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### **President's Message** **Matthew Neal, MD**

Tennessee ACEP Members,

I originally joined the TCEP Chapter Board as a resident in 2016 and have remained an active member in ACEP leadership since that time. As your incoming TCEP President, I would like to keep you informed of chapter news and business.

Our chapter has been deeply involved in advocacy at the state level regarding multiple issues of importance to the practice of emergency medicine in Tennessee. We have worked with multiple stakeholders regarding legislation on the scope of practice for advanced practice nurses. We continue to advocate for physician-lead, team-based health care in Tennessee. We are also very active in monitoring payer relations in the state as well as the need to engage other specialties and organizations in advocating for fair compensation for emergency medicine physicians.

The TCEP board has co-sponsored a proposed national ACEP resolution advocating for the expansion of Medicaid coverage to the levels allowable by federal law. This expansion would be in the best interests of both our specialty and our patients, and we will continue to advocate for its passage.

I would like to extend a special note of congratulations to Drs. Jacob Hennings and Ben Smith, both of whom will be [lecturing](#) at the national ACEP conference in San Francisco this year! Congratulations to you both.

Finally, I am deeply honored to be your current Chapter President and will work to ensure that the practice of emergency medicine has a bright future in Tennessee. I sincerely look forward to serving you.

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**Summary: Leadership & Advocacy Conference**  
**Thomas R. Mitchell, MD, FACEP**



The American College of Emergency Physicians held the Leadership and Advocacy Conference in Washington DC May 1st-3rd, 2022. It is held at the Grand Hyatt which is a conveniently located, recently renovated downtown hotel. It is a short walk from the mall, many museums and dozens of restaurants.

Sunday, May 1 there was a Council Steering Committee Meeting, Chapter

Executives Forum, other Committee meetings and a Health Policy Primer presented by the Young Physicians Section and the Emergency Medicine Residents Association (EMRA). This year there were over 300 live participants.

Monday, May 2nd there were a series of relevant and interesting presentations. Lotte Dyrbye, MD, Dean of the University of Colorado School of Medicine and a specialist in physician burnout, discussed the recent increase in emergency medicine physician burnout, how to recognize it and methods to prevent and reverse burnout. James Phillips, MD from George Washington School of Medicine discussed emergency department violence. He first defined it which included "doxxing"; searching for and publishing private or identifying information about (a particular individual) on the internet, typically with malicious intent. He presented data demonstrating the scope of workplace violence, discussed how to get our leadership to protect us and steps to reduce it.

There was then a discussion regarding unionization of emergency medicine practitioners. Discussants included an emergency medicine physician knowledgeable in the subject well as his father who is an experienced attorney involved in unionization activities in a number of fields. They discussed pro, cons and pitfalls. Lastly, an emergency medicine physician whose group in Alameda County California has unionized discussed her experience.

The morning wrapped up with a panel discussion regarding emergency medicine scope of practice. It was moderated by ACEP President Gillian Schmidt, MD, FACEP. She discussed the idea of expanding our scope of practice to include pain management, critical care and post-acute care. Participants included EM representatives from Colorado and Louisiana and the president of the American Society of Anesthesia. Anesthesia discussed how a workforce mismatch in the 1990's contributed to an increase in CRNS's scope of practice. They continue to resist CRNA's having completely independent practice. In Louisiana a bill was introduced last year allowing nurse practitioners (NP's) to practice independently. The bill got out of committee but was eventually pulled. Colorado allows NP's to practice independently. A bill was introduced last year allowing physician assistants to practice independently. The bill got out of committee but was eventually killed. Discussion included driving forces and how legislation has been neutralized and or defeated as well as what to expect in the future.

The afternoon started off with a discussion of women in politics by Senator Tammy Baldwin (D-WI). This was followed by the keynote speaker, Admiral Rachel Levine, MD US Public Health Service Asst. Secretary for Health, US Department of Health and Human Services. She discussed inequities in health care access for minority populations, and efforts of the current administration to increase access to mental and health care services for these individuals. As well, she discussed opiate and stimulant abuse and the administration's approach to reduce the problem and to

increase treatment options and availability. Lastly, she discussed the problem of misinformation especially related to the LGBTQ community and youth.

The next discussion was regarding health care system consolidations and what role policymakers may play in insuring fairness in health care markets. Discussants were the Deputy Assistant Director, Mergers IV for the Federal Trade Commission Bureau of Competition and the health policy advisor for Representative Bill Pascrell (D-NJ-9). An ACEP poll of groups/physicians impacted by a merger or acquisition reported that many due process rights worsened and 51% felt that the process interfered with professional autonomy and medical decisions. Concern was expressed regarding the impact private equity has on health care delivery systems. The FTC representative shared that mergers can have positive and negative impacts on price, quality, access and services.

The next discussion was regarding pending cuts in Medicare physician reimbursement. The speakers were the staffer for the Ways and Means Committee and the health care advisor for Senator Ben Cardin (D-MD). Three separate items may lead to a 9% reduction in Medicare physician reimbursement. At the end of this year "Budget Neutrality" is scheduled to lead to a 3% reduction in reimbursement in the Physician Fee Schedule (PFS). In 2022 Congress provided 3% back to the PFS, however that is due to sunset at the end of this year. As well at the end of 2022 the statutory Pay-As-You-Go budget triggered by the cost of the American Rescue Plan Act (passed March 2021) will lead to an additional 4% reduction in the PFS. Congress has delayed this reduction to the end of 2022. Lastly since 2013 Medicare has been subject to automatic annual "sequestration" cuts of 2%, a budget enforcement mechanism established by the Budget Control Act of 2011. Congress has implemented a temporary reprieve from these cuts and has extended the moratorium to the end of 2022. As you can see, each year Congress has enacted temporary band-aids, thus "kicking the can down the road". All three expire at the end of 2022. Discussion in this session centered around whether more temporary fixes are in the future and the potential costs of an equitable long-term solution. My personal opinion is that neither party has the political capital or will to put together a long-term solution. Think about it; House of Representatives are elected for two-year terms and Senators are elected for four-year terms. This does not lead to elected officials developing a long-term perspective regarding entitlement programs.

Senator Tim Kaine (D-VA) who was a sponsor of the "Lorna Breen Health Provider Protection Act" (which passed the House and Senate earlier this year and was signed by the President) discussed next steps with respect to assisting health care providers access mental health care and the subsequent reporting. The Breen family has set up a foundation which is advocating for eliminating and/or rephrasing questions leveled by state licensure boards, hospitals, managed care and insurance companies regarding physician mental fitness and history of or ongoing treatment for mental conditions. Senator Kaine indicated he would work with ACEP, other medical organizations and the foundation in drafting and advancing legislation to that end.

The final session on Monday was a panel discussion regarding Virginia's experience with Medicaid down-coding. Panelists were the President of VaCEP, their lobbyist and ACEP Policy Manager for Reimbursement. In 2020 Virginia Medicaid established a list of 799 discharge diagnoses that were down-coded to level one reimbursement. Virginia appealed to CMS, filed a law suit and established a Medicaid Workgroup to research other means whereby Virginia Medicaid may reduce expenditures. Ultimately (two years later) CMS agreed with VaCEP and has said they will communicate with VA Medicaid that this practice is not allowed. Two important questions are whether and how VA Medicaid changes their practice and will this correction be retroactive to 2020!

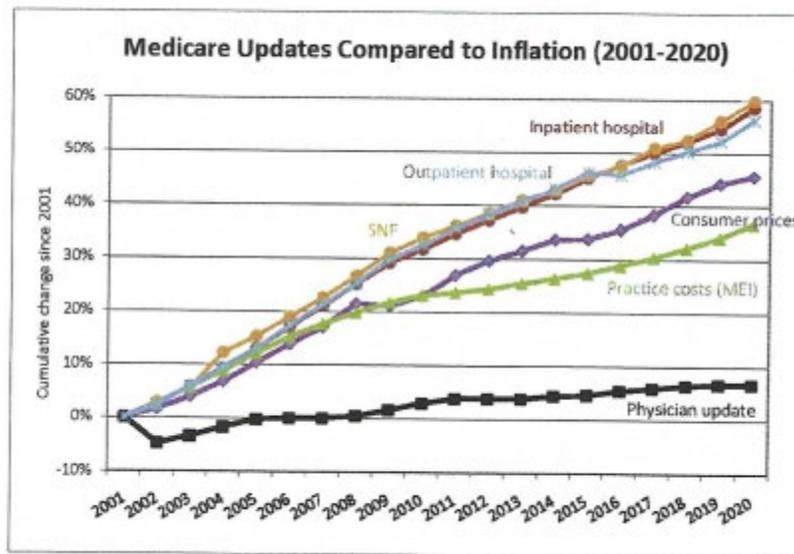
The third Day of the conference began with a Partner with Capitol Council discussing the upcoming midterm elections. It has been rare for the party that has the White House to have gains in the midterm elections. It is thus possible that the

Senate will flip and the House will come out with a larger Republican majority. He felt historically the primary issues driving voters are immigration, crime and the economy. Roe vs. Wade in the Supreme Court is a new wild card.

We then reviewed the three issues that we were to discuss with elected officials and their aids on the hill. The first is protecting physicians and health care workers from violence. In an ACEP poll nearly half of physicians polled reported being physically assaulted with more than 60% of those assaults occurring within the previous year. “Workplace Violence Prevention for Health Care and Social Service Workers Act” (HR 1195) takes steps to address ED violence by requiring Occupational Safety and Health Administration to issue an enforceable standard to ensure health care and social service workplaces implement violence prevention, tracking and response systems. A companion bill has been introduced by Senator Tammy Baldwin (D-WI) in the Senate.

The “ER Hero and Patient Safety Act” was introduced by Senator Roger Marshall, MD (R-KS) and Representative Raul Ruiz, MD (D-CA) in 2021. The bills ensure that due process rights are protected for all emergency physicians, regardless of who employs them directly. These bills are expected to be reintroduced soon. The legislation requires the Department of Health and Human Services, through rulemaking, to extend due process rights to emergency physicians employed by a third-party contractor.

The last discussion was regarding the pending Medicare physician reimbursements cuts in 2023. A significant concern is that if these cuts go through a major number of specialists will stop accepting Medicare, thus limiting to whom we can refer patients and leading to major reductions in specialist access for Medicare beneficiaries. The argument for a long-term solution is that operating the business of Emergency Medicine where the revenue stream is unknown and may fluctuate by 9% year to year is impossible. Lastly, in Figure 1 below observe Medicare physician reimbursement over the last twenty years compared to practice costs, consumer prices and hospital reimbursement.



Sources: Federal Register, Medicare Trustees' Reports and U.S. Bureau of Labor Statistics

Overall ACEP members had 295 meetings with legislators and staff from 42 states. I and two members of the Tennessee delegation met with two Tennessee senators health care legislative assistants and four Tennessee Representatives legislative directors. In all cases we thanked them for supporting the “Lorna Breen Health Care Provider Protection Act”. We thanked members of the House of Representatives for supporting HR 1195 and encouraged the Senators to support the companion bill. We encouraged all to support the “ER Hero and Patient Safety Act” bills when

introduced. Lastly, we discussed short- and long-term solutions for the looming Medicare physician reimbursement reductions.

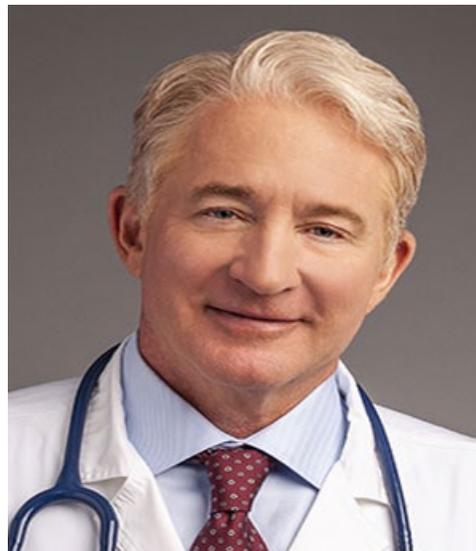
I find these meetings interesting and the fellowship was welcome after two years of COVID. From my perspective our success with the “Lorna Breen Health Care Provider Protection Act” demonstrates the utility of ACEP members advocating on the hill. I look forward to the next steps in that realm. Next year LAC will be held in Washington April 30-May 2, 2023. Consider attending. I look forward to seeing you there!

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## **Legislative Update** **John H. Proctor, MD, MBA, FACEP**

The 112th Tennessee General Assembly convened in January and took up several legislative initiatives of interest to emergency physicians. TCEP was active in the attempted passage of several bills and in the defeat of others.

Areas of legislation included scope of practice issues for nurse practitioners and physician assistants, motorcycle helmet laws, and balance “surprise” billing.



Noteworthy bills deliberated included:

- SB2386/HB 2855 amended the “Prudent Layperson” statute. It was introduced by the Tennessee Hospital Association (THA) to broaden the statute to include a greater number of insurance products. This bill passed.
- SB1/HB 2 would recognize the federal “surprise bill” statute, including the Independent Dispute Resolution (IDR) provisions supported by the American College of Emergency Physicians (ACEP). The bill failed in the House Insurance Committee.
- SB603/HB636 intended to establish and strengthen insurance company provider networks. The bill was assigned a sizable fiscal note by the TennCare Commission. It was taken off notice in the House Finance Committee.
- Senate Bill (SB) 1536/House Bill (HB) 903 would have removed the requirement for motorcycle helmets for individuals over the age of 26. It also sought to reduce the penalty for riding a motorcycle without a helmet. The bill failed in the House Transportation Committee.
- SB 176/HB 184 would have changed the scope of practice for advanced practice nurses. This bill was referred to a summer task force by the Senate Commerce and Labor Committee.
- In other action, an amendment filed last year to eliminate the existing corporate practice statute for hospital-based physicians was not pursued this year by its

sponsors, so no changes to current corporate practice employment restrictions were passed in 2022.

The 2022 Tennessee General Assembly demanded finesse and strategic interaction with key members of the Tennessee House and Senate, and with key contacts from other engaged professional organizations. The overall outcome was positive for the emergency physicians of Tennessee.

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## Adriana's Corner Know Before you Go!

If you are planning to attend [ACEP22](#) in San Francisco. Find information about the COVID protocols [here](#). Your safety & health matters to us!

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## Welcome Members!

A special welcome to the new members of the Tennessee Chapter and to those that renewed their membership. Please [reach out](#) if you would like to become involved at the chapter level, including leadership opportunities.

We are excited to have you!

Alec Micheal Elder	Isabel Safa Obrien, MD
Alexander Luizzi, MD	James Orlando Jordano
Alexander Lupi	James S Dean, MD
Alyssa Nicole Altheimer	Jessica Bradley
Andrew Shine, MD	Joshua Caleb Stinnett
Andrew Swehla	Junie Saint Clair
Anna Yang, MD	Leah Mcguire, MD
Ashley Dailey, DO	Matthew Grover, MD
Bernard Walston, MD	Matthew Pirotte, MD, FACEP
Carl Bohm, MD	Michael J Ward, MD
Charles Devon Waldroff	Nicholas David Vanmeter
David Lee House, III, MD	Nihanth Peta, MD
Dominic John Vase	Rachel A Mullins
Ekaterina Neverova	Savannah Soppet, MD

Elijah Miller	Shanna Horne
Frank Parisi, MD	Taylor Smith, MD
Gianna Carla Liao	Terence Darcy, MD
Greg Hurley, MD	Thomas Philip Norsworthy, MD
Hunter Hayes, MD	Ti Ej James, MD Zoe Curry, MD

## FROM NATIONAL ACEP



### ACEP Resources & Latest News

#### **New Monkeypox Emergency Medicine Project Requests Case Images**

ACEP has partnered with VisualDx to create the [Monkeypox Emergency Medicine Project](#). Together we are asking you to contribute your confirmed monkeypox case images to the initiative. Images will be deidentified and made freely accessible to ACEP members to better assist recognition, clinical care, and education. It will also be available within the VisualDx system. [Learn more.](#)

**More Monkeypox Resources:** We are regularly updating our [Monkeypox Field Guide](#) and providing weekly rundowns in the [Emerging Threats Communication Hub](#), an open discussion forum for all ACEP members.

#### **Current Insurer Calculation of Qualified Payment Amount for Out-of-Network (OON) Care May Violate No Surprises Act**

A new study indicates health insurers are trying to game the system again. [Learn more.](#)

#### **Apply for ACEP's Reimbursement Leadership Development Program by Sept. 8.**

ACEP is sponsoring three members to attend several key events in order to train the future leaders in EM reimbursement. Commitment is estimated at 25 days of travel during the 18-month program. [Learn more.](#)

#### **Advocacy at Home: August Recess Toolkit**

Elected officials are heading back to their districts for the month and our [Advocacy At Home: August Recess Toolkit](#) can help you set and prepare for local meetings with federal legislators or staff. This is a great time to share your stories that personalize our calls for policy changes. Find this toolkit and more helpful resources for speaking with media and legislators in [ACEP's Media Hub](#).

#### **Get Your Bike Helmet Ready! Dr. and Lady Glaucomflecken are Speaking at ACEP22**

Don't miss these social media sensations as they share their perspectives about the physician, patient and family experience. Join us Oct. 1-4 in San Francisco for the [world's largest EM educational conference!](#)

## ACEP22 Travel Discounts You Need to Know About

- Hotels: Seven ACEP22 hotels have [recently discounted rates](#) for you! If you already booked through OnPeak, your rates will be automatically lowered. If not, you can still book with these discounted rates.
- Airfare: ACEP + TripEasy = [savings up to 20% off flights](#)

## Myth BustED: Patients' Rights in the Emergency Department

ACEP recently launched a “Myth BustED” video series to debunk common misconceptions and educate the public about emergency care. In our first video—[Patients' Rights in the Emergency Room](#)—Dr. Avir Mitra educates patients about laws like EMTALA and the Prudent Layperson Standard that protect access to emergency care. [Watch now to see how ACEP is encouraging patients to always seek care when they need it.](#)

## New Bedside Tool for Patients Experiencing Cancer Immunotherapy-related Issues

ACEP has a new point-of-care tool, ImmunoTox, focused on caring for patients who are experiencing adverse events related to cancer immunotherapy. The pathway includes history/physical, testing, management, disposition and immunotherapy pearls. The tool also includes six PDFs for optional download. [Learn more.](#)

## Introducing the EM Opioid Advisory Network

Receive clinical guidance, discover tools and resources, and get your questions answered through ACEP's EM Opioid Advisory Network. ACEP's new initiative connects emergency physicians combating the opioid crisis with expert advice on managing Opioid Use Disorder patients presenting in the ED, creating a protocol to initiate buprenorphine, and more. The expert panel is here to help ALL emergency health care professionals, free of charge. [Learn more.](#)

ACEP is seeking comments on a **draft clinical policy for patients with suspected appendicitis**. [Weigh in.](#)

**Podcast:** Have you checked out the [newest Frontline podcast](#) episode featuring EM physician and astronaut Dr. Thomas Marshburn?

## Now Accepting ACEP23 Course Proposals

As we start our countdown to ACEP22 in San Francisco, we're already thinking about ACEP23 in Philadelphia! ACEP's Educational Meetings Subcommittee is now accepting course proposals for the 2023 Scientific Assembly. [Learn more.](#)

**In Memoriam:** [ACEP remembers emergency medicine pioneer Jim Roberts, MD, FACEP](#). One of the first five board-certified emergency medicine physicians, Dr. Roberts became a household name in our specialty through his authorship of *Clinical Procedures in Emergency Medicine and Acute Care*, a prominent book that printed seven editions.

## Upcoming ACEP Events and Deadlines

**October 1-4:** ACEP Scientific Assembly in San Francisco

**October 17-22:** [EM Basic Research Skills \(EMBRs\)](#)

**November 11:** Last day to submit [ACEP23 course proposals](#)

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