

## Final Objectives 2023-24

### State Legislative/Regulatory Committee

Chair: Ramnik Dhaliwal, MD, FACEP

Board Liaison: Chadd K. Kraus, DO, DrPH, FACEP

Staff Liaison: Adam Krushinskie, MPA

1. Monitor Medicaid payment reforms at the state level and provide resources as appropriate. Collaborate with the Reimbursement Committee to explore opportunities to advocate for alternative payment models for Medicaid. (State Legislative/Regulatory is the lead committee.)
2. Monitor legislative and regulatory efforts by nurse practitioners and physician assistants to expand their scope of practice in emergency medicine in a way that is inconsistent with ACEP policy and develop resources to assist state chapter advocacy on this issue.
3. Submit nominations for the 2023 Rorrie Health Policy Award and 2023 Policy Pioneer Award.
4. Promote and administer the state public policy grant program.
5. Develop and compile resources that states can use in advocating for legislation addressing violence against health care workers. Include suggested provisions that will be helpful in the emergency department and to EMS workers.
6. Collaborate with the Federal Government Affairs Committee to provide guidance to state chapters regarding advocacy on state laws addressing out-of-network/balance billing considering federal action related to the No Surprises Act. (State Legislative/Regulatory is the lead committee.)
7. Collaborate with the Reimbursement Committee to monitor policies by government and private payers to deny or downcode claims in violation of the prudent layperson standard. Identify any gaps in available resources and recommend or develop documentation that chapters can use in advocating for legislation opposing such policies. (State Legislative/Regulatory is the lead committee.)
8. Collaborate with the Ethics Committee and the Medical-Legal Committee to develop a policy statement and Policy Resource & Education Paper (PREP) to address Amended Resolution 52(21) Standardization of Medical Screening Exams of Arrested Persons Brought to the ED. (Ethics is the lead committee.)
9. Collaborate with other interested organizations to create easily accessible transparent toolkits that outline state-specific policies and laws regarding law enforcement presence in the hospital environment, including but not limited to the ED as directed in Amended Resolution 54(21) Understanding the Effects of Law Enforcement Presence in the ED (second resolved).
10. Develop a policy statement in support of the expansion of Medicaid to the levels allowable by federal law in recognition of the benefit of increasing health care access to eligible patients, including some of our most vulnerable, while decreasing the uncompensated care provided by emergency physicians and develop toolkit to assist ACEP state chapters in their efforts to advocate for such expansion of Medicaid in their states as directed in Resolution 40(22) Support for Medicaid Expansion.
11. Develop and compile resources for state chapters to use in advocating for legislation addressing boarding and crowding in the emergency department.
12. Review the following policies per the Policy Sunset Review Process:
  - Ensuring Emergency Department Patient Access to Appropriate Pain Treatment
  - Good Samaritan Protection

*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.*

13. Create a toolkit for chapters to use for Naloxone distribution and education with assistance from the Naloxone Project and supporting the HANDS Act (H.B. 5506).

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14. Host at least two roundtable discussions for chapter leaders as an opportunity to make connections and to learn from each other's experiences dealing with similar issues or launching new initiatives. Collaborate with the National/Chapter Relations Committee. (State Legislative/Regulatory is the lead committee)
15. Serve as a resource to the Federal Government Affairs Committee in their objective to actively engage in the regulatory process for the implementation of the "No Surprises Act" working to ensure that the law is implemented in a way that will protect patients as well as reimburse providers appropriately for services rendered. Be aware of issues related to the NSA that may require additional legislative intervention. (Federal Government Affairs is the lead committee.)
16. Serve as a resource to the Medical-Legal Committee in their objective to develop an information paper on specific considerations for emergency medicine around unionization of physicians, including options for pursuing it, and any potential limitations such as state or local restrictions, EMTALA considerations, etc. (Medical-Legal is the lead committee.)
17. Designate a liaison to the National/Chapter Relations Committee.
18. Work with the Federal Government Affairs Committee to develop a recommendation to the Board of Directors regarding the advisability of implementing Amended Referred Resolution 27(23) Addressing Interhospital Transfer Challenges for Rural EDs and potential initiatives to address the resolution. (Federal Government Affairs is the lead committee.)

RESOLVED, That ACEP work with state and federal agencies to ~~create~~ advocate for state and regional transfer coordination centers to facilitate transfer of patients when normal transfer mechanisms are impaired by hospital and ED capacity problems and to report their activities publicly; and be it further

RESOLVED, That ACEP advocate for state and federal requirements that tertiary centers have a regional process for rapidly accepting patients from rural hospitals when the patient needs an emergency intervention not available at the referring hospital, ~~even when capacity is limited at the tertiary center~~; and be it further

RESOLVED, That ACEP advocate for regional dashboards with updated information on hospital specialty service availability including procedural interventions and other treatment modalities (e.g., ERCP, ECMO, dialysis, STEMI, interventional stroke, interventional PE, neurosurgery, acute oncologic disease) and in this region is defined as patient catchment areas rather than jurisdictional boundaries; and be it further

RESOLVED, That ACEP support research to strengthen the evidence base regarding rural hospital transfer processes including delays, administrative burden on sending hospitals, and clinical association with patient outcomes and experience and include investigation of common challenges experienced by all small, non-networked hospitals; ~~and be it further~~

~~RESOLVED, That ACEP create a task force to examine current models and existing research yielding detailed recommendations for ACEP advocacy efforts regarding interhospital transfer challenges for rural EDs and the task force should:~~

- ~~• Examine existing and theoretical transfer models to identify best practices, including coordination of transfers across state borders.~~
- ~~• Enumerate and endorse effective mechanisms to facilitate tertiary care hospitals' acceptance of patients in transfer with time sensitive conditions who are initially treated at EDs without needed services.~~
- ~~• Identify key capacity measures for public reporting of hospital capacity limitations, and propose mechanisms to create and sustain appropriate state/regional dashboards.~~