved areas. [Access the guide.](#)

---

### **Announcing the new ACEP Clinical Alert**

Keep up with the latest physician guidance and clinical updates from the CDC with the [ACEP Clinical Alert](#) online.

---

### **COVID-19 Physician Wellness Webinars & Crisis Support**

ACEP collaborated with the American Association of Emergency Psychiatry on a webinar and podcast related to physician wellness and mental health during COVID-19. In this webinar, Dr. Jack Rozel, Medical Director at resolve Crisis Services and president of AAEP, and Dr. L. Anthony Cirillo, ACEP Board Member, share insights on why we are experiencing fear and grief, how to cope with different types of stress, and how to help yourself and your team through this difficult time. [View the webinar and listen to the podcast.](#)

---

### **COVID-19 Field Guide: New Updates**

Our most popular COVID-19 resource, the Field Guide to COVID-19 Care in the ED, continues to be updated with the latest information. This past week, the following sections were updated: isolation, PPE, risk factors, and evaluation/management of COVID-19. [View the guide.](#)

---

### **Member Benefits: COVID-19 No Cost, Discount & Other Offers**

You are risking your lives to care for patients from this unprecedented pandemic, and we all appreciate the additional stress on you and your families. We want to help. And, so do a lot of companies out there. So, thanks to you and thanks to the companies willing to support our healthcare heroes. [View the benefits.](#)

---

### **Get Waiver Training on Zoom**

Given the unprecedented crisis that COVID 19 poses to patients with opioid addiction Get Waivered, ED Bridge, and ACEP are providing the first ever seamless Zoom version of the traditional waiver training on May 20 at 10 a.m. EST. [Register here](#).

---

### **COVID-19 Special Edition of Critical Decisions in EM**

Our newest CDEM features lifesaving lessons focused on the ED evaluation and management of COVID-19, including timely information on risk factors, common examination findings, valuable diagnostic tests, and the safe use of pharmacological treatments. The issue also takes a deep dive into PPE, the provision of respiratory support, and what interventions should be avoided when managing these vulnerable patients. [Learn more](#).

---

### **Geriatric Emergency Department Accreditation: Delivering Geriatric Care Standardization**

Older adults account for 46 percent of all emergency department visits resulting in hospitalization. Approximately one out of every 10 hospital admissions are potentially avoidable, and the majority (60 percent) of those admissions are for patients 65 and older. Read More about GEDA in the latest [SAEM Pulse issue](#).

---

### **Call for Research Forum Abstracts**

Submit your abstracts to ACEP's Research Forum 2020 by June 11. Abstracts will be peer reviewed for presentation at the 2020 Research Forum during ACEP's Scientific Assembly. [See abstract requirements](#).

---

**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)

**District of Columbia Chapter  
c/o National ACEP  
4950 West Royal Lane  
Irving, Texas 75063-2524**