Defending you. Demanding better.

2023 Impact Report
acep.org/ImpactReport
As the ACEP President from 2022 to 2023, I wanted to promote fairness and respect, find common ground in difficult conversations, stand resolute in advancing our mission, and cherish our shared privilege of caring for others. Throughout 2023, ACEP has done each of these things and more.

We collectively feel the weight of the boarding crisis and solutions remain a high priority for ACEP. After a letter was sent to the White House outlining our challenges, ACEP convened a taskforce to gather collaborators and work to identify challenges and solutions for the future.

We spoke out repeatedly -- from the courthouse to the state house -- to ensure your medical autonomy was protected from challenges as you deliver emergency care to pregnant patients.

ACEP signed a diversity statement with all EM organizations, expressing our unique duty to advance health equity and dismantle systemic barriers to equality for our patients, communities and workforce.

We supported our colleagues impacted by American Physician Partners’ (APP) abrupt bankruptcy, listening to their individual concerns and providing real-time resources, while we contacted nearly 130 hospital administrators to urge fair treatment of physicians during the transition.

In the ongoing battle against insurer bad behavior, ACEP spoke to the powerful House Ways and Means Committee during a public hearing on the flawed implementation of the No Surprises Act. We continued to monitor the impact of corporatization and vertical integration in our specialty and find ways to protect our members.

It was an honor to serve you. I remain optimistic about our path forward together.

Christopher S. Kang, MD, FACEP
ACEP President, 2022-23
ACEP BY THE NUMBERS

37,013
ACEP Members

22,282
Section Members

658
Councillors & Alternate Councillors

964
Committee & Task Force Members

178
International Ambassadors

7,517
Members of the 911 Grassroots Network

4.8 MILLION
Total ACEP.org page views in 2023

2023-24 FINANCIAL OVERVIEW

- Dues: 36%
- Events & Products: 31%
- Grants: 15%
- Other: 16%
- Accreditation: 2%

Revenue

82%
Program Services

18%
Administrative

Expenses
Supporting your EMTALA obligation to provide care without concern for criminal repercussions, we crafted a policy statement to protect your decision-making authority, **Access to Reproductive Health Care in the ED.**

Unrelenting advocacy led to **$25.8 million in federal grants** to help you care for patients through Alternatives to Opioids and Medication-Assisted Treatment programs.

When physicians were harmed as a result of the **American Physician Partners (APP) bankruptcy**, **ACEP fought for legal protections**, wrote to 130 administrators urging fair treatment and offered access to legal resources.
We’re all out there to look out for our patients, ourselves and our specialty. ACEP is the only one with a legislative body, so they’re the one group that can go out and really speak up for us. Nobody else can do that.

Karina Sanchez, MD, FACEP
California ACEP
ACEP CONFRONTS THREATS TO YOUR CLINICAL AUTHORITY SO YOU CAN CONFIDENTLY LEAD.

ACEP boldly opposes state bills expanding scope of practice and supports Chapters in state legislative battles.

**We stood against** the Improving Care and Access to Nurses (ICAN) Act to prohibit non-physicians from taking your jobs.

Model legislation was drafted, and a playbook developed to support Chapters facing threats from proposed bills that blur lines on scope of practice.

**UPDATE:**
Virginia passed a law based on ACEP’s model legislation in 2024!
Nobody does what ACEP does for you as an emergency physician. ACEP speaks on behalf of all of the emergency physicians for the benefit of our patients -- in Washington DC, state houses, with important audiences such as CMS and other regulators and key decision makers. ACEP is the sought-after voice and expert in emergency medicine.

Jordan Celeste, MD, FACEP
Florida College of Emergency Physicians
ACEP RELENTLESSLY PURSUES FAIR PAYMENT, SO YOU ARE VALUED AND REIMBURSED APPROPRIATELY.

ACEP is the only EM organization with a seat on the RUC, the highly influential group that recommends to the federal government how physicians are paid.

To keep money in your pocket, ACEP prevented an estimated $30 million in reductions in the relative value units assigned to the ED Evaluation and Management codes.

Demystifying once-in-a-generation changes made to CPT Documentation Guidelines, ACEP offered articles, FAQs, webinars, podcasts to prepare you.
We get a seat at that table and ACEP fights for change. When reimbursement was getting cut across the board, ACEP was there, making sure emergency physicians pay was cut less...the amount you pay for ACEP dues is paid back to you many times over by the amount of money saved or made from reimbursement changes.

Puneet Gupta, MD, FACEP
California ACEP
ACEP STANDS AGAINST PROFIT-DRIVEN MOTIVES, SO YOU CAN CARE FOR PATIENTS WITHOUT INTERFERENCE.

ACEP called out bad actors with a policy statement condemning dangerous corporate practices in medicine.

ACEP23 attendees had a front row seat for a conversation with FTC Chair Lina M. Khan to ask pointed questions about increasing acquisitions in healthcare.

Armed with your stories of predatory non-compete clauses, we defended your right to freely practice medicine during a Congressional hearing, and with the FTC and the Department of Justice.

We answered your call for employer transparency by creating ACEP Open Book, an online tool to uncover details about employers as you make career decisions.

UPDATE:
FTC bans non competes in 2024!
One of ACEP’s greatest strengths is our numbers and our structure. The fact that we are such a large organization means we carry weight. We carry weight with governmental organizations. We carry weight when we talk to payers. These large monolithic structures can’t really respond to anybody else than something as large as ACEP.

Henry Pitzele, MD, FACEP
Illinois College of Emergency Physicians
ACEP EXPOSES THE BOARDING CRISIS AND DEMANDS SOLUTIONS SO BARRIERS TO CARE ARE REMOVED.

Frustrated by bureaucracy, ACEP hosted our own National ED Boarding Summit with key stakeholders to discuss solutions as we waited for a White House response to the crisis.

Mobilizing hundreds of members, we personally delivered boarding concerns to Capitol Hill during ACEP’s Leadership & Advocacy Conference.

Our full-time DC staff delivered comments to CMS emphasizing broad health system dysfunction that causes ED boarding and urging solutions nationwide.

UPDATE:
Advocacy resulted in the formation of an HHS multi-stakeholder initiative on boarding.
It’s hard for us in the emergency department to actually implement changes to the health care system because we’re working hard clinically every single day. ACEP has staff – it’s their actual job – to go and help implement changes. They take our stories and bring them to people who can make change happen.

Erin Karl, MD
Minnesota ACEP
Confronting the flawed implementation of the No Surprises Act, ACEP filed 5 amicus briefs, provided testimony, wrote letters, and met with agencies – leading to revised guidance so your payments reflect the care you provide and the reimbursement you are due.

Pushing back on the dangerous spread of misinformation about emergency care, ACEP clapped back on an irresponsible report released by the Agency for Healthcare Research and Quality (AHRQ) and leveraged our collective voice to defend the emergency medicine specialty.

Fulfilling our mission, ACEP joined other EM organizations calling to dismantle systemic barriers to equality and provide compassionate care to all.
ACEP is powerful and has tens of thousands of emergency physicians that come together and actually make changes, not just talk. ACEP does the work to change our lives day-to-day in the emergency department by advocating on a national level.

Andrea Austin, MD, FACEP
Government Services Chapter
FRIENDS AND COLLEAGUES,

There is so much on the horizon. ACEP continues to tirelessly advocate for you, your practice, and our patients in Washington, D.C., working with the FTC and the DOJ on limiting corporate influence in medicine, banning non-competes, and tracking consolidation so we can protect you throughout your career. We have partnered with HHS and AHRQ to determine meaningful solutions to the boarding crisis – or rather “hospital system overload” – that hinders your ability to provide quality care every day. Many of you, both residents and attendings, are having conversations about unionization and its role in emergency medicine – and ACEP is listening and exploring right along with you. Lawsuits are being filed on your behalf to ensure you are paid appropriately. It truly feels like our specialty is on the precipice of some really big changes!

But beyond the imminent changes are the things that stay the same. The life you saved on your last shift. The patient who needed the hope that only you could offer. The parent, partner, or friend whose questions you patiently answered at the bedside. This isn’t simply our job ... it’s our calling and mission.

When things get hard, we double down. When others relinquish control, we grab it. We are emergency physicians. No matter what we face, we will continue to answer the call. And no matter where you are, ACEP will continue to be there for you. Pushing back against every obstacle. Reaching across the aisle. Because you are our reason for being. We pick every single battle. For you.

Aisha Terry, MD, MPH, FACEP
ACEP President 2023-24
A FEW HELPFUL ACEP RESOURCES

Mobile app with easy access to clinical tools and advocacy alerts.

Clinical and practice-related podcasts.

Curated pages on high priority issues for quick review:

- acep.org/boarding
- acep.org/physicianautonomy
- acep.org/scope
- acep.org/reproductive
- acep.org/EDviolence
- acep.org/insurerbadbehavior
EXCLUSIVE MEMBER BENEFITS

- Employment contract review discounts and an extensive contract review checklist

- An EM-vetted job bank and ACEP Open Book, an online employer review tool that promotes transparency

- Personalized, online CME Tracker and LLSA resources to manage your required education

- Clinical, business and personal communities in Sections & Member Interest Groups

- Deeper dive into the business practices of EM with Practice Essentials

- Local involvement and benefits through ACEP state chapters

- A printable, personalized card to confirm your training far surpasses hospital requirements for so-called “merit badge courses”

- Complimentary digital subscription to Annals, the No. 1 journal in EM
We pick every single fight. For you.