



RESOLUTION: 51(20)

SUBMITTED BY: Emergency Telehealth Section
Louisiana Chapter
Pennsylvania College of Emergency Physicians

SUBJECT: Telehealth Disaster Pilot and Educational Resources

PURPOSE: 1) Create new policy promoting federal, state, and private funding for pilot projects and studies to provide care to disaster victims and rescue workers using telehealth and other technology. 2) Study the effectiveness of using telehealth for the evaluation and treatment of disaster victims. 3) Create new policy that encourages federal, state, and private funding to develop and implement telehealth and other technology educational programs and training of first responders and disaster workers to become more familiar with such tools.

FISCAL IMPACT: Budgeted committee and staff resources for research, surveys, data collection, advocacy efforts, and policy development.

1 WHEREAS, Natural and man-made disasters occur within the United States and throughout the world and
2 affect people of all races, ages, genders, and people groups; and
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4 WHEREAS, During disasters there is often a shortage of medical providers to provide emergency/disaster
5 care to victims of disasters and disaster workers; and
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7 WHEREAS, Even during disasters when there are significant medical relief efforts including supplies and
8 personnel in a disaster area, often the medical areas are underutilized because many patients are unable to reach these
9 medical areas to receive evaluation and/or treatment; and
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11 WHEREAS, Funding is important for the success of disaster care delivery and education of first responders
12 and disaster workers of natural and man-made disasters; and
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14 WHEREAS, Telehealth, digital health, and other technology could improve the delivery of care to victims of
15 disasters and reach victims in remote or other hard-to-travel or access areas, that might otherwise not be able to be
16 treated; and
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18 WHEREAS, Many first responders may not be familiar with the use of telehealth or being able to properly
19 serve as a presenter in a disaster or emergency setting during care using telehealth or other technology; and
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21 WHEREAS, Telehealth is well accepted by providers and patients and being effectively used in many
22 medical facilities and in some disaster settings with good preliminary results; therefore be it
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24 RESOLVED, That ACEP create new policy that promotes federal, state, and private funding for pilot projects
25 and studies to help provide care, once a disaster is officially declared by a state or federal agency, entity or official, to
26 disaster victims and rescue workers using telehealth and other technology as tools and to study the effectiveness of
27 using telehealth as a vehicle for the evaluation and treatment of disaster victims and patients; and be it further
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29 RESOLVED, That ACEP create new policy that encourages federal, state, and private funding to develop and
30 implement telehealth and other technology educational programs and training of first responders and disaster workers
31 to become more familiar with such tools to improve access, evaluation of, and the care delivered to victims of natural
32 and man-made disasters.

Background

The resolution requests ACEP to: 1) Create new policy promoting federal, state, and private funding for pilot projects and studies to provide care to disaster victims and rescue workers using telehealth and other technology. 2) Study the effectiveness of using telehealth for the evaluation and treatment of disaster victims. 3) Create new policy that encourages federal, state, and private funding to develop and implement telehealth and other technology educational programs and training of first responders and disaster workers to become more familiar with such tools

In accordance with ACEP's policy statement "[Emergency Medicine Telehealth](#)" (most recently revised in February 2020), ACEP has supported the delivery of emergency telehealth services by board-certified emergency physicians.

Disaster medicine is a unique and continuously evolving environment for emergency care. The unique nature of disaster care includes, but is not limited to, challenges of access to patients, austere conditions, environmental challenges, and shortages of facilities and personnel. The marriage of telehealth, disaster medicine response, and new technologies such as drone use, is still a novel and increasingly used concept. ACEP is in a unique position in having the expertise and means to accomplish furthering the concepts described in the resolution.

From an advocacy perspective, ACEP has pushed for both regulatory and legislative changes to advance the use of telehealth in emergency medicine and implement more consistent payment policies. The Medicare statute currently restricts reimbursement for telehealth to services performed in rural areas. During the COVID-19 public health emergency (PHE), the Centers for Medicare & Medicaid Services (CMS) used its unique "1135" waiver authority that only exists during a national emergency to temporarily waive this restriction, as well as another restriction called the originating site requirement (which mandates that Medicare beneficiaries receive a telehealth service from a certain type of health care facility and not from any location like their home). This waiver significantly expanded the use of telehealth during a national emergency.

The Federal Communications Commission (FCC) has implemented initiatives to support health care providers who want to stand up telehealth programs in rural and underserved communities during the COVID-19 PHE. Specifically, FCC established a [\\$200 million telehealth program](#) for healthcare providers responding to the COVID-19 PHE. Congress appropriated the funds as part of the Coronavirus Aid, Relief, and Economic Security Act, also known as the CARES Act. Through the COVID-19 Telehealth Program, the FCC helped healthcare providers purchase telecommunications, broadband connectivity, and devices necessary for providing telehealth services. The FCC has closed applications for this program.

ACEP Strategic Plan Reference

Goal 1 – Improve the Delivery System for Acute Care

Objective B – Develop and promote delivery models that provide effective and efficient emergency medical care in different environments across the acute care continuum, including rural areas.

Objective H – Position ACEP as a leader in emergency preparedness and response.

Fiscal Impact

Budgeted committee and staff resources for research, surveys, data collection, advocacy efforts, and policy development.

Prior Council Action

Amended Resolution 52(19) Telehealth Emergency Physician Inclusion adopted. Directed ACEP to develop a policy statement specifically indicating that its policies apply to all locations of emergency medicine practice whether provided remotely or in-person.

Resolution 45(15) Telemedicine Appropriate Support and Controls adopted. Directed ACEP to investigate and evaluate the positive, negative, and potential unintended consequences of telemedicine; and develop appropriate policy assuring appropriate doctor-patient relationships are maintained.

Resolution 36 (14) Development of a Telemedicine Policy for Emergency Medicine adopted. The resolution directed that a group of members with expertise in Telemedicine be appointed to create a telemedicine policy specific to emergency medical practice.

Amended Resolution 20(13) Disaster Research adopted. Directed ACEP to work with other organizations to develop guidelines for evaluation of new or ongoing projects in disaster preparedness, response, effectiveness of interventions, and outcomes research and research funding.

Prior Board Action

February 2020, approved the revised policy statement “[Emergency Medicine Telehealth](#),” originally approved January 2016.

Amended Resolution 52(19) Telehealth Emergency Physician Inclusion adopted.

June 2018, approved the revised policy statement “[Disaster Medical Services](#),” reaffirmed April 2012 and October 2006; revised and approved June 2000; reaffirmed March 1997; originally approved June 1985.

June 2016, approved the policy statement “[Ethical Use of Telemedicine in Emergency Care](#).”

Resolution 45(15) Telemedicine Appropriate Support and Controls adopted.

Resolution 36 (14) Development of a Telemedicine Policy for Emergency Medicine adopted.

Amended Resolution 20(13) Disaster Research adopted.

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