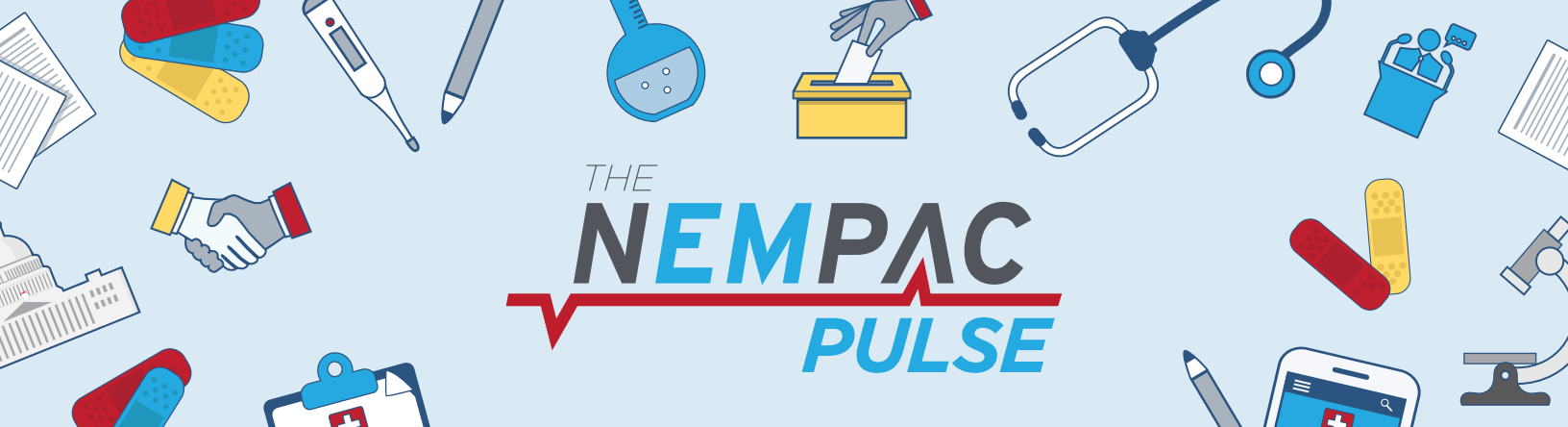




THE NEMPAC PULSE

ISSUE 5 | DECEMBER 2019

A LETTER FROM DR. JACOBY

CHAIR, NEMPAC BOARD OF TRUSTEES



Greetings and happy holidays to all! 2019 has been a busy and productive year for NEMPAC. We are finding that now, more than ever, your support is making a difference in our ability to advocate on behalf of emergency medicine and patients.

[CLICK HERE TO READ MORE](#)



NEMPAC BOARD OF TRUSTEES

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NEMPAC IN ACTION

[CLICK HERE TO READ MORE](#)



EMRA RESIDENTS CORNER

[CLICK HERE TO READ MORE](#)



LEGISLATIVE WINS FOR ACEP AND EMERGENCY MEDICINE

[CLICK HERE TO READ MORE](#)

2019 LEGISLATIVE UPDATES

Surprise billing, Medicare reimbursement, workplace violence and firearms safety research are a few of the ongoing issues that ACEP is actively engaging with Congress on right now. For more information and to view our recent legislative wins, click below.

[CLICK HERE TO READ MORE](#)

PHOTO FEATURE: NEMPAC VIPs at the “Wild West Casino Night” reception at ACEP19



[Learn more about NEMPAC](#) [Contact NEMPAC](#) [Support NEMPAC today](#)



Contributions or gifts to NEMPAC are voluntary and are not tax deductible for federal income tax purposes. The amount given or refusal to donate will not benefit or disadvantage you. By law, we may only use your contribution to support federal candidates if your contribution is made using a personal credit card or personal check. We are required to provide your employer name, your occupation, and to obtain an original signature of the ACEP member if contributing by credit card. NEMPAC encourages personal contributions. All non-personal contributions to NEMPAC will be used to defray costs of educational programs for NEMPAC and other activities permissible under federal law.

A LETTER FROM DR. JACOBY

Greetings and happy holidays to all! 2019 has been a busy and productive year for NEMPAC. We are finding that now, more than ever, your support is making a difference in our ability to advocate on behalf of emergency medicine and patients.

Surprise, or out-of-network, billing has been the focus of much of our advocacy in the past year. The decisions being made in Washington, D.C. on this issue could have widespread ramifications throughout the health care system, including cuts to physician reimbursement and reduced access for patients who need emergency care. For nearly a year, ACEP has been doing everything we can to advocate on behalf of emergency physicians and your patients on this rapidly changing situation. NEMPAC is serving as an important tool to help us get in front of legislators to educate them on the best solution to take patients out of the middle and level the playing field between providers and insurers.

To learn more about ACEP's work on this issue and others, like addressing Violence in the ED, please see our 2019 Legislative Activity section.

Our NEMPAC Board of Trustees were busy at ACEP19 in Denver where we had the opportunity to educate ACEP members about NEMPAC's mission and activities in the 2020 election cycle, as well as recognize and thank our most generous supporters from across the country. I spoke to hundreds of councilors representing ACEP state chapters, EMRA, CORD, SAEM and a multitude of sections about how our Board makes decisions and what guidelines we follow to ensure that the candidates that NEMPAC supports are the best choice for emergency physicians. This presentation is available to all ACEP members here on our [NEMPAC website](#).

Your support this year has been critical to ensuring that we have the resources we need to be successful advocates for emergency medicine and patients and are prepared to support our friends and champions in the 2020 elections.

Sincerely,

Peter J. Jacoby, MD, FACEP
NEMPAC Chair



NEMPAC IN ACTION



Dr. Jacoby, NEMPAC Chairman, challenged the ACEP Council to support and guide the future of NEMPAC.



NEMPAC hosted a fundraiser during ACEP19 for Congressman Raul Ruiz (D-CA), a board-certified emergency physician.



The NEMPAC “Give-a-Shift” hospitality suite is always a favorite networking spot during ACEP’s Annual Meeting.



NEMPAC Wine and Cheese Mixer for Resident “Give-a-Shift” Donors

EMRA RESIDENTS CORNER

Two ACEP Resident Members were recently appointed by ACEP President William Jaquis, MD, FACEP to the NEMPAC Board of Trustees. Dr. Clifford will serve as a voting NEMPAC Board member while Dr. Okungbowa-Ikponmwosa, MD, MPH will participate as an alternate. Below are highlights of their advocacy, work and life passions.

A portrait of a man with dark hair, smiling, wearing a dark suit, white shirt, and a dark tie with diagonal stripes. The background is a plain, light-colored wall.

I've worked in multiple roles in the advocacy space, but my proudest accomplishment is serving as the Government Relations Advocacy Fellow for the American Medical Association. This year-long position between my third and fourth years

of medical school required me to move to Washington D.C. and work at the AMA's Advocacy and Legislative Department. I became proficient in many health policy topics and learned many of the intricacies between government and medicine. By the end of the year, I was a valued member of the environmental intelligence teams as well as the federal and congressional lobbying teams. I created and ran two grassroots campaigns centered around funding for the opioid epidemic and health care reform. I also created and led a three-day lobbying conference for over 400 medical students so that the students could meet their congressional members and advocate for health policies.

I've always strongly believed in the mission and the necessity of an organization's Political Action Committee (PAC). During my time in Washington D.C., I observed how an organization's influence is closely linked to not only the amount of donations to the PAC but also the number of members of that organization that decide to participate. Congressional members pay attention to these numbers and take them seriously since a donation demonstrates a strong belief in the organization's cause. Without a well-funded political action committee with active members, our organization's advocacy efforts would be severely blunted.

I believe that many students and residents don't contribute because they feel their lower amount contribution doesn't mean much when compared to those of attendings who can contribute much larger amounts. This reasoning could not be further from the truth. In fact, I would argue that a young member's contribution is even more valuable. The chances a young contributor will become a future attending contributor is much higher if they start contributing in their resident and student years. Therefore, being a young contributor shows that our organization has a strong pipeline of members that care about advocacy issues and that we deserve to have a spot at the table when discussing policies that will affect us now and long into the future.

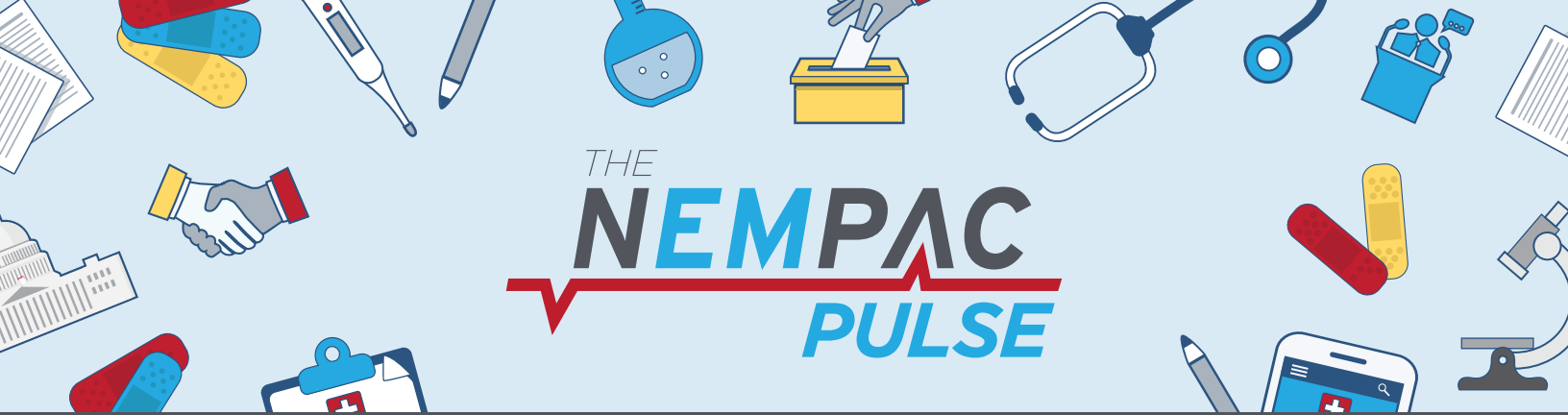
As a physician with a background in Public Health, I have always been drawn to Emergency Medicine because it is a field that lends itself well to observing and identifying areas within the health care system that need improvement. As such, Emergency Medicine Physicians are in a field where advocating for their patients

Nevertheless, it is an exciting field as there is never a dull moment. You never know what is coming through the door. It forces you to hone in on your ability to identify sick patients and patients who are not sick. It forces you to act immediately when intervention is needed and to adapt to situations when you do not necessarily have all the pieces of the puzzle. I was especially interested in Emergency Medicine because this is a field that serves patients regardless of their ability to pay.

I got involved with NEMPAC because as part of the next generation of Emergency Medicine Physicians, I believe it is important to understand how to push forth our concerns and interests amongst Members of Congress. In addition, I wanted to encourage other residents to do the same and financially support our field in its advocacy work.

It is important for residents to support NEMPAC and participate in grassroots advocacy because we have to be the change we want to see. As physicians, our patients rely on us to act in their best interest and supporting NEMPAC and participating in grassroots advocacy is a great way to start.

It is difficult to narrow it down to one so I will give two. One of my proudest accomplishments in the advocacy space was getting involved with an organization called Universities Allied for Essential Medicines. As part of that organization, I had the opportunity to delve into intersectionality and access to medicines. This afforded me the opportunity to travel to the World Health Assemblies in Geneva, Switzerland to advocate for access to medicines for the underserved. My other proudest accomplishment was focusing my Masters in Public Health thesis on identifying knowledge gaps in lead water exposure amongst women of childbearing age during the Flint Water Crisis. I was able to use that information to advocate for areas of intervention within this population.



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2019 LEGISLATIVE UPDATES

ONGOING LEGISLATIVE CAMPAIGNS

Surprise Billing

Federal legislation to address surprise, or out-of-network, billing has been at the forefront of ACEP's advocacy efforts this year. The decisions being made by Congress on this issue could have widespread ramifications throughout the health care system, including cuts to physician reimbursement and reduced access for patients who need emergency care. For nearly a year, ACEP has been doing everything we can to advocate on behalf of emergency physicians and your patients on this rapidly changing situation. Your livelihood as a physician is at risk both in terms of sharp reductions in salaries and reimbursement and restricted opportunities for where you can practice. These decisions could also reduce access to quality care for your patients.

We are at a pivotal moment in our legislative efforts, and our grassroots advocacy is having an impact. There is still time to [contact your legislators](#) to urge them to be thoughtful about passing the best solution rather than rushing something through in a year-end funding package. Our [Surprise Billing Advocacy Toolkit](#) has been updated with this new message and we urge you to take advantage of the many tools at your disposal to advocate to your lawmakers, the media and the public on this critical issue.

Pending Medicare Reimbursement Cuts Unless MACRA Is Improved

[Did you contact your legislators yet?](#) ACEP sent an action alert to all ACEP members in early November about pending cuts to your Medicare reimbursements unless Congress acts to improve the MACRA law before the end of the year. As you may recall, the flawed Sustainable Growth Rate (SGR) update system used to calculate Medicare reimbursement rates was replaced by Congress in 2015 with the "Medicare Access and CHIP Reauthorization Act" (MACRA), which got rid of the SGR and took steps to shore up physicians' ability to care for Medicare patients.

Since that time, ACEP has worked closely with both federal lawmakers and the Centers for Medicare & Medicaid Services (CMS) to implement key provisions of this law and address areas that need improvement. But time is running out to prevent an upcoming cut to Medicare physician payments.

MACRA provided for modest annual reimbursement increases of 0.5 percent for the first five years to give medical societies time to establish viable Advanced Alternative Payment Models (AAPMs), and physicians an opportunity to transition away from fee-for-service and into such value-based care. Unfortunately, CMS hasn't approved nearly enough AAPMs during that time. While those half percent increases weren't even enough to keep up with inflation, under MACRA law they go away entirely at the end of this year, leaving physicians with NO payment increases at all in Medicare under MACRA for the upcoming years 2020-2025.

There is still time to help ACEP send Congress a strong message urging them to act to improve MACRA and stop the upcoming cuts to ensure Medicare patients continue to have access to high quality emergency care. [Click here](#) to learn more and send a message to Congress today.

ACEP Participates in Congressional Firearms Safety Research Roundtable

In October, Megan Ranney, MD, MPH, FACEP, participated in a congressional roundtable on firearms safety research hosted by emergency physician Rep. Raul Ruiz, MD (D-CA). Speaker of the House Nancy Pelosi (D-CA) kicked off the roundtable, and Rep. Mike Thompson (D-CA), Chairman of the House Gun Violence Prevention Task Force, also helped lead the panel.

In addition to Dr. Ranney, the roundtable featured a group of other physician experts from the American College of Surgeons, the American Psychological Association, the American Academy of Pediatrics, the American College of Physicians, the American Public Health Association, as well as Emmy Betz, MD, an emergency physician participating on behalf of the University of Colorado School of Medicine.

The panelists shared their experiences as researchers and experts in the field of firearms safety and injury prevention and answered questions from the many Members of Congress who attended the discussion. Dr. Ranney focused on the need to provide federal funding to promote necessary research, the need for non-partisan approaches to address firearms safety and injury prevention as a public health issue, and how organizations like AFFIRM and ACEP have worked to fill in the gaps in the body of research used to inform more effective interventions and clinical practice.



Speaker Nancy Pelosi, Rep. Raul Ruiz and Rep. Mike Thompson at the Firearms Safety Research Roundtable.

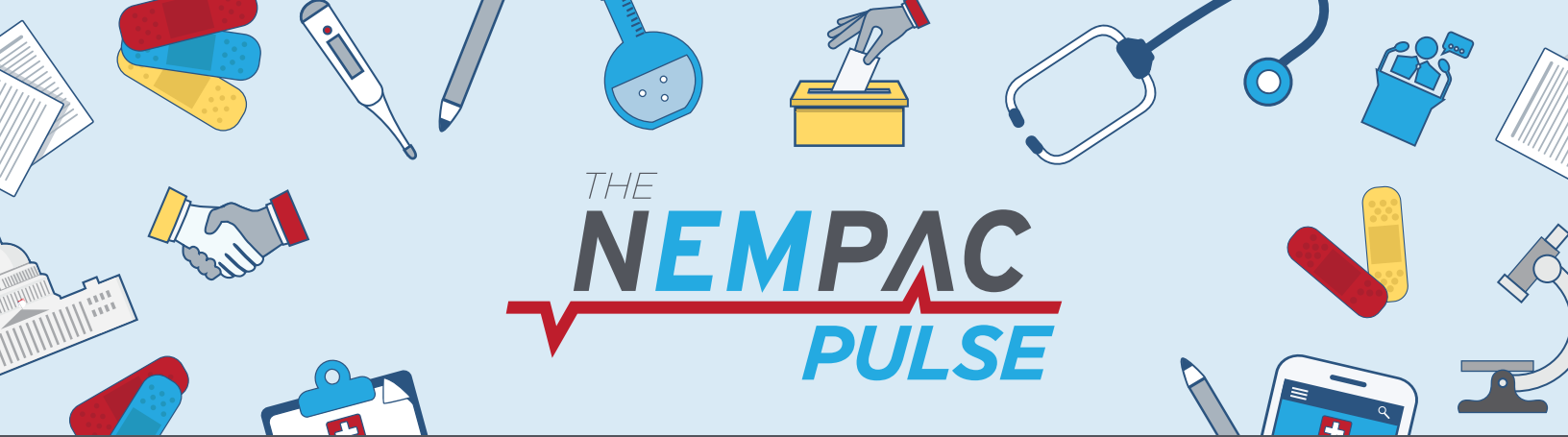
Hungry for some Regs & Eggs?

ACEP publishes a weekly blog focused on federal regulatory affairs, "[Regs & Eggs](#)," that provides updates on the major federal regulations impacting emergency medicine. Every Thursday morning, while you're eating your breakfast, we give you a heads up about new proposed or final regulations, demonstrations, grant opportunities or other announcements from federal agencies, like CMS or the VA.

Want your Regs & Eggs freshly delivered? [Click here](#) to sign up for our distribution list.



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LEGISLATIVE WINS FOR ACEP AND EMERGENCY MEDICINE

House Passes ACEP-supported Workplace Violence Legislation

On November 22, the House of Representatives passed H.R. 1309, the Workplace Violence Prevention for Health Care and Social Service Workers Act of 2019, sponsored by Representative Joe Courtney (D-CT). The bill requires the Occupational Safety and Health Administration (OSHA) to issue standards to protect emergency physicians, nurses, health care workers, and social workers from violence in the workplace and implement prevention efforts.

The legislation compels OSHA to issue an interim final standard in one year and a final standard within 42 months requiring employers within the health care and social service sectors to develop and implement a workplace violence prevention plan. Employers would be required to identify risks, specify solutions, and require training, reporting and incident investigations. It would also provide protections from retaliation for reporting violent incidents.

ACEP worked with Rep. Courtney to help ensure the important provisions of this legislation will be implemented

appropriately, taking into consideration how EDs are staffed and clarifying language to ensure any new federal requirements do not create any unintentional burdens for entities that do not control the health care workplace. ACEP sent a [letter of support](#) for the legislation in March 2019.

During consideration of the bill on the House floor, ACEP sent an alert to congressional staff asking them to oppose an amendment that would have eliminated the requirement for OSHA to issue a standard within a specific time frame, further delaying a process that has already suffered significant delays. Rep. Courtney noted [ACEP's advocacy and expertise](#) on the issue during debate on the floor. The amendment was defeated, and ultimately, the legislation passed the House in a bipartisan 251-158 vote.

We are now shifting our efforts to the Senate to continue our advocacy to secure enactment of this important legislation into law.

Congress Introduces Telehealth Bill with EM Provisions

On November 1, a bipartisan and bicameral group of legislators led by Sen. Brian Schatz (D-HI) in the Senate and Rep. Mike Thompson (D-CA) in the House introduced the CONNECT for Health Act of 2019 (H.R. 4932/S. 2741), legislation to promote the use of telehealth services in Medicare. ACEP directly contributed to this legislation, providing recommendations in response to the Telehealth Caucus' Request for Information earlier this year and working directly with Sen. Schatz's office on language included in the bill specific to emergency medicine.

The bill's provisions include removing geographic restrictions on certain originating sites for emergency medical care services, a change ACEP has long advocated for. The bill also includes provision which requires CMS process to add telehealth services to better consider how telehealth can improve access to care, corresponding with ACEP's continued regulatory efforts to add emergency services to the list of approved telehealth services.

The press conference can be viewed on [Sen. Schatz's Facebook page](#). A summary of the bill is available [here](#).



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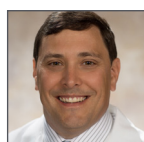
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AMERICAN COLLEGE OF EMERGENCY PHYSICIANS NEMPAC BOARD OF TRUSTEES, 2019-2020



Peter J. Jacoby, MD, FACEP
Woodbury, CT
Email: pjacoby@trinityhealthofNE.org
Chairman



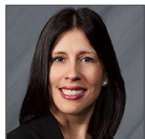
Thomas Jerome Sugarman, MD, FACEP
Berkeley, CA
Email: tjsugarman@gmail.com



L. Anthony Cirillo, MD, FACEP
Saunderstown, RI
Email: acirillo@usacs.com



Bradley J Uren, MD, FACEP
Pinckney, MI
Email: braduren@gmail.com



Sydney E DeAngelis, MD, FACEP
Frederick, MD
Email: sdeangelis@usacs.com

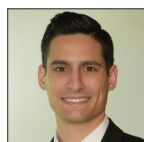


Arvind Venkat, MD, FACEP
Wexford, PA
Email: arvindvenkat@hotmail.com



Vidor Friedman, MD, FACEP
Windermere, FL
Email: vfriedman@acep.org

RESIDENT LIASIONS:



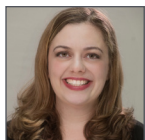
Christopher Clifford, MD
New York, NY
Email: chriscliffordmd@gmail.com



Angela F Gardner, MD, FACEP
Grapevine, TX
Email: akfgardner@aol.com



Jennifer Okungbowa-Ikponmwosa, MD, MPH
Miami, FL
Email: jokungbo@gmail.com



Allison Haddock, MD, FACEP
Houston, TX
Email: ajh2003@gmail.com

STAFF LIAISONS:



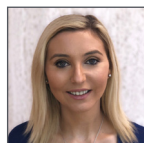
Michael Lozano, MD, FACEP
Tampa, FL
Email: theTampaDOC@msn.com



Jeanne Slade
Director, NEMPAC and Grassroots Advocacy
(B) 202-370-9295
Email: jslade@acep.org



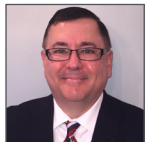
Christina Millhouse, MD, FACEP
Aiken, SC
Email: Christinamillhouse@gmail.com



Sarah Heckman
NEMPAC and Grassroots Advocacy Manager
Email: sheckman@acep.org



Rebecca Parker, MD, FACEP
Park Ridge, IL
Email: rparker@acep.org



Virgil W Smaltz, MD, MPA, FACEP
Geneva, NY
Email: vwsaltz@gmail.com



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