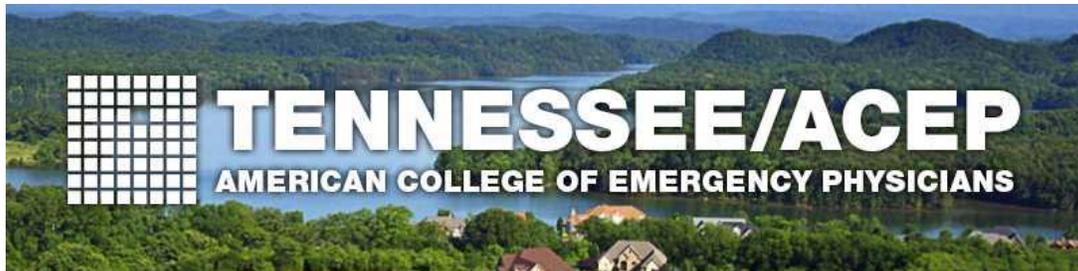


A Newsletter for the Members of the Tennessee College of Emergency Physicians
Fall 2021



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ACEP 2021 Council Meeting

Thom R. Mitchell, MD, FACEP

TCEP Councillor

The 2021 ACEP Council meeting was held October 23 & 24, 2021 prior to Scientific Assembly, in Boston, Massachusetts. The Council, to a large part, directs the business and priorities of the College. Recall, each state chapter is assigned one councillor and then one additional councillor per 100 members. Each section has a councillor and related organizations: AACEM, CORD, EMRA and SAEM also each have one assigned councillor. There were 446 eligible councillors this year. The meeting was held both in person and virtually. Generally, there are 99-100% councillors present. There were approximately 330 in person councillors and 30-40 virtual councillors. There were 5 councillors and two alternate councillors representing you from Tennessee.

82 resolutions were submitted this year. One ACEP member may submit a resolution although generally they are submitted and/or cosponsored by state chapters, sections, individuals and some combinations of the above. The context of a resolution may be medical policy, ACEP bylaws, rules, issues related to what we encounter on a regular basis or someone's pet peeve.

The resolutions are referred to one of four Reference Committees: A. Governance and Membership, B. Advocacy and Public Policy, C. Emergency Medicine Practice and D. Scope of Practice and Workforce. Last year, all testimony regarding resolutions was virtual. This year there were both virtual (asynchronous prior to the meeting) and live testimony during the meeting. Each reference committee prepares a report recommending

the resolutions be adopted, adopted as amended, referred (to Board, Steering Committee or Bylaws Committee) or not adopted. By virtue of a resolution adopted last year, all resolutions were placed on a consent agenda whereby all resolutions may be voted on with a single vote. Alternatively, resolutions may be extracted for discussion. Using consent agenda often will expedite the process. The Reference Committees condensed virtual testimonies and developed reports prior to the live meeting. They did the same with live testimony and developed a single report based on both sets of testimonies.

I am going to review a handful of the resolutions that I found interesting and may be relevant to our practice in Tennessee.

There was a lot of discussion regarding Corporate Medical Groups (CMGs) and the role that private equity is playing in the practice of Emergency Medicine. The Louisiana Chapter introduced resolutions 17 and 34. Resolution 34 requested that ACEP support legislation to establish a Minimum Emergency Physician Pay Ratio that all Contract Management Groups and employers are required to pay individual emergency physicians based on what is collected on the billings for the services provided by that individual emergency physician, before collection costs; and emergency physician compensation (suggested to be 80-85%). Resolution 17 requested ACEP develop a sample employment and independent contract template that is fair to emergency physicians and specifically points out numerous items that can and should be part of the negotiation, understanding that when an emergency physician is asked to give up a right or agree to something that favors the employer, it is reasonable to expect or negotiate something favorable to the emergency physician in return, including but not limited to a laundry list of items (that were included in the resolution). Furthermore, it requested that the ACEP Board of Directors expeditiously appoint a task force or committee to identify many factors to include in a sample employment document that is fair to emergency physicians. Neither of these resolutions were adopted.

Diversity was a hot topic. Resolution 21 submitted by the Diversity, Inclusion and Health Equity Section requires that ACEP convene a summit meeting inviting the societies of emergency medicine to align efforts to address diversity, equity, and inclusion within the next year; and that ACEP embed diversity, equity, and inclusion into its strategic plan and the internal and external work of ACEP.

Resolution 22 submitted by the New York Chapter requests ACEP survey its speakers and educational presenters and report on speaker/educator demographics; and that ACEP set guidelines for including material pertaining to diversity, inclusion, and/or healthcare disparities related to educational content being presented. Both of these were adopted.

The Louisiana Chapter introduced resolution 23 which requested that ACEP focus more on marketing to and educating the public on the value of ABEM/AOBEM board certification in emergency medicine, focusing on the differences in education and training that ABEM/AOBEM board certified emergency physicians go through compared to non-ABEM/AOBEM board certified emergency physicians and non-physician practitioners; and that ACEP focus more resources on a local, state, and national level campaign of marketing to the public through TV, radio, newspaper, social media, and public service announcements. This was adopted.

The opiate crisis was addressed in resolutions 26 and 41. Resolution 26 was introduced by the Ohio and Pennsylvania Chapters and requests that ACEP support federal funding of syringe service programs; and that ACEP develop advocacy materials to assist and

encourage chapters to advocate for state and local laws permitting syringe service programs in addition to naloxone and educational material. Furthermore, it requests ACEP update harm reduction materials and resources available to its members to include informing patients of the risks of fentanyl analogues and other potentially harmful admixtures and the utilization and limitations of fentanyl test strips and other methods of testing for contaminants and adulterants. Resolution 41 was an amalgamation of two resolutions and requires that ACEP amend the current policy statement "Naloxone Prescriptions by Emergency Physicians" to include endorsement for Take-Home Naloxone programs in emergency department, seek to increase the distribution of naloxone from the emergency department, partner with other like-minded organizations to promote Take-Home Naloxone programs, advocate for regulatory and payment reform that would facilitate reimbursement from public and private payers, to hospitals and emergency departments for naloxone dispensed directly to patients as part of Take-Home Naloxone programs, and educate emergency physicians about strategies to implement Take-Home Naloxone programs in their emergency department. Both of these were adopted.

Resolution 29 submitted by the Florida, Illinois, Minnesota and Missouri chapters addresses downcoding and was amended by the Reference Committee. The final draft requires that ACEP develop strategies to assist chapters in identifying if downcoding is occurring in their state; and work with the Centers for Medicare & Medicaid Services and private insurers to prevent the practice of downcoding in state Medicaid programs and by private insurers. Furthermore, it requests that ACEP work with chapters to develop specific model legislative language to require transparency when insurance companies make changes to or require additional information for a claim. Unfair Health plan payment policies by payors was addressed in resolution 30 submitted by the California, Michigan and Missouri chapters. It requires ACEP to develop model legislation and advocate for enactment at both the state and federal levels, prohibiting health plans from implementing new payment policies during the term of a provider's contracts unless the new policy is required by new laws or regulations; or the provider consents in writing to the specific policy change prior to its being implemented. As well, it requires ACEP to advocate at the American Medical Association to promote legislation prohibiting health plan contracts from requiring adherence to new health plan payment policies unless the new policy is required by new laws or regulations. Both of these were adopted.

The epidemic of gun violence was addressed through resolution 33 submitted by six state chapters which requests ACEP support the creation of a National Bureau for Firearm Injury Prevention that would lead and coordinate a long-term, multidisciplinary campaign to reduce firearm injury and deaths based on proven public health research and practices. This was adopted.

There were a number of resolutions regarding funding and training related to the practice of rural Emergency Medicine. Two were regarding funding rural physician reimbursement and department funding. These were approved or referred to the board. One requested telemedicine be incorporated into Emergency Medicine residency training. Another requested the rural experience be included in Emergency Medicine residency training and the last one requested ACEP collect data and explore means to attract and retain ABEM/ABOEM physicians in the rural environment. These were all adopted.

Elections were held. The two incumbent board members Anthony Cirillo, MD, FACEP and J.T. Finnell, MD, FACEP were reelected. Your new board members are Rami Houry, MD, FACEP from Michigan and Heidi Knowles, MD, FACEP from Texas. The new Council speaker is Kelly Gray-Eurom, MD, FACEP from Florida, Vice-Speaker is Melissa Costello,

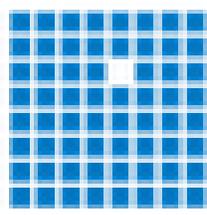
MD, FACEP from Alabama and the new President-elect is Christopher Kang, MD, FACEP from Washington.

You can see there were a wide variety of topics discussed and debated during Council. I find it interesting and educational. Next year, ACEP Council will be held September 29 & 30, 2022 in San Francisco, CA. If you have an interest in participating contact me or the Tennessee Chapter President.

Thom R. Mitchell, MD, FACEP

Welcome New TCEP Members!

Rudy Acosta, Jr, EMT/P
Alexander Freeman Bowers
Meghan S Breed, MD
Timothy Ryan Cofer, BSCLS
Amber Davidson
Linda M Druelinger, MD, FACEP
Terence J Duffy, MD
John A Garcia, Jr
Chastity Greene
Jonathan Greer, IV, MD
Gabriela Gurrola
Talha Haseen
James Willis Hickerson, Jr, MD
Douglas Edward Holland, MD, FACEP
Aireyl Jordan
Creighton Lloyd Kellum
David J McLario, DO, FACEP
Marilyn K McLeod, MD, FACEP
William Miller
Judith Latta Mintz
Ekiomoado Agnes Olumese
Chezlyn Denise Patton
David Qu
Heather M Reed-Day, MD
Daniel John Ritter, MD



American College of Emergency Physicians®

ADVANCING EMERGENCY CARE 

FROM NATIONAL ACEP

Featured News

"We cannot solve the challenges of our time unless we solve them together"

In her address to the ACEP Council on Oct. 24, 2021, ACEP President Dr. Gillian Schmitz outlined her vision and approach as the College's new leader. [Watch her speech.](#)

EM Physician Workforce of the Future:

- [Emergency Physicians Explore the Future of the Emergency Medicine Workforce](#) (ACEP Now, 10/25/21)
- [2021 Survey of the Emergency Medicine Job Market](#) (ACEP Now, 10/18/21)
- Get the latest workforce updates at www.acep.org/workforce.
- Visit [ACEP's Career Center](#)

Regulatory News:

- [Status Update: ACEP Actions to Push Back Against Flawed No Surprises Act Regulation](#) (11/18/21)
- [Breaking down the Biden Administration's new vaccine mandates: How do they impact you?](#) (11/11/21)
- [Emergency Physicians Call on Biden Administration to Amend Interim Final Rule on Surprise Billing](#) (11/9/21)
- [The 2022 Physician Fee Schedule Final Reg: Highlights and Perspective](#) (11/4/21)

EM Physicians Join Forces to Create Award-Winning COVID-19 Field Guide

[In this video](#), ACEP members tell the origin story of the award-winning [COVID-19 Field Guide](#), a valuable resource that has been utilized by emergency clinicians in more than 160 countries.

Rescue Team Doctor at the Surfside Condo Collapse Shares Experience

In this [ACEP Now article](#), Dr. Benjamin Abo gives a firsthand account of what it was like for the urban search and rescue teams that responded to the Surfside condo collapse. (Plus, get bonus content from Dr. Abo on this month's [ACEP Nowcast](#).)

ACEP Member Benefits

A Checklist to Help You Negotiate The Best Employment Contract

Employment contracts are complex and often difficult to navigate. [This checklist](#) is designed to help you consider all the right questions when reviewing any employment contract you receive.

Legal and Financial Support Services

For just \$15 per year, ACEP members can access Mines & Associates' [legal and financial support assistance](#). This service includes unlimited 30-minute in-person consultation for each individual legal matter, unlimited telephonic 30-minute consultation per financial matter, and 25% discount on select legal and financial services all with MINES network legal and financial professionals.

For more employment contract & job hunt resources, visit [ACEP's Career Center](#)

Upcoming ACEP Events and Deadlines

Nov. 29-Dec. 4: [EM Basic Research Skills \(EMBRs\) Workshop](#)

Dec. 4: Last day to submit your videos for the [TikDoc Challenge](#)

Dec. 16: [Alleviating the Pain: Managing Sickle Cell Patients](#)

Jan. 17-19: [Reimbursement & Coding Conference](#)

Jan. 18: [Advanced EM Ultrasonography Exam Review Course](#)

Contact TCEP

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Tennessee College of Emergency Physicians

Tennessee Medical Association

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