

Memorandum

To: ACEP Council

From: Dean Wilkerson, JD, MBA, CAE
Council Secretary

Date: September 3, 2009

Subj: Action on 2006 Resolutions

The attached report summarizes the actions taken by the Board of Directors on the 30 resolutions adopted by the 2006 Council. There were no Standing Rules resolutions and no resolutions were referred to the Board.

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Action on 2006 Council Resolutions

Resolution 4 Fellow Emeritus (as amended)

RESOLVED, That the ACEP Bylaws, Article V – Fellowship be amended by the addition of a new Section 3 – Fellow Emeritus to read:

ARTICLE V – FELLOWSHIP Section 3 – Fellow Emeritus

Members in good standing who are **either** fellows or former fellows who are ineligible for another class of fellowship may be elected by the Board of Directors to Fellow Emeritus status. A Fellow Emeritus shall be authorized to use “FACEP (Emeritus)” in conjunction with professional activities. Fees, procedures for election, and reasons for termination of Fellow Emeritus status shall be determined by the Board of Directors.

Action: The Bylaws were updated. The Board approved the first group of members to Fellow (Emeritus) status in January 2007. An implementation plan was developed to promote the program and to recognize the members awarded this distinction.

Resolution 5 Eligibility Criteria for Fellow Emeritus

RESOLVED, That the ACEP College Manual be amended by adding the following section:

Eligibility for Fellow Emeritus

To be eligible for election, a member must:

1. Be nominated by a member, chapter or section, or be self-nominated.
2. Have made a significant contribution to and enhanced the profile of the College or the specialty of emergency medicine through their professional and personal endeavors.

Action: The College Manual was updated.

Resolution 7 LLSA “Readings” Member Benefit (as amended)

RESOLVED, That ACEP actively pursue procurement of the American Board of Emergency Medicine “Life-Long Learning and Self Assessment” annual “readings” as a member benefit; and be it further

RESOLVED, That ACEP, using its vast member expertise, explore the feasibility of developing American Board of Emergency Medicine “Life-Long Learning and Self Assessment” annual “readings” summaries as a member benefit; and be it further

RESOLVED, That ACEP actively seek ways to provide more “value added services” to members.

Action: The ACEP LLSA Resource Center premiered on the ACEP Web site in January 2008. Its purpose is to be the “gateway” to information about the ABEM LLSA requirement and how to satisfy it. Resources available to all ABEM diplomates include a Word document that contains all four current reading lists, links to key ABEM information, a link to ACEP membership information, a link to the EM:Prep brochure, and free syllabi and lecture audio from LLSA lectures presented at *Scientific Assembly*. Resources available to members only include article summaries as published in *Critical Decisions in Emergency Medicine* and PDFs of the articles published in *Annals* and all other Elsevier journals, the *Tintinalli Study Guide*, Rosen's *Emergency Medicine*, the Robert and Hedges textbook, and *Circulation*.

The LLSA Resource Center currently provides members with access to all LLSA articles at no charge, along with other test prep resources. All publishers have granted copyright permission for all of the articles from

2007-2010. ACEP members and ABEM have provided positive feedback about the LLSA Resource Center. It is updated as new materials become available.

Resolution 8 ACEP’s History (as amended)

RESOLVED, That ACEP video, archive, and make available to members historically important speeches such as the President’s Address, the Past President’s Address, Honors Convocation speeches, the James D. Mills, Jr. Memorial Lecture and the Colin C. Rorrie, Jr. Lecture; and be it further

RESOLVED, That ACEP obtain, preserve, archive and make available to members historically important letters, correspondence, policy statements, press releases and pictures.

Action: Implementation is ongoing. Speeches are being recorded and archived. A task force was appointed for the 40th anniversary to assist with implementing anniversary activities. A video was produced and made available on ACEP’s Web site. A request was sent to many past leaders and chapters to send memorabilia to the national ACEP office. A History Task Force was appointed in FY 08-09 with the following objectives: 1) List and possibly collect memorabilia about the history of emergency medicine; 2) Assess the interest of members in memorabilia; 3) Offer ideas for sharing memorabilia with members; and 4) Develop a business plan for storing and displaying collected memorabilia. The work of the task force is underway.

Resolution 9 Executive Committee (as amended)

RESOLVED, That the ACEP Bylaws, Article XI – Committees, Section 2 – Executive Committee, be amended to read:

ARTICLE XI – COMMITTEES
Section 2 – Executive Committee

~~The Board of Directors may appoint an Executive Committee~~ **The Board of Directors shall have an Executive Committee**, consisting of the president, president-elect, vice president, secretary-treasurer, ~~and the immediate past president, and chair and speaker.~~ The speaker shall attend meetings of the Executive Committee. The Executive Committee shall have the authority to act on behalf of the Board, subject to ratification by the Board at its next meeting.

Meetings of the Executive Committee shall be held at the call of the **chair or** president. A report of its actions shall be given by the Executive Committee to the Board of Directors in writing within two weeks of the adjournment of the meeting.

Action: The Bylaws were updated.

Resolution 10 Nominating Committees & Housekeeping Changes Re: Chair

RESOLVED, That the ACEP Bylaws be amended as follows:

ARTICLE VIII — COUNCIL
Section 7 — Nominating Committee

A Nominating Committee for positions elected by the Council shall be appointed annually and chaired by the speaker. The speaker shall appoint five members and the president shall appoint the president-elect plus two additional Board members. A member of the College cannot concurrently accept nomination to the Board of Directors and Council Office. Nominations will also be accepted from the floor.

ARTICLE IX — BOARD OF DIRECTORS
Section 2 — Composition and Election

Election of Directors shall be by majority vote of the Councillors present and voting at the annual meeting of the Council.

The Board shall consist of 12 elected directors, plus the president, president-elect, ~~and~~ immediate past president **and chair** if any of these officers is serving following the conclusion of his or her elected term as

director. The outgoing past president shall also remain a member of the Board of Directors until the conclusion of the Board meeting immediately following the annual meeting of the Council. In no instance may a member of the Board of Directors sit as a member of the Council.

~~The speaker shall select annually six members for the Board Nominating Committee, at least three of whom shall be from the Council and the remainder from the membership at large; the president shall appoint annually three Board members, one of whom, the president elect, shall chair the committee. A member of the College cannot concurrently accept nomination to the Board of Directors and Council office. Election of directors shall be by majority vote of the councillors present and voting at the annual meeting of the Council.~~

The term of office of directors shall be three years and shall begin at the conclusion of the Board meeting following the annual meeting at which their elections occur and shall end at the conclusion of the Board meeting following the third succeeding annual meeting. No director may serve more than two consecutive three-year terms. ~~The president, president elect, and immediate past president by virtue of office may serve beyond the two consecutive three year terms~~ unless specified elsewhere in these Bylaws.

ARTICLE X — OFFICERS/EXECUTIVE DIRECTOR
Section 1 — ~~Number of~~ Officers

The officers of the Board of Directors shall be president, president-elect, chair, immediate past president, vice-president, and secretary-treasurer. The officers of the Council shall be the speaker and vice-speaker.

Section 2 — Election of Officers

~~A Board Officer Nominating Committee shall consist of the president and Council officers and be chaired by the immediate past president and shall, after the election of the directors at the annual meeting, submit names from the members of the Board for positions of chair, vice president and secretary-treasurer. Nominations from individual members of the Board are allowed at said meeting. The election shall be by a majority vote of the current members of the Board and shall be performed as described in these Bylaws. Current members are those directors elected and serving prior to the most recent election of directors, plus the newly installed president and immediate past president, if the regular term as Board member of either has expired. The outgoing past president shall also remain a member of the Board of Directors until the conclusion of the Board meeting immediately following the annual meeting of the Council.~~

~~The president elect shall be elected by a majority vote of the councillors present and voting at the annual meeting. The speaker and vice speaker of the Council shall each be elected by a majority vote of the councillors present and voting at the annual meeting every other year. The speaker shall appoint a President Elect Nominating Committee annually and a Council Officer Nominating Committee every other year to nominate candidates for said offices. Nominations will also be accepted from the floor of the Council.~~

The chair, vice-president, and secretary-treasurer shall be elected by a majority vote at the Board meeting immediately following the annual meeting. The president-elect shall be elected each year and the speaker and vice-speaker elected every other year by a majority vote of the Councillors present and voting at the annual meeting.

Action: The Bylaws were updated. In January 2007, the Steering Committee made the necessary changes to the Council Standing Rules “Nominations” and “Nominating Committees” sections by using the “repeal by implication” method.

Resolution 11 Number of Officers - Housekeeping Changes

RESOLVED, That the ACEP Bylaws Article X – Officers/Executive Directors, Section 1 – Number of Officers, be amended to read:

ARTICLE X – OFFICERS/EXECUTIVE DIRECTOR
Section 1 – ~~Number of~~ Officers

The officers of the Board of Directors shall be president, president-elect, chair, immediate past president, vice president, and secretary-treasurer. The officers of the Council shall be the speaker and vice speaker.

Action: The Bylaws were updated.

Resolution 12 Board Chair - Housekeeping Changes

RESOLVED, That the ACEP Bylaws Article IX – Board of Directors, Section 2 – Composition and Election, be amended to read:

ARTICLE IX —BOARD OF DIRECTORS
Section 2 – Composition and Election

The Board shall consist of 12 elected directors, plus the president, president-elect, ~~and~~ immediate past president **and chair** if any of these officers is serving following the conclusion of his or her elected term as director. The outgoing past president shall also remain a member of the Board of Directors until the conclusion of the Board meeting immediately following the annual meeting of the Council. In no instance may a member of the Board of Directors sit as a member of the Council.

The speaker shall select annually six members for the Board Nominating Committee, at least three of whom shall be from the Council and the remainder from the membership at large; the president shall appoint annually three Board members, one of whom, the president-elect, shall chair the committee. A member of the College cannot concurrently accept nomination to the Board of Directors and Council office. Election of directors shall be by majority vote of the councillors present and voting at the annual meeting of the Council.

The term of office of directors shall be three years and shall begin at the conclusion of the Board meeting following the annual meeting at which their elections occur and shall end at the conclusion of the Board meeting following the third succeeding annual meeting. No director may serve more than two consecutive three-year terms. ~~The president, president-elect, and immediate past president by virtue of office may serve beyond the two consecutive three-year terms~~ unless specified elsewhere in these Bylaws.

Action: The Bylaws were updated.

Resolution 13 Chair Recall and Vacancy

RESOLVED, That the ACEP Bylaws Article X – Officers/Executive Director, Section 3 – Recall Procedure, be amended to read:

ARTICLE X – OFFICERS/EXECUTIVE DIRECTOR
Section 3 – Recall Procedure

Any officer of the Council, the president, and the president-elect may be removed from office at any meeting of the Council by a three-quarters vote of the councillors present, as certified by the chair of the Tellers, Credentials, and Elections Committee. A recall must be initiated by a petition signed by councillors present at that meeting. The number of signatures on the recall petition shall be not less than one third of the number of councillors present at the meeting at which the Council officer was elected, as certified in the final report of the chair of the Tellers, Credentials, and Elections Committee.

Removal of an individual from the position of **chair**, vice president, or secretary-treasurer without removal as a member of the Board of Directors shall be carried out by the Board of Directors. **Removal as chair shall also remove that individual from the Board of Directors if the chair is serving only by virtue of that office.** Removal shall require a three-quarters vote of the full Board excluding the officer under consideration. Replacement shall be ~~via~~ **by** the same process as for regular elections of these Board officers.

Section 4 — Vacancy

Vacancies in the offices of the Board of Directors and the Council occurring for reasons other than recall shall be filled in accordance with subsections 4.1 through 4.4. Vacancies occurring via recall shall be filled in accordance with subsections 4.5 and 4.6. Succession or election to fill any vacated office shall not count toward the term limit for that office.

Section 4.3 — **Chair**, Vice President, and Secretary-Treasurer

In the event of a vacancy in the office of **chair**, vice president, or secretary-treasurer, election to the vacant office shall occur as the first order of business, after approval of the minutes, at the next ~~scheduled~~ meeting of the Board of Directors, ~~by simple majority vote of the full number of members of the Board of Directors.~~

Action: The Bylaws were updated.

Resolution 14 Annual Council Meeting Notice

RESOLVED, That the ACEP Bylaws Article VIII – Council, Section 3 – Meetings, paragraph one be amended to read:

ARTICLE VIII — COUNCIL Section 3 — Meetings

~~There shall be an~~An annual meeting of the Council shall be held at such time and place as ~~may be~~ determined by the Board of Directors. ~~and Council officers, provided that the time and place of such meeting shall be announced not less than 40 nor more than 50 days prior to the meeting.~~ Notice for the annual meeting is not required. Whenever the term “annual meeting” is used in these Bylaws, it shall mean the annual meeting of the Council.

Action: The Bylaws were updated.

Resolution 16 Universal Basic Health Care (as amended)

RESOLVED, That ACEP adopt as policy and provide financial, personnel, and political support for selected federal legislation or state legislation or initiatives that supports the vision to maximize the health of the population by creating a sustainable system which reallocates the public resources spent on health care in a way that ensures universal access; and be it further

RESOLVED, That ACEP establish a liaison with the Archimedes Movement.

Action: ACEP adopted the policy statement “Universal Health Care Coverage” in 1999. The policy was revised by the Board in August 2009. Public Affairs staff and Chapter & State Relations staff continue to monitor federal and state initiatives. In January 2006, the Board endorsed “Principles for Reform of the U.S. Health Care System,” along with 9 other physician organizations, calling for universal health care coverage. These principles do not specify a financing mechanism nor a specific approach, but serve instead as the basis for further work. Other principles, such as those developed by the Archimedes Movement and the Oregon Medical Association, are consistent with the principles endorsed by ACEP.

As a result of the Board’s discussion on universal health care proposals, the State Legislative/Regulatory Committee was asked to: 1) note how key elements in some of these proposals fit into the universal health care principles that have already been adopted by the Board; 2) identify potential problem areas in some of the proposals (including possible unintended consequences); 3) identify successes that some states have had in addressing problems related to lack of adequate insurance; and 4) communicate information to state chapters. A spreadsheet of significant health reform legislation was developed, including enacted and pending legislation in numerous states. It included information on strategies to expand coverage, individual and employer mandates, impact on reimbursement, specific emergency care provisions and other key elements. The material was presented to the Board and to a town hall session of members at ACEP’s 2007 Leadership and Advocacy Conference. In August 2007, the Board reaffirmed its support for the previously mentioned “Principles for Reform of the U.S. Health Care System.” The Board further expressed the view that health care reform was and will continue to be a critical issue in the years to come and that further debate over the merits of various proposals to reform health care should be explored. The Strategic Issues Forum during the 2007 Council meeting featured a discussion of universal health care coverage.

In January 2008, the Board discussed whether ACEP should have a more defined position on health care reform, including universal health care coverage. The Board reviewed the results of a survey of the Executive Committee, Federal Government Affairs Committee, and the State Legislative/Regulatory Committee on specific components of a health care reform proposal. The survey included questions that involve system reform as well as coverage issues. The survey was revised to include questions about liability reform, EMTALA, and health information technology. There was consensus from the Board that system reform and health care coverage are ACEP’s primary goals in the health care debate. The revised survey was distributed to the Council e-list and the

responses were discussed by the Steering Committee in May 2008. The information from the survey was used to assist the ACEP president and the Board of Directors in refining ACEP's health care reform policy and assess national, state, and local reform initiatives.

The Strategic Issues Forum during the 2008 Council meeting featured a discussion on health care reform. The 2008 Council adopted a resolution directing the Board to "derive a list of essential components to be included in any new healthcare system and create a white paper." At the January 2009 Board retreat there was also discussion about health care reform. In January 2009 an updated report on state health care reform efforts was developed for the Board of Directors and was also distributed to chapters.

The "Principles for Reform of the U.S. Health Care System" adopted by the Board and several other medical specialties, contains the essential components called for in this resolution. In June 2009, the Board of Directors had a comprehensive discussion regarding ACEP's health care reform positions on some of the most controversial items currently under consideration in the reform debates. For many of the items, the Board believed it would need more information on how emergency medicine might be impacted before taking a definitive public position. ACEP, along with many other medical specialty societies, has been actively engaged in the hearing and drafting stages of health care reform. ACEP's President, Dr. Nick Jouriles, sent a letter to the Senate Finance Committee commenting on an options paper that was released. The goals ACEP embraces such as universal coverage, quality, affordability, etc., are being addressed in the comprehensive bills now in development.

ACEP has been successful in advancing several emergency medicine priorities and securing these provisions in various sections of the House and Senate health care reform bills currently on the table. These measures include:

- Identification of ED services as part of the essential health care benefits package;
- Medicare physician payment reforms (addressing the underlying problems of the sustainable growth rate (SGR) including resetting the budget baseline for the Medicare payment system, eliminating the current debt accrued under the SGR, removing physician-administered drugs from the SGR, and providing increased payments for physicians who provide E&M services);
- Emphasis on ED patient through-put as a measure used to determine quality improvement;
- Authorization of the Emergency Care Coordination Center (ECCC) within the HHS Office of the Assistant Secretary of Preparedness and Response (ASPR), as well as the ECCC Council on Emergency Medicine and a requirement that the ECCC provide an annual report to Congress on its programs (with a focus on ED crowding and boarding);
- Grants to conduct at least four emergency care/trauma regionalization pilot projects;
- Grants for economically troubled trauma centers;
- HHS incentive payments to states that establish medical liability reforms, such as Certificate of Merit and/or "early offer;" and
- HHS demonstration project to reimburse privately owned psychiatric hospitals that provide EMTALA services to Medicaid beneficiaries.

Bi-partisan opposition to a government-run public program is pronounced in the Senate and challenged as well by many in the House. For many in Congress and across the country, a public program is regarded as a surrogate for a single-payer system. President Obama and other advocates of legislation under consideration have become more vocal in their opposition to such a system.

Resolution 17 Restoration of Emergency Department On-Call Services (as amended)

RESOLVED, That ACEP develop a comprehensive national plan to restore emergency department on-call services that addresses all pertinent elements of the on-call crisis, including but not limited to hospital, medical staff and payer accountability, appropriate compensation, liability reform, and workforce requirements, under the principle that emergency care is an essential public service.

Action: Assigned to the Emergency Medicine Practice Committee and the Federal Government Affairs Committee. A task force was appointed, which included the authors of the resolution. The Board approved the task force report in January 2008. The report was provided to the 2008 Council.

Resolution 20 Psychiatric and Substance Abuse Patients in the Emergency Department (as amended)

RESOLVED, That ACEP provide guidance to states and chapters to respond to issues related to psychiatric patients and patients seeking treatment for substance abuse who present to the Emergency Department

including adequately providing community resources for care, support for emergency physicians treating these patients, and the development of talking points to facilitate efforts to respond to the needs of this patient population.

Action: Assigned to the Emergency Medicine Practice Committee and the State Legislative/Regulatory Committee. In January 2008, the Board approved developing and distributing an electronic survey of ED directors to clarify the extent of the problem and the issues being faced in EDs across the country. The survey was distributed in February 2008 to approximately 800 ED directors. The results from the survey are being used to guide the next steps in the development of resources, best practices, and/or tools to assist emergency physicians as they address these issues in their hospitals and communities. The results were also shared with chapters and the media to highlight problems related to boarding and the limited resources available. The information is available on the ACEP Web site. (See also action on Resolution 28.)

Resolution 21 Selective Triage for Victims of Sexual Assault to Designated Exam Facilities (as amended)

RESOLVED, That ACEP supports the collection of forensic evidence (performance of evidentiary examinations) by specially educated and clinically trained personnel when available and appropriate; and be it further

RESOLVED, That ACEP supports the development and funding of additional Sexual Assault Nurse Examiner (SANE)/Sexual Assault Response Team (SART) programs.

Action: The resolution is a policy statement. It was formatted as a policy statement, added to the Web site, and included in the Policy Compendium.

Resolution 22 Egregious Testimony (as amended)

RESOLVED, That the ACEP Board of Directors publicize the names of members receiving public censure, suspension, or expulsion as a result of having given clearly egregious expert witness testimony; and be it further

RESOLVED, That the ACEP Board of Directors develop a process for notifying the appropriate specialty society or licensing board when an episode of alleged egregious testimony by any individual testifying as an expert in emergency medicine is identified.

Action: Public censure is one of the disciplinary actions included in ACEP's Procedures for Addressing Charges of Ethical Violations. To date, no member of ACEP has been publicly censured. Disclosure of disciplinary actions (private censure, public censure, suspension, and expulsion) is also addressed in the Procedures for Addressing Charges of Ethical Violations. A procedure for providing medical licensing board contact information to members who are exploring actions addressing egregious testimony has been developed as part of the ethics complaint process.

Resolution 23 Advocating for Certified Emergency Nurses (CENs) in Departments of Emergency Medicine (as amended)

RESOLVED, That the American College of Emergency Physicians support the efforts of the Emergency Nurses Association (ENA) and the Board of Certification for Emergency Nursing (BCEN) regarding defining standards of emergency nursing care and the provision of resources, support, and incentives for emergency nurses to be able to readily attain Certified Emergency Nurses (CEN) certification.

Action: The resolution is a policy statement. It was formatted as a policy statement, added to the Web site, and included in the Policy Compendium.

Resolution 24 Emergency Department Leadership (as amended)

RESOLVED, That ACEP develop a policy statement which states the ED medical director or chair should have oversight over all aspects of the practice of emergency medicine in an ED.

Action: Assigned to the Emergency Medicine Practice Committee. A subcommittee reviewed the current ACEP policies that address hospital leadership, medical director responsibilities and definitions. The Board approved the

revised policy, “Emergency Department Planning and Resource Guidelines” in October 2007. The policy was added to the Web site and included in the Policy Compendium.

Resolution 25 Redefining the Front End Process to Optimize Emergency Department & Hospital Flow (as amended)

RESOLVED, That the American College of Emergency Physicians (ACEP) develop a position paper which defines optimal emergency care related to the “Front End” processing of patients presenting to an ED.

Action: Assigned to the Emergency Medicine Practice Committee. An information paper was developed in January 2008 and is available on the ACEP Web site.

Resolution 26 Deferral of Care for Emergency Department Patients (by substitution)

RESOLVED, That the ACEP Board revise the policy “Medical Screening of Emergency Department Patients” to state that ACEP strongly opposes deferral of care for patients presenting to the ED; and that in situations in which it is required that patients be deferred, very specific and concrete standards must be adopted by the hospital to ensure patient access to an alternative setting and timely, appropriate treatment.

Action: The Board revised the policy to include the language mandated by the resolution. The policy was added to the Web site and included in the Policy Compendium.

Resolution 27 Responsibility for Admitted Patients (as amended)

RESOLVED, That ACEP create a policy that regardless of the location of a patient within the hospital, the ultimate responsibility for a patient's care rests with the admitting physician once the patient has been admitted.

Action: Assigned to the Medical-Legal Committee and the Emergency Medicine Practice Committee. A policy statement was developed and approved by the Board in October 2007. The policy was added to the Web site and included in the Policy Compendium.

Resolution 28 Psychiatric Bed Availability (by substitution)

RESOLVED, That ACEP work with appropriate organizations to study the impact of psychiatric bed availability on emergency departments and EMS and seek solutions to problems identified; and be it further

RESOLVED, That the ACEP Section Council to the American Medical Association (AMA) bring this issue to the AMA House of Delegates at the 2007 annual meeting.

Action: ACEP’s resolution, “Psychiatric Bed Availability,” was presented at the AMA Annual Meeting in June 2007. It was combined with a similar resolution and the resulting resolution was approved by the AMA House of Delegates. Four other specialty societies and three state medical associations co-sponsored the resolution. The resolution directed the AMA to study the issue of psychiatric bed availability and the impact on emergency department crowding, recommend solutions to the problem, and develop a report for the June 2008 AMA meeting. The AMA assigned the report to the Council on Medical Service.

In January 2008, the Board approved developing and distributing an electronic survey of ED directors to clarify the extent of the problem and the issues being faced in EDs across the country. The survey was distributed in February 2008 to approximately 800 ED directors. The survey results were shared with chapters and the media to highlight problems related to boarding and the limited resources available. The information is available on the ACEP Web site. The survey results were also provided to the AMA Council on Medical Service and a report was prepared for the June 2008 House of Delegates meeting. The report recommended reaffirmation of certain AMA policy, minor modification of other AMA policy, and the adoption of new policy as follows: “That our AMA support efforts to facilitate access to both inpatient and outpatient psychiatric services, ameliorate the psychiatric workforce shortage, and provide adequate reimbursement for the care of patients with mental illness.” At the June 2008 AMA meeting, the report was amended to include the recommendation that as a follow-up to ACEP’s Task Force Report on Boarding, the AMA report back to the House of Delegates in June 2009 with a progress report on the effectiveness of measures implemented to mitigate boarding and crowding in the emergency department. (See also action on Resolution 20.)

ACEP worked closely with the AMA Council on Medical Services after the Interim Meeting in December 2008 to ensure that its boarding/crowding report mandated by the House of Delegates accomplished ACEP's goals. The resulting report adopted at the annual meeting in June 2009 was excellent and congratulated ACEP for its strong efforts to address this critical issue.

Resolution 29 Procedural Sedation (as amended)

RESOLVED, That ACEP modify its existing policy regarding Procedural Sedation and Analgesia in the ED to state that emergency nurses are trained qualified personnel to administer all agents for procedural sedation under the direct supervision of emergency physicians; and be it further

RESOLVED, That ACEP oppose efforts by other professional organizations or nursing boards to restrict the supervised administration of sedating agents by emergency nurses.

Action: Assigned to the Clinical Policies Committee to revise the policy. The current policy statement already includes the language specified. The clinical policy will be reviewed in 2008. The resolution was also assigned to Emergency Medicine Practice staff and Chapter and State Relations staff to communicate ACEP's position to hospitals and states regarding administration of procedural sedation. The communication effort is ongoing. Members often contact the Emergency Medicine Practice staff to obtain letters of support concerning this issue.

Resolution 30 In Memory of Daniel T. Schelble, MD, FACEP

RESOLVED, That ACEP honor Daniel T. Schelble, MD, FACEP, a genuinely wonderful person, loving husband and father and a significant early leader, pioneer and visionary of the specialty of emergency medicine; and be it further

RESOLVED, That ACEP extends to Dr. Schelble's family, friends, and colleagues our sympathy, our great sense of sadness and loss, and our gratitude for having been able to share a part of his life.

Action: A framed resolution was prepared and presented to Dr. Schelble's family

Resolution 31 Commendation for John D. Bibb, MD, FACEP

RESOLVED, That the American College of Emergency Physicians commend John D. Bibb, MD, FACEP, for his outstanding service on the Board of Directors and for his leadership, commitment, and dedication to the specialty of emergency medicine and to the patients we serve.

Action: A framed resolution was prepared and presented to Dr. Bibb.

Resolution 32 Commendation for Arthur L. Kellermann, MD, MPH, FACEP

RESOLVED, That the American College of Emergency Physicians commend Arthur L. Kellermann MD, MPH, FACEP, for his outstanding service, leadership, and commitment to the College, its members, and the patients they serve.

Action: A framed resolution was prepared and presented to Dr. Kellermann.

Resolution 33 Commendation for Robert E. Suter, DO, MHA, FACEP

RESOLVED, That the American College of Emergency Physicians commend Robert E. Suter, DO, MHA, FACEP, for his outstanding leadership, dedication, and commitment to the specialty of emergency medicine and the College.

Action: A framed resolution was prepared and presented to Dr. Suter.

Resolution 34 In Memory of Russell Keith Miller, Jr., MD, FACEP

RESOLVED, That the American College of Emergency Physicians acknowledge the sadness of the loss of Russell K. Miller, Jr., MD, FACEP, by the College, his family, and his many friends; and be it further

RESOLVED, That the many contributions to EMS and to Texas emergency medicine leadership that Dr. Miller made will be missed and he will be forever remembered.

Action: A framed resolution was prepared and presented to Dr. Miller's family.

Resolution 35 Commendation for Disaster Responders

RESOLVED, That the American College of Emergency Physicians commend all emergency medicine personnel for their efforts in the heroic medical response and their commitment to providing quality medical care in disaster situations.

Action: A framed resolution was prepared and presented at the Council meeting.

Resolution 36 Commendation for Emergency Physicians of the Gulf Coast Region

RESOLVED, That the American College of Emergency Physicians salute the heroism, sacrifice, dedication, ingenuity, perseverance, and compassion demonstrated by emergency physicians in the Gulf Coast Region during the hurricane disasters of 2005, as typified by the faculty and residents of the Louisiana State University/Charity Hospital Emergency Medicine Program; and be it further

RESOLVED, That the American College of Emergency Physicians formally recognize the heroic actions of emergency physicians in the Gulf Coast Region during the hurricane disasters of 2005 as a shining moment in the history of emergency medicine and that their exploits be emulated and honored in perpetuity.

Action: A framed resolution was prepared and presented to James Aiken, MD, FACEP, on behalf of LSU/Charity Hospital.

Resolution 37 Commendation for Sonja Montgomery

RESOLVED, That Sonja Montgomery is gratefully commended for her first twenty years of service to the American College of Emergency Physicians (ACEP) and its leadership; and is acknowledged as a true ACEP leader herself; and be it further

RESOLVED, That the ACEP leadership, and especially the Council, proudly celebrate Sonja Montgomery's unparalleled dedication and accomplishments; and be it further

RESOLVED, That with this Resolution of Commendation, the ACEP Council extends our heartfelt gratitude with fond appreciation of Sonja Montgomery's generous contributions to ACEP and to all of us.

Action: A framed resolution was prepared and presented to Ms. Montgomery.