Final Objectives 2023-24

Public Health Committee

Chair: Herbert C. Duber, MD, MPH, FACEP
Vice Chair: William Weber, MD, MPH
Board Liaison: Ryan A. Stanton, MD, FACEP
Staff Liaison: Sam Shahid, MBBS, MPH

1. Continue to develop smart phases for common public health concerns.

2. Solicit nominations for the 2023 Public Health Trailblazer Award and recommend a recipient to the Board of Directors.

3. Provide expertise and review in support of College’s efforts addressing vaccinations and ED based vaccine programs.

4. Develop information/resources on women’s health, access to reproductive services, and complications related to unsafe abortions.

5. Develop information/resources for EDs on partnering with local public health departments and programs.

6. Create resources and/or a policy statement on the role of emergency physicians on promoting healthy lifestyles and preventable conditions/injuries.

7. Collaborate with the Ethics Committee and the Medical-Legal Committee to develop a medical bill of rights for all ED patients that includes rights for vulnerable patient groups and detained or incarcerated persons. (Ethics is the lead committee.)

8. Review the following policies per the Policy Sunset Review Process:
   - Alcohol Advertising
   - Impact of Climate Change on Public Health & Implications for Emergency Medicine
   - Trauma Care Systems

   *Determine by December 15 if the policies should be reaffirmed, revised, rescinded, or sunsetted. Submit any proposed revisions to the Board for approval by the end of the committee year.*

8. Collaborate with the Ethics Committee to update the current policy statement on Impact of Climate Change on Public Health and Implications for Emergency Medicine and determine if a supporting PREP is needed. (Public Health is the lead committee.)

9. Explore development of an information paper on best practices for supporting the homeless population in the ED.

   *Note: Information papers must be submitted to the Board of Directors for a 30-day comment period prior to submission to ACEP’s peer-reviewed journals (Annals of Emergency Medicine and JACEP Open). Author attributions must also include that the information paper was developed for the Public Health Committee.*

10. Collaborate with the Pediatric Emergency Medicine Committee in their objective to develop resources to address the role of social determinants of health in pediatric patients presenting to the ED. (Pediatric Emergency Medicine is the lead committee.)

11. Collaborate with the Academic Affairs Committee in their objective to work with AAEP, ABEM, ACGME, CPE, and other stakeholders to develop and implement a plan to create the subspecialty pathway in emergency psychiatry. (Academic Affairs is the lead committee.)

12. Complete revisions to the PREP “Social Work and Case Management in the ED.”

13. Revise the “Firearm Safety and Injury Prevention” policy statement to declare that firearm violence is a public
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health crisis in the U.S. as directed in Resolution 35(23) Declaring Firearm Violence a Public Health Crisis and include ACEP’s support of mandatory waiting periods prior to firearm purchases as directed in the third resolved of Resolution 36(23) Mandatory Waiting Period for Firearm Purchases.

14. Develop a policy statement to address the second and third resolveds of Amended Resolution 45(23) Emergency Physicians’ Role in the Medication and Procedural Management of Early Pregnancy Loss:

RESOLVED, That ACEP recognize the importance of the emergency physician’s role in stabilizing and treating patients experiencing early pregnancy loss, inclusive of the potential for medication and procedural management, especially in low-resource settings, hospitals without Labor and Delivery, or where there are no obstetrical services available; and be it further

RESOLVED, That ACEP develop a policy statement acknowledging the emergency physician’s role in the management of emergency medicine patients presenting with early pregnancy loss and encourage and support physicians working in low-resource settings, hospitals without Labor and Delivery, or where there are insufficient obstetrical services available to further their education on first-trimester miscarriage management.

15. Develop a policy statement to address Substitute Resolution 46(23) Policy Statement on the Care of Pregnant Individuals with Substance Use Disorder:

RESOLVED. That ACEP create a policy statement on the care of pregnant individuals with substance use disorder, based upon the concepts of the “American College of Obstetricians & Gynecologists Committee Opinion on the Substance Abuse Reporting and Pregnancy: The Role of the Obstetrician-Gynecologist.”