**Summary of 2025 Council Resolutions**

**Resolutions Not Adopted (NA) or Withdrawn (W)**

28  Establish a College-Wide Mentorship Program (NA)

29  Promote Equal Access in Leadership (NA)

30  Development of Research Grant Funding Opportunities Exclusively for ACEP Members as a Membership Benefit (NA)

31  Evaluate the Quality and Member Support for ACEP’s Association with an Open Access Journal (NA)

33 Emergency Medicine Public Education (NA)

35  Appropriate Representation in the Review Committee for Combined EM Residency Programs (NA)

39 Support Board Certification as an Exemption for State Mandated CME Topics(NA)

42 Occurrence-Based Malpractice Coverage for All Emergency Physicians (W)

52 Investigation of State Licensure Requirement for Hospital Administrators (NA)

54 Reassessment and Potential Restructuring of the HCAHPS Survey and Its Role in Medicare Reimbursement (NA)

60 Tele-Emergency Medicine Oversight of Non-Board-Certified/Board-Eligible Emergency Medicine EDs (NA)

63 Addressing Bullying in the ED – Role of Emergency Physicians in Identification and Intervention (NA)

69 Investigating Best Practices and Policy Solutions for Direct Communication When Referring Patients to the ED (NA)

70 Mandated Reporting of ED Violence (NA)

**Referred Resolutions – to the Council Steering Committee**

23 Councillor Allocations for Sections of Membership – Council Standing Rules Amendment

**Referred Resolutions – to the Board of Directors**

26 Affirmation of ACEP’s Support for Diversity, Equity, and Inclusion in EM

27  Upholding Equal Access to Care in EM Amidst Political Challenges

32  Transparency in Vendor and Speaker Communication Restrictions at Scientific Assembly (as amended)

37  Support for Funding Resident Training Away from Home Institutions

40  Support Ongoing Education on Implicit Bias and Structural Inequity

75 Protecting the Term “Emergency Department” in Critical Access Hospitals

77 Investigating Practice Patterns of NPs and PAs Following Independent Practice Legislation

78 Standardized Emergency Medicine Post-Graduate Training for Advanced Practice Providers

**Bylaws Resolutions**

21  Distinguished ACEP Fellow Recognition – Bylaws Amendment (as amended)

22  International ACEP Fellow Recognition – Bylaws Amendment (as amended)

**College Manual Resolution**

24 Procedures for Addressing Charges of Ethical Violations & Other Misconduct – College Manual Amendment

**Non-Bylaws Resolutions – Commendations**

1 Commendation for Melissa W. Costello, MD, FACEP

2 Commendation for Terry Fulmer, PhD, RN, FAAN, and the John A. Hartford Foundation

3 Commendation for Gene Scruggs

4 Commendation for Michael Lemanski, MD, FACEP

5 Commendation for Shelly Lyford and West Health

6 Commendation for Aisha T. Terry, MD, MPH, FACEP

7 Commendation for Richard E. Wolfe, MD, FACEP

**Non-Bylaws Resolutions – Memorials**

8 In Memory of James B. Broselow, MD

9 In Memory of Vinod K. Chettur, MD

10 In Memory of Conklin, MD, FACEP

11 In Memory of Gregory L. Henry, MD, FACEP

12 In Memory of Richard T. Hostelley, MD, FACEP

13 In Memory of Frank J. Jehle, Jr, MD, MPH, FACEP, FAAP

14 In Memory of Roger B. Lim, MD

15 In Memory of Lidio W. Medina, MD

16 In Memory of Joseph Moellman, MD

17 In Memory of Frank S. Orth, DO, FACEP

18 In Memory of Janice E. Reisinger, MBA, CAE

19 In Memory of Ronald D. Stewart, MD, FACEP, FAEMS

20 In Memory of Todd Thomas, CPC, CCS-P

81 In Memory of Joshua Alinger, MD

82 In Memory of Donald J. Gordon, MD, PhD, FACEP, Lieutenant Colonel, US Army (Retired)

83 In Memory of Elizabeth B. Jones, MD, FACEP

84 In Memory of Brian Wai Lin, MD

85 In Memory of Forest Daniel McCoig, MD

86 In Memory of Jack Henriquez, MD, FACEP

87 In Memory of Carl S. Werne, MD

88 In Memory of Jamie Shandro, MD, MPH

91 In Memory of Frank Zwemer, Jr., MD, FACEP

**Non-Bylaws Resolutions**

25 Protecting Section Integrity and Member Engagement in ACEP

34  Recognition of Public Media as a Public Health Necessity

36  Reaffirming Support for 3-Year and 4-Year Emergency Medicine Residency Program Accreditation (as amended)

38  Inclusion of ACEP Leadership Roles as Approved Practice Improvement Activities for ABEM Certification

41  Advocate for No-Fault Medical Liability Reform and Redefinition of Negligence in Health Care (as amended)

43 Support for Eliminating Physician Non-Compete Clauses in Contracts

44 Advocating for National Leadership on Workplace Violence in Health Care through the AMA (as amended)

45 Comprehensive Support for Medicaid and Consolidation of ACEP Medicaid-Related Policies (as amended and adopted

in lieu of Resolutions 45 and 46)

47 Protecting Medicaid Disproportionate Share Hospital (DSH) Payments to Preserve Emergency Care Access (as amended)

48 Affirming Emergency Physicians’ Ethical and Legal Obligations Under EMTALA (as amended)

49 Support for EMTALA Reform to Ensure Timely Access to Definitive Care (as amended)

50 Emergency Department Staffing Transparency (as amended)

51 Supporting Board Certified Physicians in Every Emergency Department (as amended)

53 Prior Authorization Reform to Reduce Delays in Care and Emergency Department Burden (as amended)

55 Reduce Non-Beneficial Regulation by The Joint Commission and other Health Care Regulatory Bodies (as amended)

56 Regulate Artificial Intelligence in Health Insurance Reimbursement and Coverage Decisions (as amended)

57 Repeal Certificate of Need Laws to Expand Access and Improve Patient Care (as amended)

58 Role of EDs in Interactions with U.S. Immigration and Customs Enforcement

59 Support Interstate Telemedicine Practice for Physicians with Permanent Licensure (as amended)

61 Acknowledging and Mitigating the Environmental Impact of Metered-Dose Inhalers (as amended)

62 Promoting Environmental Sustainability and Waste Reduction in the ED (as amended)

64 Endorsement of Electronic Discharge Instructions for Patients with Electronic Medical Records (as amended)

65 Emergency Physicians and Collaborative Practice Agreements (as substituted)

66 Endorsing a Realistic Door-to-Doctor Standard (as amended)

67 Forensic Programs in Trauma Centers (as amended)

68 Integrating Firearm Safety Counseling into Emergency Medicine Education and Practice (as amended)

71 Member Resources for Best Practices in Employment Negotiations (as amended)

72 Naloxone Access and Education in Public Schools

73 Promoting Comprehensive Treatment of Substance Use Disorders Across the Nation (as amended)

74 Necessary Facility-Provided Medications from Emergency Departments (as substituted)

76 Protection and National Standardization of Transgender Care in Emergency Medicine

79 Standards for the Safe and Appropriate Transport of Patients to Psychiatric Facilities (as amended)

80 Toolkit for Elective Surgery Scheduling to Mitigate ED Crowding (as amended)

89 Support for Scientific Integrity in Medicine and Public Health (as amended)

90 Support and Endorsement of Current Vaccine Guidelines by Fellow Medical Professional Organizations (as amended)

**Resolutions Adopted by the 2025 Council Requiring Board Action**

**Resolution 1 Commendation for Melissa W. Costello, MD, FACEP**

RESOLVED, That the American College of Emergency Physicians commends Melissa Wysong Costello, MD, FACEP, for her service as Council Vice Speaker and Council Speaker and for her enthusiasm and commitment to the specialty of emergency medicine and to the patients we serve.

**Resolution 2 Commendation for Terry Fulmer, PhD, RN, FAAN, and the John A. Hartford Foundation**

RESOLVED, That the American College of Emergency Physicians commends and expresses its deepest appreciation to the John A. Hartford Foundation and its President, Terry Fulmer, PhD, RN, FAAN, who is stepping down after 10 years of dedicated service to the foundation, for their exceptional leadership, dedication, and support of geriatric emergency care on behalf of the College.

**Resolution 3 Commendation for Gene Scruggs**

RESOLVED, That the American College of Emergency Physicians commends Gene Scruggs for his outstanding service and commitment to the College and the specialty of emergency medicine and extends heartfelt gratitude and appreciation for his extraordinary contributions.

**Resolution 4 Commendation for Michael Lemanski, MD, FACEP**

RESOLVED, That the American College of Emergency Physicians commends Michael J. Lemanski, MD,

FACEP, for his outstanding dedication and contributions on behalf of the specialty of emergency medicine and to the CPT Editorial Panel.

**Resolution 5 Commendation for Shelly Lyford and West Health**

RESOLVED, That the American College of Emergency Physicians commends and expresses its deepest appreciation to West Health and its CEO Shelley Lyford for their exceptional leadership, dedication, and support of geriatric emergency care on behalf of the College.

**Resolution 6 Commendation for Aisha T. Terry, MD, MPH, FACEP**

RESOLVED, That the American College of Emergency Physicians commends Aisha T. Terry, MD, MPH, FACEP, for her exceptional leadership, enduring contributions to the specialty of emergency medicine, and her unwavering dedication to the mission and values of ACEP and the patients we serve.

**Resolution 7 Commendation for Richard E. Wolfe, MD, FACEP**

RESOLVED, That the American College of Emergency Physicians commends Richard E. Wolfe, MD, FACEP, for his outstanding dedication and contributions on behalf of the College and the specialty of emergency medicine.

**Resolution 8 In Memory of James B. Broselow, MD**

RESOLVED, That the American College of Emergency Physicians remembers with gratitude the many contributions made by James B. Broselow, MD, as one of the leaders in advancing pediatric emergency care, pediatric readiness, and the greater medical community; and be it further

RESOLVED, That the American College of Emergency Physicians extends to the family of James B. Broselow, MD, his wife Millie, his family, and his friends our condolences and gratitude for his tremendous service to the specialty of emergency medicine and to the patients and physicians of North Carolina and the United States.

**Resolution 9 In Memory of Vinod K. Chettur, MD**

RESOLVED, That the American College of Emergency Physicians cherishes the memory and legacy of Vinod K. Chettur, MD; and be it further

RESOLVED, That the American College of Emergency Physicians and the Pennsylvania College of Emergency Physicians extends to his mother Jayanthi Menon, his father Govindan Chettur, his sister Rema Makhija, and his nephew Aran our heartfelt gratitude for his service as an emergency physician as well as for his dedication and commitment to the specialty of emergency medicine.

**Resolution 10 In Memory of Conklin, MD, FACEP**

RESOLVED, That the American College of Emergency Physicians and the Michigan College of Emergency Physicians recognizes the outstanding dedication and contribution of Terry A. Conklin, MD, FACEP, to the specialty of emergency medicine as a clinician, partner, educator, leader, and advocator; and be it further

RESOLVED, That the American College of Emergency Physicians and the Alaska Chapter extends to the family of Terry A. Conklin, MD, FACEP, his colleagues, partners, former residents, and all friends our condolences along with our profound gratitude for his lifetime of service to his patients and the specialty of emergency medicine in Alaska, where his impact will be felt for generations to come.

**Resolution 11 In Memory of Gregory L. Henry, MD, FACEP**

RESOLVED, That the American College of Emergency Physicians and the Michigan College of Emergency Physicians recognize the lifetime of service that Gregory L. Henry, MD, FACEP gave to the specialty of emergency medicine, generations of emergency physicians, and the patients we serve as a clinician, educator, leader, orator, advocate, and scholar; and be it further

RESOLVED, That the American College of Emergency Physicians and the Michigan College of Emergency Physicians extend to the family of Gregory L. Henry, MD, FACEP, especially his wife Margene, his three children, and his two grandchildren, our condolences along with our profound gratitude for his lifetime of service to his patients and the specialty of emergency medicine in Michigan, the United States, and the world, where his impact will be felt for generations to come.

**Resolution 12 In Memory of Richard T. Hostelley, MD, FACEP**

RESOLVED, That the American College of Emergency Physicians cherishes the memory of Richard T. Hostelley, MD, FACEP; and be it further

RESOLVED, That the American College of Emergency Physicians and the Pennsylvania College of Emergency Physicians extends to his wife Linda of 49 years, his sister Bissie Miller, and numerous nieces and nephews gratitude for his service as an emergency physician as well as his commitment to the specialty of emergency medicine.

**Resolution 13 In Memory of Frank J. Jehle, Jr, MD, MPH, FACEP, FAAP**

RESOLVED, That the American College of Emergency Physicians extends its deepest sympathy to the family, friends, and colleagues of Frank J. Jehle, Jr., MD, MPH, FACEP, FAAP; and be it further

RESOLVED, That ACEP gratefully acknowledges and honors the legacy of Frank J. Jehle, Jr., MD, MPH, FACEP, FAAP, a physician of extraordinary compassion, wisdom, and integrity that touched innumerable live, whose wisdom will be passed down for generations and made lasting contributions to the field of pediatric emergency medicine.

**Resolution 14 In Memory of Roger B. Lim, MD**

RESOLVED, That the American College of Emergency Physicians honors the legacy of Roger B. Lim, MD, and recognizes his extraordinary contributions to emergency medicine, his dedication to the countless lives he saved, and the compassion that defined his practice; and be it further

RESOLVED, That the American College of Emergency Physicians extends our deepest sympathies to the family, friends, and colleagues and remembers the profound impact Roger B. Lim, MD, made and that his memory will continue to inspire all who follow in his footsteps.

**Resolution 15 In Memory of Lidio W. Medina, MD**

RESOLVED, That the American College of Emergency Physicians cherishes the memory and legacy of Lidio W. Medina, MD; and be it further

RESOLVED, That the American College of Emergency Physicians and the Pennsylvania College of Emergency Physicians extends to his wife Patricia of 53 years, his son Jim (wife Stacie), and daughter Michelle Medina-Smuck (husband Darryl), as well as his numerous grandchildren, gratitude for his service as an emergency physician as well as for his dedication and commitment to the specialty of emergency medicine.

**Resolution 16 In Memory of Joseph Moellman, MD**

RESOLVED, That the American College of Emergency Physicians cherishes the memory and legacy of Joesph Moellman, MD, who dedicated himself to his patients, his trainees, his profession, and his family; and be it further

RESOLVED, That the American College of Emergency Physicians and the Ohio College of Emergency Physicians extends to his wife Kim, his sons Josh Moellman and Jordan Moellman, gratitude for his tremendous service as an emergency physician at the University of Cincinnati, as well as for his dedication and commitment to the specialty of emergency medicine.

**Resolution 17 In Memory of Frank S. Orth, DO, FACEP**

RESOLVED, That the American College of Emergency Physicians extends to the family of Frank S. Orth DO, FACEP, his friends, and his colleagues our condolences and gratitude for his service to his community and the countless patients that benefited from his care.

**Resolution 18 In Memory of Janice E. Reisinger, MBA, CAE**

RESOLVED, That the American College of Emergency Physicians honors the memory of Jan Reisinger, MBA, CAE; and be it further

RESOLVED, That the American College of Emergency Physicians and the Pennsylvania College of Emergency Physicians extends to her husband Greg, her mother Maxine, her sister Ann, and her extended family, as well as countless professional colleagues and personal friends, gratitude for her service to the specialty of emergency medicine.

**Resolution 19 In Memory of Ronald D. Stewart, MD, FACEP, FAEMS**

RESOLVED, That the American College of Emergency Physicians cherishes the memory of Ronald D. Stewart, MD, FACEP, FAEMS; and be it further

RESOLVED, That the American College of Emergency Physicians and the Pennsylvania College of Emergency Physicians extends to his sister Donalda (James) Davis, and his countless friends, colleagues, and students gratitude for his service as an emergency physician as well as his commitment to the specialty of emergency medicine.

**Resolution 20 In Memory of Todd Thomas, CPC, CCS-P**

RESOLVED, That the American College of Emergency Physicians honors the memory of Todd Thomas, CPC, CCS-P, and extends its deepest sympathies to his family, friends, and colleagues, and gratitude for his commitment and contributions to the specialty of emergency medicine.

**Resolution 21 Distinguished ACEP Fellow Recognition – Bylaws Amendment (as amended)**

RESOLVED, That the ACEP Bylaws Article V – ACEP Fellows, Section 1 – Eligibility and Section 2 – Fellow Status be amended to establish a “Distinguished Fellow of ACEP” [FACEP(D)] that is based on objective, points-based criteria and awarded to members who have held FACEP status for a minimum of 12 years and demonstrated continued commitment to ACEP and the specialty of emergency medicine:

ARTICLE V — ACEP FELLOWS

Section 1 – Eligibility

Fellows of the College shall meet the following criteria:

1. Be candidate physician, regular, or international members for three continuous years immediately prior to election.
2. Be certified in emergency medicine at the time of election by the American Board of Emergency Medicine, the American Osteopathic Board of Emergency Medicine, or in pediatric emergency medicine by the American Board of Pediatrics.
3. Meet the following requirements demonstrating evidence of high professional standing at some time during their professional career prior to application.
   1. At least three years of active involvement in emergency medicine as the physician’s chief professional activity, exclusive of residency training, and;
   2. Satisfaction of at least three of the following individual criteria during their professional career:
4. active involvement, beyond holding membership, in voluntary health organizations, organized medical societies, or voluntary community health planning activities or service as an elected or appointed public official;
5. active involvement in hospital affairs, such as medical staff committees, as attested by the emergency department director or chief of staff;
6. active involvement in the formal teaching of emergency medicine to physicians, nurses, medical students, out-of-hospital care personnel, or the public;
7. active involvement in emergency medicine administration or departmental affairs;
8. active involvement in an emergency medical services system;
9. research in emergency medicine;
10. active involvement in ACEP chapter activities as attested by the chapter president or chapter executive director;
11. member of a national ACEP committee, the ACEP Council, or national Board of Directors;
12. 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;
13. 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.

**Distinguished Fellows of the College shall meet the following criteria:**

1. **Have held FACEP status for at least 12 years.**
2. **Maintained certification:** 
   1. **in emergency medicine by the American Board of Emergency Medicine~~,~~ or the American Osteopathic Board of Emergency Medicine, or**
   2. **in pediatric emergency medicine by the American Board of Pediatrics, or**
   3. **have achieved FACEP through the ACEP Legacy track.**
3. **Meet a minimum number of points within the following requirements demonstrating evidence of commitment to emergency medicine:**
   1. **Research and scholarship, as evidenced by grant awards, peer-reviewed publication, or review or authorship of books or other professional resources.**
   2. **Teaching and mentorship, as evidenced by teaching history, faculty status, student or resident advisement, or residency/fellowship/clerkship leadership.**
   3. **Service and leadership, as evidenced by leadership within their emergency department, hospital, staffing group, state or local medical societies, community health planning, or other roles which have advanced the field.**
   4. **Clinical excellence, as evidenced by clinical or industry awards, letters of support from their chair or medical director, or participation in quality, safety, or wellness activities.**
4. **Meet a minimum number of points within the following requirements demonstrating evidence of commitment to ACEP.**
   1. **Leadership activities, including participation or leadership within ACEP sections, committees, chapters, delegations, advocacy groups, task forces, Member Interest Groups, Board of Directors, or Council.**
   2. **Education activities, including participation as faculty or course directors in ACEP in-person or virtual educational offerings.**
   3. **Public awareness activities, including active involvement in ACEP’s online communities, media relations or spokesperson network, or promotion of College wins and activities on social media.**
   4. **Recognitions, including individual receipt of ACEP awards or hospital/employer receipt of ACEP accreditation status.**

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.

Section 2 – Fellow Status

Fellows shall be authorized to use the letters FACEP **or FACEP(D)** in conjunction with professional activities. Members previously designated as ACEP Fellows under any prior criteria shall retain Fellow status. Maintenance of Fellow status requires continued membership in the College. Fees, procedures for election, and reasons for termination of Fellows shall be determined by the Board of Directors.

**Resolution 22 International ACEP Fellow Recognition – Bylaws Amendment (as amended)**

RESOLVED, That the ACEP Bylaws Article V – ACEP Fellows, Section 1 – Eligibility and Section 2 – Fellow Status be amended to establish an “International Fellow of ACEP” [**(i)**FACEP~~(I)~~] and awarded to members who live and practice outside of the United States:

Section 1 – Eligibility

Fellows of the College shall meet the following criteria:

1. Be candidate physician, **or** regular~~, or international~~ member~~s~~ for three continuous years immediately prior to election.
2. Be certified in emergency medicine at the time of election by the American Board of Emergency Medicine, the American Osteopathic Board of Emergency Medicine, or in pediatric emergency medicine by the American Board of Pediatrics.
3. Meet the following requirements demonstrating evidence of high professional standing at some time during their professional career prior to application.
   1. At least three years of active involvement in emergency medicine as the physician’s chief professional activity, exclusive of residency training, and;
   2. Satisfaction of at least three of the following individual criteria during their professional career:
4. active involvement, beyond holding membership, in voluntary health organizations, organized medical societies, or voluntary community health planning activities or service as an elected or appointed public official;
5. active involvement in hospital affairs, such as medical staff committees, as attested by the emergency department director or chief of staff;
6. active involvement in the formal teaching of emergency medicine to physicians, nurses, medical students, out-of-hospital care personnel, or the public;
7. active involvement in emergency medicine administration or departmental affairs;
8. active involvement in an emergency medical services system;
9. research in emergency medicine;
10. active involvement in ACEP chapter activities as attested by the chapter president or chapter executive director;
11. member of a national ACEP committee, the ACEP Council, or national Board of Directors;
12. 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;
13. 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.

**International Fellows of the College shall meet the following criteria:**

1. **Be an international member of ACEP for at least three years immediately prior to election.**
2. **Be certified in emergency medicine by an internationally recognized certifying body, or have completed the minimum training standards to practice emergency medicine within their country (if certification is not available).**
3. **Provide a letter of support from an established authority such as their institution medical director, training program director, or emergency medicine society.**
4. **Satisfy at least three of the following individual requirements demonstrating commitment to emergency medicine:**
   1. **Active involvement in organized medicine, as evidenced by three years of membership or leadership within any local, national, or regional society dedicated to advancing emergency medicine.**
   2. **Active involvement in local hospital affairs, such as medical staff committees.**
   3. **Active involvement in the formal training of future emergency medicine physicians.**
   4. **Active involvement in departmental or governmental administration or affairs.**
   5. **Active involvement in EMS systems or disaster preparedness planning activities.**
   6. **Research or scholarly publication in emergency medicine.**
5. **Satisfy at least one of the following individual requirements demonstrating involvement with ACEP:**
   1. **Active participation in ACEP sections, committees, or other leadership bodies.**
   2. **Participation in the development, delivery, or promotion of ACEP educational offerings and resources within home country.**
   3. **Participation in ACEP educational or research activities (such as in-person attendance at ACEP Scientific Assembly meeting(s), scholarly publication in emergency medicine in *Annals of Emergency Medicine* or *JACEP Open*, etc.).**
   4. **Other contributions to the College.**

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.

Section 2 – Fellow Status

Fellows shall be authorized to use the letters FACEP **or (i)FACEP~~(I)~~** in conjunction with professional activities. Members previously designated as ACEP Fellows under any prior criteria shall retain Fellow status. Maintenance of Fellow status requires continued membership in the College. Fees, procedures for election, and reasons for termination of Fellows shall be determined by the Board of Directors.

**Resolution 24 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.

1. **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 **with no conflicts of interest in each pending matter** – 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~~ **an** 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.

1. **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, ACEP *Code of Ethics,* other ACEP ethics policies, or other conduct believed by the complainant to warrant censure, suspension, or expulsion;

3. Must allege a violation that occurred within 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~~ **any protected health information** 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~~ **their** name disclosed to the ACEP Executive Director~~,~~ **and** any additional ACEP review body listed in these *Procedures,* ~~and the respondent~~ should the complaint be forwarded to the respondent; and

6. Must be submitted to the ACEP Executive Director.

1. **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 a written acknowledgement to the complainant confirming complainant’s intent to file a complaint. Includes a copy of ACEP’s *Procedures* providing guidelines and timetables that will be followed in this matter. Requests complainant sign acknowledgement specifying intent to file an ethics complaint and to be bound by the *Procedures*.

1. Confirms receipt of an acknowledgement signed by the complainant specifying intent to file an ethics complaint and to be bound by the *Procedures.*
2. Notifies the ACEP President and the 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.
3. **Determines, in consultation with the ACEP President and the Chair of the Ethics Committee or the Bylaws Committee, along with other committee designee(s) as appropriate given the subject matter of the complaint, that:**

a. ~~Determines, in consultation with the ACEP President and the Chair of the Ethics Committee, the Bylaws Committee, or other committee designee, that t~~**T**he **charges and conduct set forth in the** complaint**, as alleged by the complainant,** ~~is frivolous, inconsequential, or~~ do~~es~~ not allege an actionable violation of a policy or principle included in the *Code of Ethics* or 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, or other committee designee, that t~~**T**he complaint alleges conduct that may constitute a violation of a policy or principle included in the *Code of Ethics*, and if so, forwards the complaint and the response together, after both are received, to each member of the Ethics Complaint Review Panel **after membership on the Ethics Complaint Review Panel has been confirmed;** or

c*.* ~~Determines, in consultation with the ACEP President and the Chair of the Bylaws Committee, or other committee designee, that t~~**T**he 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, after both are received, to each member of the Bylaws Committee, or at the discretion of the Chair of the Bylaws Committee, to members of a subcommittee of the Bylaws Committee appointed for that purpose **and that has been screened for conflicts of interest;** 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. T~~**t**he Ethics Complaint Review Panel or the Bylaws Committee**, as appropriate,** will review the President’s ~~action~~ **recommendation to reject the complaint**. The President’s action can be overturned by a majority vote of the applicable ACEP review body **or adopted by the body**.

5. Within ten (10) business days after the determination specified in SectionC.4.b. or Section C.4.c. of these *Procedures*, forwards the complaint to the respondent by 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 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 applicable ACEP review body, including 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.

1. 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 EthicsComplaint Review Panel or the Bylaws Committee appointed to review the complaint, as appropriate.
2. **Ethics Complaint Review Process.** ~~w~~**Within sixty (60) days of the forwarding of the complaint /response specified in Section C.4.b. above, the Ethics Complaint Review Panel:**

1. Reviews the written record of any complaint that alleges a violation of the ACEP *Code of Ethics* or other 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 **or web 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:

* + - 1. Applicable version of the ACEP *Code of Ethics* or other ACEP ethics policies apply.
      2. Alleged behavior constitutes a violation of the applicable version of the ACEP *Code of Ethics* or other ACEP ethics policies.
      3. Alleged conduct warrants censure, suspension, or expulsion.

5. Decides to:

a. Dismiss the complaint; or

b. ~~Ethics Complaint Review Panel r~~**R**enders a decision to impose disciplinary action, based on the written record.

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.

1. **Bylaws Complaint Review Process**  ~~w~~**Within sixty (60) days of the forwarding of the complaint /response specified in Section C.4.b. above, the Bylaws Committee:**

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 **or web 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. Applicable version of the ACEP Bylaws apply.

b. Alleged behavior constitutes a violation of the applicable version of the ACEP Bylaws.

c. Alleged conduct warrants censure, suspension, or expulsion.

5. Decides to:

a. Dismiss the complaint; or

b. ~~Bylaws Committee r~~**R**enders a decision to impose disciplinary action, based solely on the written record.

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.

1. **Right of Respondent to Request a Hearing**

If the Ethics Complaint Review Panel or Bylaws Committee chooses to impose disciplinary action, the Executive Director will send to the respondent a written notice by USPS Certified Mail of the right to request a hearing. ~~This~~ **The respondent may request a hearing to appeal the disciplinary decision or the sanction imposed. This** notice will list the respondent’s hearing rights as set forth in Section G. below. The respondent’s request for a hearing must be submitted in writing to the Executive Director within thirty (30) days of receipt of the notice of right to a hearing. In the event of no response, the applicable ACEP review body will implement its final decision.

1. **Hearing Procedures**

1. If the respondent requests a hearing, the complainant and respondent will be notified in writing by 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 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.

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, audio~~tape~~, **recording,** or video~~tape~~ **recording** at the expense of the requesting party. **A copy of any such record must be provided to the Executive Director.**

6. The hearing 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~~ **impractical** 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. **Any documents or materials to be provided or presented during the hearing not already in the record, including written documents, handouts, or slide presentations, must be provided to the presiding officer 14 days prior to the hearing to assess if the material and information contained therein are relevant to the proceedings.** 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 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. The decision of the Board 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 Hearing Panel’s decision will be sent by USPS Certified Mail to the respondent and complainant within sixty (60) days of the decision. This written notice will include the Board Hearing Panel’s decision and a statement of the basis for that decision.

1. **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.

1. **Possible Disciplinary Action and Disclosure to ACEP Members**

1. Nature of Disciplinary Action

1. Censure

i. Private Censure: a private letter of censure informs a member that his or her conduct does not conform with the College’s ethical standards; it may detail the manner in which 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. Upon written request by a member of ACEP, ACEP may confirm the censure; however, contents of the letter will not be provided.

**Private censure is appropriate in cases in which the member's conduct is not in conformity with the College's ethical standards but appears to be a minor isolated incident. The member's actions are not egregious in nature but fall outside of acceptable conduct. If the violation involves the College's Expert Witness Guidelines or the ethical principles regarding expert witness testimony in the Code of Ethics, this disciplinary action may be considered for single ethical violations in the course of a single legal case.**

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 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**, disclosure of which shall be subject to the discretion of the Executive Director**.

**Public censure is appropriate in cases in which the member's conduct is not in conformity with the College's ethical standards and demonstrates a pattern of unethical behavior or a single example of egregious conduct. If the violation involves the College's Expert Witness Guidelines or the ethical principles regarding expert witness testimony in the Code of Ethics, this disciplinary action may be considered for multiple ethical violations in the course of a single legal case.**

1. 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 theACEP President. At the end of the twelve (12) month period of suspension, the suspended member 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**, disclosure of which shall be subject to the discretion of the Executive Director**. 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.

**Suspension is appropriate in cases in which the member's conduct is not in conformity with the College's ethical standards and the member has either received prior disciplinary action by the College, demonstrates a pattern of serious unethical behavior, or demonstrates a single example or multiple examples of egregious conduct. If the violation involves the College's Expert Witness Guidelines or the ethical principles regarding expert witness testimony in the Code of Ethics, this disciplinary action should be considered for multiple ethical violations across more than one legal case.**

1. 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 announced in an appropriate ACEP publication. The published announcement shall also state which ACEP policy or Bylaws provision was violated by and shall inform ACEP members that they may request further information about the disciplinaryaction**, disclosure of which shall be subject to the discretion of the Executive Director**. 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.

**Expulsion is appropriate in cases in which the member's conduct is not in conformity with the College's ethical standards and the member has either received prior disciplinary action by the College, demonstrates a pattern of serious unethical behavior, or demonstrates a single example or multiple examples of egregious conduct to a degree warranting discipline beyond the suspension available under I.1.b. If the violation involves the College's Expert Witness Guidelines or the ethical principles regarding expert witness testimony in the Code of Ethics, this disciplinary action should be considered for multiple ethical violations over multiple legal cases.**

2. Scope and Manner of Disclosure

a. Disclosure to ACEP Members: Any ACEP member may transmit a request for information to the Executive Director regarding disciplinary actions taken by the College. ~~Such~~ **The** letter shall specify the name of the member or former member who is the subject of the request. The Executive Director ~~shall~~ **may** disclose, in writing, the relevant information as described in Section I.1.

b. Disclosure to Non-Members: If a non-member 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. **If a non-member makes a request for information about disciplinary actions against a member who has received private censure, the Executive Director shall inform the individual that no published announcement of disciplinary action is available but shall not indicate or confirm that a private censure has been imposed.**

1. **Ground Rules**

1. All proceedings are confidential until a final decision on the complaint is rendered by the applicable ACEP review body, at which time the decision will be available upon request by ACEP members, to the extent specified in Section 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 Complaint Review Panel, the Bylaws Committee, or the Board 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 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 Complaint Review Panel, the Bylaws Committee, or the Board 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, at which time the ACEP President will appoint a replacement.

6. Once the Ethics Complaint Review Panel or the Bylaws Committee has made a decision on a complaint, it will not consider additional allegations against the same respondent based on the same or similar facts.

7. The Ethics Complaint Review Panel or the Bylaws Committee’s decision to impose ~~an~~ ~~adverse~~ **a disciplinary** 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~~ **review** process.

8. If a respondent fails to respond to a complaint, to anotice of the right to request a hearing, or to a request for information, the Ethics Complaint Review Panel, the BylawsCommittee, 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 respondent seeks to voluntarily resign ~~his/her~~ **their** 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 25 Protecting Section Integrity and Member Engagement in ACEP**

RESOLVED, That the Board of Directors amend the “Policy on Sections of Membership” to require that a charter for any section of membership may only be suspended or revoked by a two-thirds vote of the Board of Directors.

**Resolution 34 Recognition of Public Media as a Public Health Necessity**

RESOLVED, That ACEP recognize public media as a public health necessity, which is a vital component of a well-informed public and public health infrastructure; and be it further

RESOLVED, That ACEP support the use and protection of public media as a tool for improving health outcomes and enhancing emergency preparedness.

**Resolution 36 Reaffirming Support for 3-Year and 4-Year Emergency Medicine Residency Program Accreditation (as amended)**

RESOLVED, That ACEP reaffirm the policy statement “Length of Residency in Training in Emergency Medicine,” established by Council Resolution 22(23) recognizing the value of and supporting continued accreditation of both three- and four-year emergency medicine residency programs; and be it further

RESOLVED, That the Board of Directors reaffirm their commitment to represent ACEP policy statements when making public statements on behalf of the College.

**Resolution 38 Inclusion of ACEP Leadership Roles as Approved Practice Improvement Activities for ABEM Certification**

RESOLVED, That ACEP advocate for the American Board of Emergency Medicine to acknowledge participation in ACEP leadership positions as approved practice improvement activities that meet certification requirements; and be it further

RESOLVED, That ACEP collaborate with the American Board of Emergency Medicine to develop a framework outlining the specific criteria and processes by which participation in leadership roles within ACEP can be deemed as fulfilling practice improvement requirements for maintenance of certification; and be it further

RESOLVED, That ACEP and the American Board of Emergency Medicine work toward implementing the criteria and process while informing ACEP members of new opportunities for fulfilling practice improvement obligations through leadership involvement.

**Resolution 41 Advocate for No-Fault Medical Liability Reform and Redefinition of Negligence in Health Care (as amended)**

RESOLVED, That ACEP support the development and implementation of a no-fault medical liability system that prioritizes patient compensation and systemic health care improvements over physician punishment; and be it further

RESOLVED, That ACEP collaborate with relevant stakeholders and legal experts to identify models that shift medical liability from a fault-based system to a no-fault compensation model; and be it further

RESOLVED, That ACEP advocate for a legal standard that recognizes systemic contributions to medical errors, encourages root cause analysis over individual blame, and better reflects modern health care practice and patient safety goals.

RESOLVED, That ACEP promote and advocate for an elevation of the civil tort burden of proof for EMTALA-related care from a preponderance of evidence to clear and convincing evidence.

**Resolution 43 Support for Eliminating Physician Non-Compete Clauses in Contracts**

RESOLVED, That ACEP develop and make available publicly a generic support letter that emergency physicians may use during contract negotiations to advocate for the removal of non-compete clauses that prohibit clinical practice within a defined region; and be it further

RESOLVED, That ACEP clearly state in a generic support letter that emergency physicians can use during contract negotiations that non-compete clauses restricting the clinical practice of medicine, as opposed to limiting contractual competition for hospital coverage, are fundamentally unfair, ethically problematic, and harmful to public health and physician well-being; and be it further

RESOLVED, That ACEP continue monitoring and updating members on state and federal developments regarding non-compete reform and support physician advocacy efforts on this issue.

**Resolution 44 Advocating for National Leadership on Workplace Violence in Health Care through the AMA (as amended)**

RESOLVED, That ACEP encourage its delegates to the American Medical Association to introduce and support AMA policy that prioritizes addressing workplace violence in health care as a top national advocacy issue; and be it further

RESOLVED, That ACEP encourage its delegates to the American Medical Association to advocate for mandatory, standardized reporting of workplace violence incidents across all health care settings and support the aggregation and public dissemination of this data to inform research, benchmarking, and national policy development; and be it further

RESOLVED, That ACEP encourage its delegates to the American Medical Association to advocate for the development, funding, and implementation of evidence-based, trauma-informed strategies to prevent workplace violence and protect the health care workforce.

**Resolution 45 Comprehensive Support for Medicaid and Consolidation of ACEP Medicaid-Related Policies (as amended and adopted in lieu of Resolutions 45 and 46)**

RESOLVED, That ACEP continue to advocate for the full preservation and expansion of the Medicaid program as an essential component of equitable access to emergency care; and be it further

RESOLVED, That ACEP create a unified policy statement that recognizes Medicaid’s importance as a safety net insurance to emergency medicine, and include within it the concepts of the current policy statements “Work Requirements for Medicaid Beneficiaries,” “Medicaid Expansion,” and “Opposition to Copays for Medicaid Beneficiaries” to create a single, robust policy statement on Medicaid; and be it further

RESOLVED, That ACEP policy affirm ACEP’s opposition to administrative or financial barriers, including third-party administrator interference, that reduce timely access to emergency care for Medicaid beneficiaries and promotes emergency physicians’ roles as key stakeholders in Medicaid policy development and reform.

RESOLVED, That ACEP advocate for adequate federal and state Medicaid funding levels for patients.

**Resolution 47 Protecting Medicaid Disproportionate Share Hospital (DSH) Payments to Preserve Emergency Care Access (as amended)**

RESOLVED, That ACEP recognize the Disproportionate Share Hospital cuts are of specific concern to emergency physicians as they have been shown to increase the amount of rural hospital closures; and be it further

RESOLVED, That ACEP partner with relevant organizations such as America’s Essential Hospitals to further the cause of protecting Disproportionate Share Hospital payments; and be it further

RESOLVED, That ACEP advocate for existing and future legislationto repeal or delay the Medicaid Disproportionate Share Hospital cuts scheduled for fiscal years 2026 through 2028.

**Resolution 48 Affirming Emergency Physicians’ Ethical and Legal Obligations Under EMTALA (as amended)**

RESOLVED, That ACEP affirm that federal EMTALA obligations should supersede conflicting state laws or mandates that would prevent emergency physicians and all members of the medical staff from providing medically necessary stabilizing treatment for emergency medical conditions; and be it further

RESOLVED, That ACEP advocate for clear federal protections for emergency physicians and all members of the medical staff providing care in accordance with EMTALA requirements, particularly when such care conflicts with state laws; and be it further

RESOLVED, That ACEP work with relevant federal agencies, medical societies, and stakeholders to ensure consistent interpretation and enforcement of EMTALA requirements that protect both patients and physicians; and be it further

RESOLVED, That ACEP provide educational resources and support to emergency physicians navigating complex legal landscapes while maintaining their professional and ethical obligations to provide emergency medical care.

**Resolution 49 Support for EMTALA Reform to Ensure Timely Access to Definitive Care (as amended)**

RESOLVED, That ACEP support legislative, regulatory, and policy reforms to strengthen the EMTALA mandate regarding transfers and advocate to reduce barriers that create delays in transferring patients to a higher level of care.

**Resolution 50 Emergency Department Staffing Transparency (as amended)**

RESOLVED, That ACEP advocate for stricter enforcement of the federal regulation requiring hospitals without 24/7 on-site physician coverage to clearly post such notices, including an explanation of how emergency medical needs will be addressed when a physician is not present, and that ACEP work with Joint Commission and other regulatory bodies to advance educational and regulatory initiatives that improve transparency for patients in the emergency setting.

**Resolution 51 Supporting Board Certified Physicians in Every Emergency Department (as amended)**

RESOLVED, That ACEP reaffirm current policy that the gold standard for emergency department care is provided by an emergency physician, and support state and federal legislative and regulatory efforts to require that a physician be present and available in every emergency department.

**Resolution 53 Prior Authorization Reform to Reduce Delays in Care and Emergency Department Burden (as amended)**

RESOLVED, That ACEP support federal and state legislative and regulatory efforts to reform prior authorization processes, with the goal of reducing care delays that result in avoidable emergency department visits or hospitalizations; and be it further

RESOLVED, That ACEP collaborate with relevant stakeholders to advocate for real-time transparency, standardization, and accountability in prior authorization practices to promote timely, equitable, and efficient patient care across all health care settings.

**Resolution 55 Reduce Non-Beneficial Regulation by The Joint Commission and other Health Care Regulatory Bodies (as amended)**

RESOLVED, That ACEP collaborate with Joint Commission and other health care regulatory bodies to review and advocate for the elimination or modification of requirements that do not demonstrably improve the care of Emergency Department patients.

**Resolution 56 Regulate Artificial Intelligence in Health Insurance Reimbursement and Coverage Decisions (as amended)**

RESOLVED, That ACEP advocate for legislation at the state and federal levels requiring that reimbursement denials or negative coverage decisions by insurers be reviewed and approved by qualified human personnel who are board-certified physicians in the relevant specialty or sub-specialty with an unrestricted and active license, and are not incentivized to deny payment for care; and be it further

RESOLVED, That ACEP support prohibiting health insurers from relying solely on artificial intelligence-based algorithms to deny, delay, or downcode health care claims or services and urge both CMS and state regulatory agencies to establish policies requiring human oversight in these decisions; and be it further

RESOLVED, That ACEP collaborate with relevant stakeholders, including insurers, technology providers, and regulators, to ensure that artificial intelligence algorithms used in health care decision-making and the datasets they are trained on are transparent, accountable, based on accurate and up-to-date clinical criteria derived from national medical specialty society guidelines and peer reviewed clinical literature, and subject to oversight by qualified health care professionals.

**Resolution 57 Repeal Certificate of Need Laws to Expand Access and Improve Patient Care (as amended)**

RESOLVED, That ACEP collaborate with other health care organizations to raise public awareness and educate state policymakers on the impacts of Certificate of Need (CON) laws on patient access to emergency care, including overcrowding, boarding, and limited capacity, and advocate for the removal of these regulatory barriers to improve patient flow and health care access.

**Resolution 58 Role of EDs in Interactions with U.S. Immigration and Customs Enforcement**

RESOLVED, That ACEP acknowledge its prior guidance on U.S. Immigration and Customs Enforcement (ICE) in the emergency department as a valuable foundation, and recognize the continuing potential impact of ICE enforcement actions within emergency departments on patient care and public health; and be it further

RESOLVED, That ACEP advocate for the development and dissemination of clear guidelines and training programs for emergency department staff to manage interactions with U.S. Immigration and Customs Enforcement officials, ensuring the protection of patient rights and the provision of uncompromised medical care; and be it further

RESOLVED, That ACEP support collaboration with legal experts, hospital administrations, and community organizations to establish policies that delineate the role of emergency departments in relation to U.S. Immigration and Customs Enforcement activities, emphasizing the importance of patient trust, safety, and confidentiality.

**Resolution 59 Support Interstate Telemedicine Practice for Physicians with Permanent Licensure (as amended)**

RESOLVED, That ACEP work with relevant stakeholders to advocate for states to establish a special purpose telehealth registry or license; and be it further

RESOLVED, That ACEP advocate to expand access to emergency telemedicine services with licensure recognition across state lines while ensuring patient safety and physician accountability.

**Resolution 61 Acknowledging and Mitigating the Environmental Impact of Metered-Dose Inhalers (as amended)**

RESOLVED, That ACEP acknowledge the environmental impact of metered-dose inhalers and supports efforts to reduce their carbon footprint through sustainable practices.

**Resolution 62 Promoting Environmental Sustainability and Waste Reduction in the ED (as amended)**

RESOLVED, That ACEP encourage hospitals to implement environmentally responsible practices, including but not limited to proper waste segregation, development of recycling programs, reduction of low-value medical interventions, and the use of sustainable alternatives when clinically appropriate.

**Resolution 64 Endorsement of Electronic Discharge Instructions for Patients with Electronic Medical Records (as amended)**

RESOLVED, That ACEP endorse the use of electronic discharge instructions for patients with access to electronic medical records and electronic communication capabilities; and be it further

RESOLVED, That ACEP encourage emergency departments to adopt policies and technologies that support patient-centered, secure, timely, and environmentally responsible electronic delivery of discharge instructions in compliance with HIPAA regulations.

**Resolution 65 Emergency Physicians and Collaborative Practice Agreements (as substituted)**

RESOLVED, That ACEP develop a policy statement opposing the establishment of collaborative practice agreements without the specific and informed authorization of the supervising physician; and be it further

RESOLVED, that ACEP oppose the execution of collaborative practice agreements by employers, hospitals, or contract groups on behalf of emergency physicians; and be it further

RESOLVED, that ACEP support the prior disclosure of collaborative practice agreements whenrequired for employment of emergency physicians.

**Resolution 66 Endorsing a Realistic Door-to-Doctor Standard (as amended)**

RESOLVED, That ACEP oppose practices that encourage unsafe or unsustainable door-to-doctor expectations.

**Resolution 67 Forensic Programs in Trauma Centers (as amended)**

RESOLVED, That ACEP work with relevant stakeholders to implement a collaborative standard of forensic programs at all Level 1 and Level 2 trauma centers.

**Resolution 68 Integrating Firearm Safety Counseling into Emergency Medicine Education and Practice (as amended)**

RESOLVED, That ACEP amend its policy statement “Firearm Safety and Injury Prevention” to include integration of firearm injury prevention, safe storage, and counseling education into emergency medicine residency training and continuing medical education; and be it further

RESOLVED, That ACEP develop or identify easily accessiblemember-facing clinical information to support emergency physicians in conducting brief, trauma-informed firearm safety counseling, particularly for high-risk patients consistent with ACEP’s firearm safety policies.

**Resolution 71 Member Resources for Best Practices in Employment Negotiations (as amended)**

RESOLVED, That ACEP curate existing and future educational materials and webinars focused on best practices in employment negotiation into a centralized member-accessible resource that is easily identifiable on the ACEP website.

**Resolution 72 Naloxone Access and Education in Public Schools**

RESOLVED, That ACEP endorse efforts to assure naloxone is in public schools and incorporate education on overdose and substance use disorder into health education.

**Resolution 73 Promoting Comprehensive Treatment of Substance Use Disorders Across the Nation (as amended)**

RESOLVED, That ACEP develop a plan to promote and facilitate the initiation of nationwide emergency department programs to improve substance use disorder treatment including, but not limited to, staff training, dispensing harm reduction materials, initiating evidence-based medication where applicable, and rapid clinical referrals to outpatient treatment where available; and be it further

RESOLVED, That ACEP work with relevant stakeholder organizations to obtain funding for substance use disorder programs; and be it further

RESOLVED, That ACEP report back to the Council in a timely manner on the development of a plan to promote and facilitate the initiation of nationwide emergency department programs to improve substance use disorder treatment and any progress made on the goals of the plan.

**Resolution 74 Necessary Facility-Provided Medications from Emergency Departments (as substituted)**

RESOLVED, That ACEP develop strategies to address barriers preventing the dispensation of essential medications in sufficient quantity upon discharge from the emergency department during off hours and when pharmacies are not available.

**Resolution 76 Protection and National Standardization of Transgender Care in Emergency Medicine**

RESOLVED, That ACEP support the development and publication of nationally recognized guidelines for transgender care in emergency medicine; and be it further

RESOLVED, That ACEP advocate for the protection of transgender patients and the ability of emergency physicians to provide evidence-based care to patients of all gender identities.

**Resolution 79 Standards for the Safe and Appropriate Transport of Patients to Psychiatric Facilities (as amended)**

RESOLVED, That ACEP work collaboratively with relevant stakeholders to develop consensus recommendations and best practices regarding transport requirements for patients being transferred to psychiatric facilities, with specific attention to the transferring facility determining clinical stability, restraint use, and acceptable means of transportation.

**Resolution 80 Toolkit for Elective Surgery Scheduling to Mitigate ED Crowding (as amended)**

RESOLVED, That ACEP collaborate with relevant stakeholders, including the American College of Surgeons and the American Hospital Association, to develop and disseminate a comprehensive elective surgery scheduling toolkit aimed at guiding hospitals in implementing effective scheduling practices to mitigate ED crowding.

**Resolution 89 Support for Scientific Integrity in Medicine and Public Health (as amended)**

RESOLVED, That ACEP strongly recognize and commend Debra Houry, MD, FACEP; Demetre Daskalakis, MD; Jennifer Layden, MD, PhD; and Daniel Jernigan, MD, MPH, for their principled stand in defense of science-based medical practice and patient safety; and be it further

RESOLVED, That ACEP oppose interference in the leadership, operations, and recommendations of critical public health agencies such as the CDC, thus affirming the definitional roles of scientific independence and adherence to known facts and evidence-based medicine guidance in safeguarding the practice of medicine and public health.

**Resolution 81 In Memory of Joshua Alinger, MD**

RESOLVED, That the American College of Emergency Physicians mourns the loss and expresses its deep sorrow at the passing of Joshua Alinger, MD, and extends heartfelt condolences to his family, friends, colleagues, and the Northwestern University Emergency Medicine community.

**Resolution 82 In Memory of Donald J. Gordon, MD, PhD, FACEP, Lieutenant Colonel, US Army (Retired)**

RESOLVED, That the American College of Emergency Physicians honors the memory of Donald J. Gordon, MD, PhD, FACEP, Lieutenant Colonel, US Army (Retired), and his extraordinary contributions to emergency medicine, education, and community service; and be it further

RESOLVED, That ACEP extends its deepest sympathies to the family, friends, and colleagues of Donald J. Gordon, MD, PhD, FACEP, Lieutenant Colonel, US Army (Retired), acknowledging that though he may be gone, his remarkable achievements and enduring impact will be remembered with gratitude and admiration.

**Resolution 83 In Memory of Elizabeth B. Jones, MD, FACEP**

RESOLVED, That the American College of Emergency Physicians honors the memory of Elizabeth B. Jones, MD, FACEP, and her extraordinary contributions to emergency medicine, patient advocacy, academic excellence, and integrity in research and clinical care; and be it further

RESOLVED, That ACEP extends its deepest sympathies to the family, friends, and colleagues of Elizabeth B. Jones, MD, FACEP, acknowledging that though she may be gone, her remarkable achievements and enduring impact will be remembered with gratitude and admiration.

**Resolution 84 In Memory of Brian Wai Lin, MD**

RESOLVED, That the American College of Emergency Physicians and the California Chapter recognizes the extraordinary contributions of Brian Wai Lin, MD, to the specialty of emergency medicine as a physician, educator, innovator, and mentor; and be it further

RESOLVED, That the American College of Emergency Physicians and the California Chapter extends to the family of Brian Wai Lin, MD, especially his beloved children Isaiah, Elliot, and Daphne, along with his loved ones, friends, students, residents, and colleagues our heartfelt condolences and deepest appreciation for his lasting impact on the specialty of emergency medicine and the lives of those he touched with generosity and grace.

**Resolution 85 In Memory of Forest Daniel McCoig, MD**

RESOLVED, That the American College of Emergency Physicians cherishes the memory and legacy of Forrest Daniel McCoig, MD; and be it further

RESOLVED, That the American College of Emergency Physicians and the Virginia College of Emergency Physicians extends to his devoted wife Katharine (married in 1958) of 23 years, and mother to their children James, Amy, and Laura, and his wife Janet (married in 1991) of 34 years, and mother to Kelly, gratitude for his service as an emergency physician, as well as for his dedication and commitment to the specialty of emergency medicine.

**Resolution 86 In Memory of Jack Henriquez, MD, FACEP**

RESOLVED, That the American College of Emergency Physicians cherishes the memory and legacy of Jack A. Henriquez, MD, FACEP; and be it further

RESOLVED, That the American College of Emergency Physicians and the Pennsylvania College of Emergency Physicians extends to his sons Eric W. Henriquez, Ryan S. Henriquez, his wife, and four grandchildren gratitude for his service as an emergency physician as well as for his dedication and commitment to the specialty of emergency medicine.

**Resolution 87 In Memory of Carl S. Werne, MD**

RESOLVED, That the American College of Emergency Physicians cherishes the memory and legacy of Carl S. Werne, MD; and be it further

RESOLVED, That the American College of Emergency Physicians and the Pennsylvania College of Emergency Physicians extends to his daughters Joanna Werne and Emily Kennerley, his sister Dr. Joellen Werne, his partner Dr. Amy Zimet, and his first wife Patricia Daly Vance and extended family gratitude for his service as an emergency physician as well as for his dedication and commitment to the specialty of emergency medicine.

**Resolution 88 In Memory of Jamie Shandro, MD, MPH**

RESOLVED, That the American College of Emergency Physicians cherishes the memory and legacy of Jamie Shandro, MD, MPH; and be it further

RESOLVED, That the American College of Emergency Physicians and the Washington Chapter extends to her children Nina and Kai, husband Hans, mother Cathy, brother Tim, extended family, friends, and colleagues our heartfelt gratitude for her service as an emergency physician as well as for her dedication and commitment to the specialty of emergency medicine.

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**Resolution 90 Support and Endorsement of Current Vaccine Guidelines by Fellow Medical Professional Organizations (as amended**

RESOLVED, That ACEP promptly create a policy statement endorsing the use of high-quality evidence-based vaccine schedules as outlined in and based upon the most current recommendations and vaccine schedules as published by the American Academy of Pediatrics, the American College of Cardiology, and the American College of Obstetrics and Gynecology.

**Resolution 91 In Memory of Frank Zwemer, Jr., MD, FACEP**

RESOLVED, That the American College of Emergency Physicians honors and remembers the profound impact made by Frank L. Zwemer, Jr., MD, MBA, FACEP; and be it further

RESOLVED, That the American College of Emergency Physicians extends to his wife Laura Brewer; his children, Dr. Catherine Zwemer and Jonathan Zwemer, his mother Ann, sisters Mimi Freeman and Kim McCart, and his Aunt Joan our heartfelt condolences and gratitude for sharing him with us all of these years and acknowledges his impact and care will ripple through generations of emergency physicians.

**Resolution Referred to the Council Steering Committee**

**Resolution 23 Councillor Allocations for Sections of Membership – Council Standing Rules Amendment**

RESOLVED, That the Council Standing Rules – Councillor Allocation for Sections of Membership be amended to read:

To be eligible to seat a credentialed councillor, a section must have 100 dues-paying members, ~~or the minimum number established by the Board of Directors, on December 31 preceding the annual meeting~~ **as defined in the Bylaws**. Section councillors must be certified by the section by notifying the Council secretary at least 60 days before the annual meeting.

**Resolutions Referred to the Board of Directors**

**Resolution 26 Affirmation of ACEP’s Support for Diversity, Equity, and Inclusion in Emergency Medicine**

RESOLVED, That ACEP reaffirm its commitment to the core principles of diversity, equity, and inclusion, recognizing their fundamental role in promoting patient-centered care, health equity, and a thriving, representative workforce by reaffirming its previous policy statement supporting diversity, equity, and inclusion as essential to the College’s mission and the practice of emergency medicine.

**Resolution 27 Upholding Equal Access to Care in EM Amidst Political Challenges**

RESOLVED, That ACEP reaffirm its commitment to promoting and maintaining equal access to care in the emergency department, ensuring that all patients and staff are treated with respect, dignity, and fairness; and be it further

RESOLVED, That ACEP advocate for the implementation of policies and practices in the ED that address unconscious bias and cultural competence, and support equitable health care delivery for all, regardless of the political environment; and be it further

RESOLVED, That ACEP support the continued development and integration of implicit bias training into emergency medicine residency programs, continuing medical education courses, and ongoing professional development to equip emergency providers with the tools necessary to maintain inclusive and equitable care for all regardless of political and societal challenges; and be it further

RESOLVED, That ACEP support efforts to incorporate education on culturally and religiously sensitive care into emergency medicine training and continuing education programs, including awareness of variations in patient preferences and beliefs regarding gender concordance in care, expressions of pain, and attitudes toward different medical systems; and be it further

RESOLVED, That ACEP call for active collaboration with other health care organizations, advocacy groups, and community leaders to ensure that culturally sensitive equal access to care for all remains a central focus in emergency medicine practice and policy, particularly in the context of current political dynamics.

**Resolution 32 Transparency in Vendor and Speaker Communication Restrictions at Scientific Assembly (as amended)**

RESOLVED, That ACEP publicly release its current guidelines on restricted or censored topics; and be it further

RESOLVED, That ACEP refrain from restricting or censoring vendors or speakers at Scientific Assembly unless such restriction is necessary to uphold legal or safety standards; and be it further

RESOLVED**,** That any restriction of vendors or speakers at Scientific Assembly be subject to review ~~and approval~~ by the Council to ensure transparency and accountability.

**Resolution 37 Support for Funding Resident Training Away from Home Institutions**

RESOLVED, That ACEP advocate for changes in Centers for Medicare & Medicaid Services policy to allow funding of resident physicians during educational rotations outside their primary institution, including international and rural placements, to enhance cultural competence and patient care.

**Resolution 40 Support Ongoing Education on Implicit Bias and Structural Inequity**

RESOLVED, That ACEP provide and encourage ongoing education for members on implicit bias, systemic inequities, culturally responsive, and equal access to care for all as part of its life-long learning commitment.

**Resolution 75 Protecting the Term “Emergency Department” in Critical Access Hospitals**

RESOLVED, That ACEP develop a policy to ensure that the term “Emergency Department” ~~is used exclusively to describe facilities where a physician is physically present on-site at all times during operational hours~~ **ensuring it accurately reflects that the level of care provided aligns with both federal expectations and public understanding, and to exclusively describe facilities where a physician is physically present at all times**; and be it further

**RESOLVED, That ACEP request that regulatory and accrediting bodies, such as CMS and Joint Commission enforce appropriate use of facility titles such as “Emergency Department” or “Urgent Care”, ensuring that such designations are consistent with the services and staffing requirements as described in the Code of Federal Regulations, in accordance with services provided, particularly with regard to the availability of physician-on-site emergency care; and be it further**

RESOLVED, That in the interest of public transparency, ACEP develop and promote policy and regulation that when Critical Access Hospitals do not have a physician physically present in the emergency department while it is open, the facility should adopt alternative terminology to clearly inform the public that physician-level medical care is not continuously available on-site.

**Resolution 77 Investigating Practice Patterns of NPs and PAs Following Independent Practice Legislation**

RESOLVED That ACEP support and, if feasible, conduct or commission a study to investigate the geographic and clinical practice patterns of nurse practitioners and physician assistants in states with independent practice authority and use the findings of that study to inform ACEP policy positions and advocacy efforts regarding team-based care and scope of practice.

**Resolution 78 Standardized Emergency Medicine Post-Graduate Training for Advanced Practice Providers**

RESOLVED, That ACEP reaffirm its commitment to physician-led emergency medicine teams and opposes independent practice by advanced practice providers (APPs) in emergency departments, while supporting structured training and supervised clinical practice as a means to enhance APP competency within team-based care models; and be it further

RESOLVED, That ACEP work with the Society of Emergency Medicine Physician Assistants (SEMPA) and the American Academy of Emergency Nurse Practitioners (AAENP), and other relevant stakeholders to develop and advocate for the implementation of a standardized, accredited emergency medicine training program for advanced practice providers as a prerequisite for clinical practice in emergency departments, with a legacy process for experienced advanced practice providers based on documented experience and continuing education.