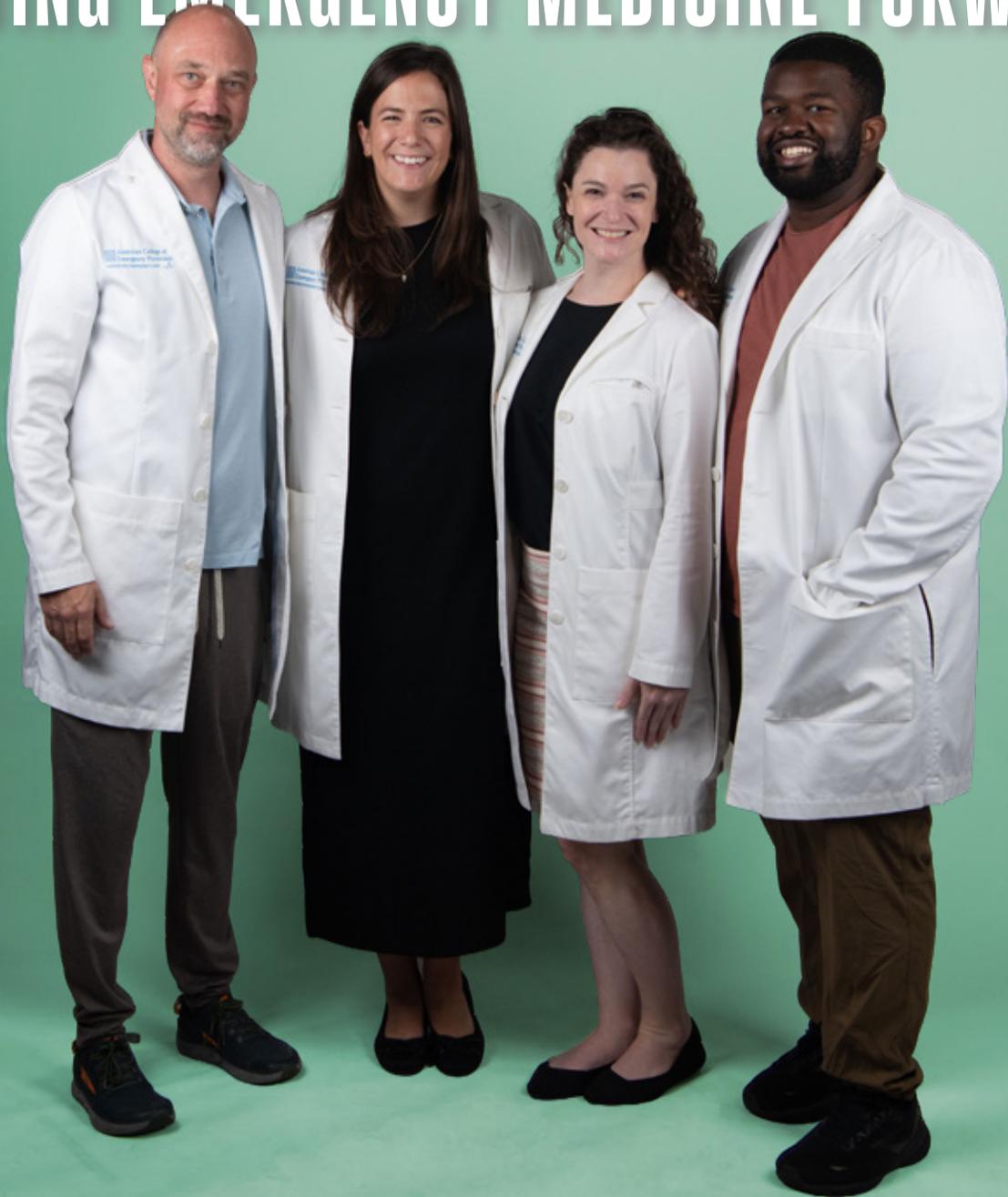


2025 Impact Report

FORGING OUR FUTURE

MOVING EMERGENCY MEDICINE FORWARD



James Wilson, DO; Kimberly Johnson, MD; Emily Weeks Graham, MD, MPH; Kevin Bertrand, DO

DEAR COLLEAGUES:

ACEP is fighting tirelessly for you. As the unified national voice of emergency physicians, we exert the right kinds of pressure in the right places to get things done.

We are improving your work conditions and protecting your autonomy on the job. We are letting policymakers and patients know that emergency physicians must be the ones leading care teams and fully empowered to make clinical decisions. And, we are standing firm that nothing should interfere with the physician-patient relationship.

We are voicing support for evidence-based medicine, confronting bad insurer behavior, and helping you navigate complex clinical scenarios amid a flurry of policy changes. ACEP is creating opportunities for individual emergency physicians to speak out and tackle the root causes of systemic challenges, like the boarding crisis.

We all have hard days. The truth is, we haven't just held the line, we are advancing the specialty. The strength of our unified voice makes it possible to lead efforts to reshape EM because that's what must be done and that's what you and your patients deserve.

Leading ACEP has been the honor of a lifetime. The impact of our work is undeniable, and you are the ones who make it all possible. Together we are improving care, saving lives, and moving the specialty forward.



THANK YOU,

A handwritten signature in black ink that reads "Alison Haddock". The signature is fluid and cursive, written in a professional style.

Alison Haddock, MD, FACEP
ACEP Immediate Past President

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PROTECTING YOUR AUTONOMY

ACEP protects individual emergency physicians against threats from consolidation and defends against corporate overreach. Our work at the state and national level helps everyone understand and manage the risks of unchecked corporate influence in medicine.

ACEP works with policymakers, regulators, and others to **make sure that emergency physicians—not corporations—drive clinical decision-making in emergency care.**



Backing the **Workforce Mobility Act** which would ban non-compete agreements in employment contracts.



Strongly supporting the **Physician and Patient Safety Act** which would guarantee due process.



Launching a **Workforce Task Force** to generate bold new emergency physician-led solutions.

EMERGENCY PHYSICIANS WILL NOT BE SILENCED

ACEP forged a path for the bipartisan **Physician and Patient Safety Act** to [guarantee due process rights](#) for all physicians.

It is unconscionable that any physician ever be put in a position to choose between their job and their patient.

“The absence of due process protections puts both physicians and patients at risk—undermining trust, morale, and the overall quality of care.”

- Howard Chang, MD, Past President, Kansas ACEP

OREGON ACEP KEEPS CORPORATE INTERESTS OUT OF MEDICINE

A new law in Oregon ensures that [patient care is managed by physicians, not corporations.](#)

This law (SB 951) passed with strong influence from the Oregon chapter of ACEP and aligns with [ACEP's policy on corporate practice of medicine.](#)

“The doctor and patient relationship is the center of medicine. Clinical decisions should only be made by a physician.”

- John Moorhead, MD, FACEP, Oregon ACEP

Oregon ACEP went head-to-head with large insurers and private equity firms to make sure that profit-driven companies do not exert undue influence over patient care.

CALIFORNIA ACEP BACKS NEW LAW LIMITING CORPORATE INFLUENCE IN MEDICINE

With strong CalACEP support, [a new state law](#) prohibits private equity groups and hedge funds from interfering with the professional judgment of physicians, or from determining coding and billing for patient care.

“SB 351 safeguards the long-standing principle that clinical decision-making and treatment decisions remain exclusively in the hands of licensed healthcare providers.”

- Elena Lopez-Gusman, Executive Director, California ACEP

Across the country our advocates are crystal clear: corporatization must not be allowed to hinder patient care or physician careers.



Peace Ibekwe, MD, FACEP
Ruthy Tam, MD
Fidelis Enyinnaya, MD

PRIORITIZING YOUR HEALTH AND SAFETY

ACEP is driving federal and state efforts to combat ED violence, challenge restrictive employment practices, and safeguard physician mental health. When you are protected, emergency care is stronger, and we are making sure policymakers know it.

SAFETY

- » ACEP led the charge on Capitol Hill for the bipartisan **Save Healthcare Workers Act**, [pushing for tougher penalties for assault of hospital employees](#).
- » Ohio ACEP fought for months to help pass a law to prevent hospital violence and [ensure safer workplaces for health care teams](#).
- » New York ACEP worked to [strengthen reporting requirements](#), empowering victims of workplace assault to speak out.

WELL-BEING

- » ACEP urged Congress to renew funding for the **Dr. Lorna Breen Health Care Provider Protection Act**. ACEP helped write and pass the original law, which has since provided \$100 million for physician mental health.
- » ACEP and the ALL IN: Wellbeing First for Healthcare coalition scored major wins for physician well-being, verifying that 60 boards and 1,850 health systems and care facilities have eliminated intrusive, and stigmatizing mental health questions from their credentialing and licensing applications.

PEER SUPPORT

Your emergency physician peers understand this job's challenges better than anyone.

[ACEP-supported training](#) makes it possible for you and your colleagues to help each other by navigating the challenges affecting your well-being, one conversation at a time.



STANDING UP FOR SCIENCE

ACEP is defending evidence-based medicine and combating dangerous health misinformation. We will always fight for your ability to deliver emergency care backed by data and anchored in your expert clinical judgment.

ACCESS TO VACCINES

ACEP sounded the alarm about changes to federal vaccine recommendations that undermine patient safety and public health.

“In order to have a healthy nation,
vaccines are an essential part of a comprehensive and effective public health system.”

- L. Anthony Cirillo, MD, FACEP, ACEP President

COMMITMENT TO EMTALA

ACEP's commitment to EMTALA will not waver. No matter how regulations shift, EMTALA protects your ability to care for any patient, anytime.

“We will continue to do what we have always done: provide the care necessary to stabilize our patients.
That commitment is not optional—it is the law.

All emergency physicians must be able to provide the highest quality medical care
to pregnant patients without fear of legal consequences.”

- Alison Haddock, MD, FACEP, ACEP Immediate Past President

SUPPORT FOR PUBLIC HEALTH INFRASTRUCTURE

We must maintain and strengthen the national health infrastructure.

ACEP continues urging the administration to ensure strong, stable leadership at the Centers for Disease Control and Prevention (CDC) following key departures, including ACEP member Dr. Debra Houry.

Strong, consistent leadership is essential to maintaining the CDC's credibility, responsiveness, and ability to protect the public. The stakes are too high to risk uncertainty in one of our most vital health institutions.

FIXING A BROKEN SYSTEM

ACEP is focused on strengthening an emergency care system that supports you on the frontlines and delivers better outcomes for your patients. We are tackling the boarding crisis, fighting funding cuts that jeopardize access to essential care, and pushing for solutions that will make a real difference.

PUSHING FOR ACCOUNTABILITY AND REFORM



ACEP developed the **ABC-ED Act** to encourage more transparent reporting of boarding data.



Emergency physician-led quality measures, like **ECAT**, hold health systems accountable.

STOPPING BAD INSURER BEHAVIOR



The ACEP-backed **No Surprises Enforcement Act** would penalize insurers for breaking the law.



We met with Elevance (Anthem) directly to demand a stop to unworkable penalties on clinicians.

CREATING NEW BOARDING LEGISLATION

ACEP is leading the charge to address the boarding crisis with the bipartisan **Addressing Boarding and Crowding in the ED (ABC-ED) Act**.

This bill prevents dangerous delays by implementing real-time, state or region-wide hospital bed tracking and hospital capacity management systems.

**BOARDING MORE THAN FOUR HOURS IS IDENTIFIED AS A SAFETY RISK.
ACEP MEMBERS REPORT:**

97%

REPORTED BOARDING TIME OVER 24 HOURS



33%

SAW PATIENTS BOARDED MORE THAN ONE WEEK



28%

REPORTED CASES OF MORE THAN TWO WEEKS



ACEP MADE IT POSSIBLE

The **ABC-ED Act**, developed entirely by ACEP, was a major focus of this year's Leadership and Advocacy Conference. We authored the bill and then hundreds of emergency physicians went to Capitol Hill to get Congress to support it. **This is the power of our unified voice.**



ACEP ADVOCACY

Our advocacy got the bill drafted and introduced. During LAC you shared your concerns directly with legislators.



YOUR VOICE

You mobilized and told Congress there's an urgent problem with a real solution available.



POLICY CHANGE

Our legislation was introduced because our unified voice is impossible to ignore.

CHANGING REGULATIONS, PUSHING FOR ACCOUNTABILITY AND TRANSPARENCY

ACEP makes sure that emergency physician expertise drives quality measurement.

The Emergency Care Access and Timeliness (ECAT) measure in the Calendar Year 2026 Medicare Hospital Outpatient Prospective Payment System (OPPS) final rule requires hospitals to better track and publicly report how long admitted patients are boarding in the ED.

ACEP members helped write the measure and get it finalized.

Our collaboration is moving the system toward more transparency, accountability, and the highest quality care.

HOLDING INSURERS ACCOUNTABLE

- » ACEP backed the No Surprises Enforcement Act to **penalize insurers for willfully breaking the law** that protects patients from billing disputes.
- » Indiana ACEP was instrumental in the drafting and introduction of a new state senate bill to reinforce the **Prudent Layperson Standard** and help make sure that insurance companies fairly and promptly reimburse emergency physicians for care.

These efforts are especially beneficial for smaller, independent practices that often lack the resources to stand up against massive insurance companies.

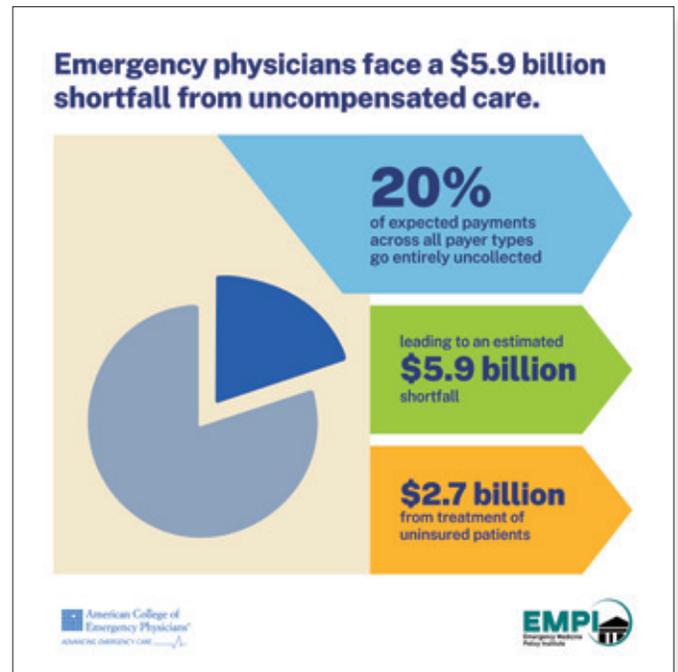
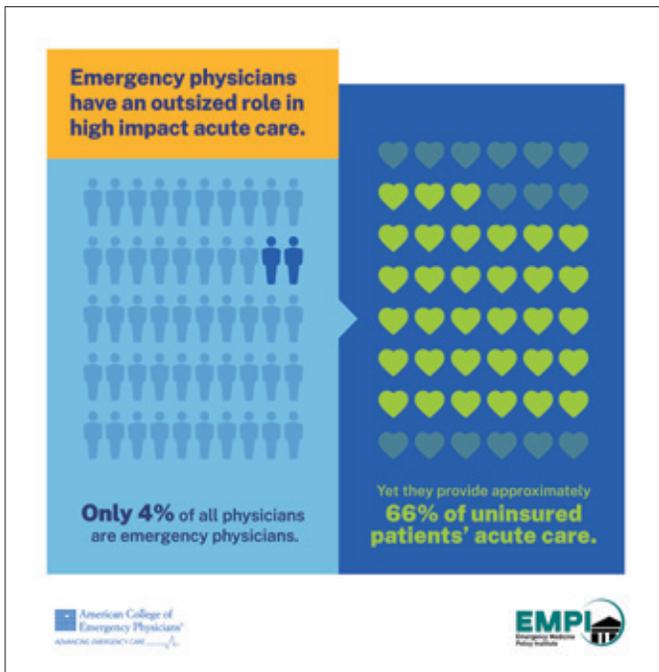
APPLYING DIRECT PRESSURE

ACEP **directly contacted the CEO of Elevance (Anthem)** to strongly urge the insurer to rethink an unworkable 10% penalty on facilities when clinicians are pushed out of network. All options for recourse are under consideration.

Whatever it takes, ACEP has your back.

RESEARCH SPOTLIGHT: RAND REPORT

ACEP and the Emergency Medicine Policy Institute (EMPI) supported major research from the RAND Corporation. The report quantifies what emergency physicians see firsthand: policy changes are needed to sustain access to emergency care.



- » Key RAND report insights were central to our Leadership and Advocacy Conference (LAC).
- » A members-only toolkit equipped physician advocates with resources to extend the conversation.
- » ACEP member perspective fueled advocacy in person and through media outreach targeting Congressional policymakers.



Carl Allamby, MD
Ibrahim Fattah, MD

AXIOS
Apr 7, 2025 • Health

Emergency care is at risk: RAND report

 Caitlin Owens



Illustration: Abie Car/Axios

The future of emergency care is getting more precarious, due to more complex cases, lower reimbursements and other stressors faced by emergency departments, according to a new RAND report funded by the Emergency Medicine Policy Institute.

Why it matters: Emergency departments are crucial for responding to life-threatening events like heart attacks and car accidents. But they've also become the safety net for some of society's most difficult problems, including the opioid epidemic, gun violence and severe mental illness.

America's ERs In Peril, Report Says

 By HealthDay | April 9, 2025

 Save  Add us on  Comment    

By Dennis Thompson HealthDay Reporter



Essentially, ERs are being asked to serve as health care hubs that offer services far beyond emergency care, according to a new report from the non-profit research organization RAND.

And they are asked to do this with less money, [researchers report](#).

“The underinsured and uninsured often don't have voices at the levels where decisions and policies are made. Emergency physicians can use our voices to tell their stories.”
- **Stephen Anderson, MD, FACEP**

“As patients lose access to care, they don't stop having medical problems.”
- **Torree McGowan, MD, FACEP**

“If Americans want emergency care to be there when they need it, policymakers must stop pretending the system will hold without vital funding and stronger support for emergency physicians.”
- **Alison Haddock, MD, FACEP, ACEP Immediate Past President**

“In emergency medicine, we do time-sensitive, high-quality care as long as we have the resources to do it. And this study shows that we really have a crisis brewing here.”
- **Randy Pilgrim, MD, FACEP**

PRIORITIZING EMERGENCY PHYSICIAN LEADERS

A WIN FOR EMERGENCY PHYSICIANS IN SOUTH CAROLINA

ACEP is proudly leading efforts to champion emergency physicians as the leaders of care teams in every emergency department.

South Carolina ACEP (SCCEP) helped write and pass a bill that requires a physician onsite in every emergency department. This bill uses ACEP-developed language, similar to laws passed in Virginia and Indiana. These wins are only possible through the strong work of ACEP state chapters.

“Our advocacy focused on preserving the existing standard of care. We emphasized that the bill was necessary to maintain the high level of expertise currently present in all our emergency departments.”

- Lee Katherine "Kat" Moore, MD, FACEP, President, South Carolina ACEP

OHIO URGES LEGISLATORS TO PRIORITIZE PHYSICIAN-LED CARE

In testimony before the Ohio House Medicaid Committee, Dr. Christina Campana stood strongly in opposition to House Bill 508, legislation that would remove legal requirements for physician collaboration with advanced practice nurses.

“Emergency medicine works best as a team sport, and physician-led care is central to that success.”

- Christina Campana, DO, FACEP, President, Ohio ACEP

Dr. Campana called attention to multiple large studies, including a Stanford University analysis that shows independent practice by unsupervised nurse practitioners leads to high rates of unnecessary testing, imaging, and increases in ED referrals.



ACEP ADVOCACY: STEADY AMID SEISMIC SHIFTS

With the health policy landscape evolving at an extraordinary pace, ACEP delivered reliable guidance and advocacy.



A steady stream of webinars and resources.



Actionable insights and timely updates.

TURNING COMMITMENT INTO ACTION

In an unpredictable year, ACEP remains a port in the storm; informing, supporting, and advocating for every emergency physician.

- » ACEP quickly summarizes a flurry of new Executive Orders and how they impact EM.
- » ACEP launches "Capitol Rounds," a members-only advocacy webinar series to help everyone navigate changes.
- » ACEP develops new members-only resource, "Navigating Immigration Enforcement in the ED."
- » ACEP speaks out to advocate for preserving a robust federal health care infrastructure amid massive government layoffs and restructuring.
- » ACEP and 50 organizations urge NIH to avoid gaps in research funding, asserting that the policy changes would lead to "profound and generational" collateral damage.
- » ACEP calls on Congress to reject drastic Medicaid cuts that would leave millions uninsured.
- » ACEP opposes efforts to defund government support for new vaccines and speaks out against the scaling back of COVID vaccine recommendations.
- » ACEP advocates for vaccines and evidence-based vaccine schedules.

RAISING THE BAR FOR EMERGENCY DEPARTMENTS

ACEP LAUNCHES EMERGENCY DEPARTMENT ACCREDITATION (EDAc) PROGRAM

ACEP's ED Accreditation (EDAc) program recognizes facilities and staff with the necessary resources to provide optimal patient care in an environment that supports their practice.

EDAc ensures that emergency physicians are setting and raising the standards for their emergency departments.

- » The University of Alabama at Birmingham (UAB) teaching hospital became the first site in the nation to receive Level 1 Emergency Department (ED) Accreditation from ACEP in February 2025.
- » Novant Health Forsyth Medical Center became the first Level 2 site accredited. There are currently **more than 30 applications under review** with inquiries from emergency departments around the world including sites in Saudi Arabia, Brazil, Colombia, and other countries.

Pain and Addiction Care Accreditation Program (PACED)

51 accredited sites

Clinical Ultrasound Accreditation Program (CUAP)

55 accredited programs

Geriatric Emergency Department Accreditation Program (GEDA)

613 accredited sites in nine countries

SHAPING THE USE OF AI IN EM

ACEP is the only EM organization with the reach and vision to convene experts across the specialty to shape the way artificial intelligence can and will be used in emergency medicine.

This year, ACEP paved the way for the integration and exploration of AI on emergency physicians' terms.

- » ACEP established a new Artificial Intelligence committee.
- » ACEP hosted the first-ever All Emergency Medicine AI Summit in October 2025, bringing together members of SAEM, CORD, ACOEP, ABEM, AAEM, EMRA, AACEM, and AOBEM to prepare for AI to transform EM education, research, and clinical practice.
- » ACEP is collaborating with OpenEvidence to feature ACEP policies and resources on their leading AI-powered decision support platform.

"The future is here—let's build it responsibly together."

- L. Anthony Cirillo, MD, FACEP, ACEP President

SPOTLIGHT: ACEP25



From Sept. 7–10 in Salt Lake City, we mixed clinical excellence with networking and fun, like only ACEP can.

Attendees heard directly from Noah Wyle, executive producer, writer, director, and star of *The Pitt* in a discussion moderated by ACEP President L. Anthony Cirillo, MD, FACEP.

Olympic gold medalist Scott Hamilton also shared his story of unwavering determination and perseverance.

The Pitt gives everyone a rare and authentic view of what it's like to practice emergency medicine.

This show offers a unique glimpse of the humanity of emergency care and what it takes to heal people within a broken system. The nation's emergency physicians are incredibly proud of the show and grateful for the chance to be seen for who we are, the challenges we face, and the work we do every day."

- L. Anthony Cirillo, MD, FACEP, ACEP President

BY THE NUMBERS

ACEP25 WRAPPED UP IN EARLY SEPTEMBER

Positive feedback from attendees has College leadership saying a return trip to Salt Lake City is worth a discussion.

8,051 | **272**
TOTAL ATTENDEES | EXHIBITORS

ATTENDEES

2,001 | **303**
RESIDENT | INTERNATIONAL

WITH **59** COUNTRIES REPRESENTED

COUNCIL RESOLUTIONS

91 | **67**
PROPOSED | ADOPTED

273
CME COURSES



A STEADY HAND ON THE WHEEL

Following the retirement of former ACEP executive director Susan Sedory, MA, CAE, Dr. Sandra Schneider was chosen as interim executive director. As ACEP's associate executive director for clinical affairs, Dr. Schneider was already very familiar with ACEP and its staff. She eagerly **embraced one challenge after another** with a steady hand, guiding the organization with enthusiasm and deep experience earned over decades as an ACEP member and past president of the College.

With **unmatched energy** and her unique brand of candor, Dr. Schneider moved the specialty forward during a time of transition.



**THANK YOU,
DR. SCHNEIDER!**

A VISION FOR THE FUTURE

Emergency physicians thrive in the space where health care's largest problems become real.

It is impossible not to be drawn to emergency medicine. Your unique vantage point enables you to confront the vast range of challenges that come your way with **clarity and urgency.**

I look forward to **new and innovative** ways to amplify your voice in Washington, DC, in state capitals with chapter leaders, and in every venue where decisions are made that affect your practice and your patients.

ACEP has a powerful voice, exceptional thought leadership, and a grassroots network that spans the country. **Together, we can ensure that emergency physicians have the autonomy, support, and resources needed to provide the highest quality care.**

I'm incredibly grateful to be here, to learn from you and work alongside you, and to build on ACEP's strong foundation to position our organization and the specialty for the future.

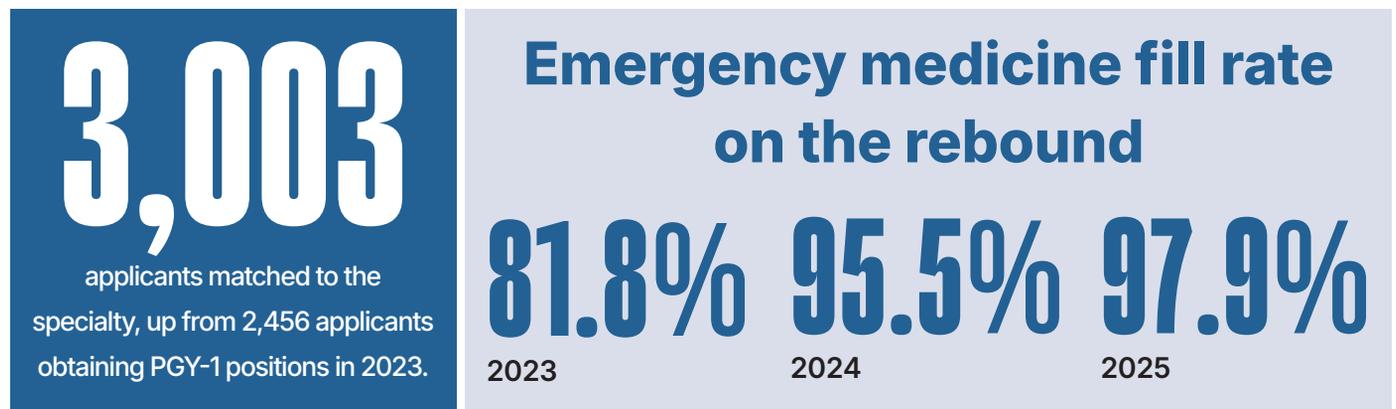


WITH GRATITUDE,
Michael Fraser, PhD, MS, CAE
ACEP Executive Director

RESIDENCY OUTLOOK

MATCH RESULTS AMPLIFY ENTHUSIASM FOR EM

A record number of medical students matched into emergency medicine, according to the National Resident Matching Program.

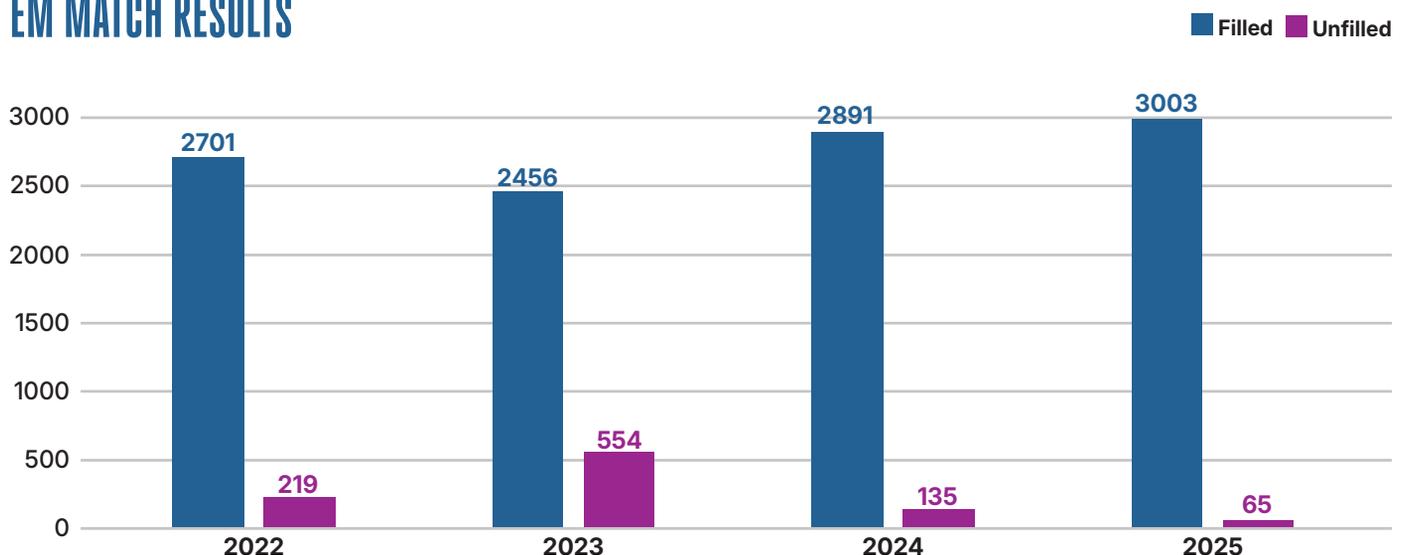


“Emergency medicine always attracts people who thrive under pressure and refuse to back down from a challenge. The momentum we're seeing in the match proves that the fire in this specialty burns as bright as ever.

If you want a career that rewards you for rising to the occasion, this is it.”

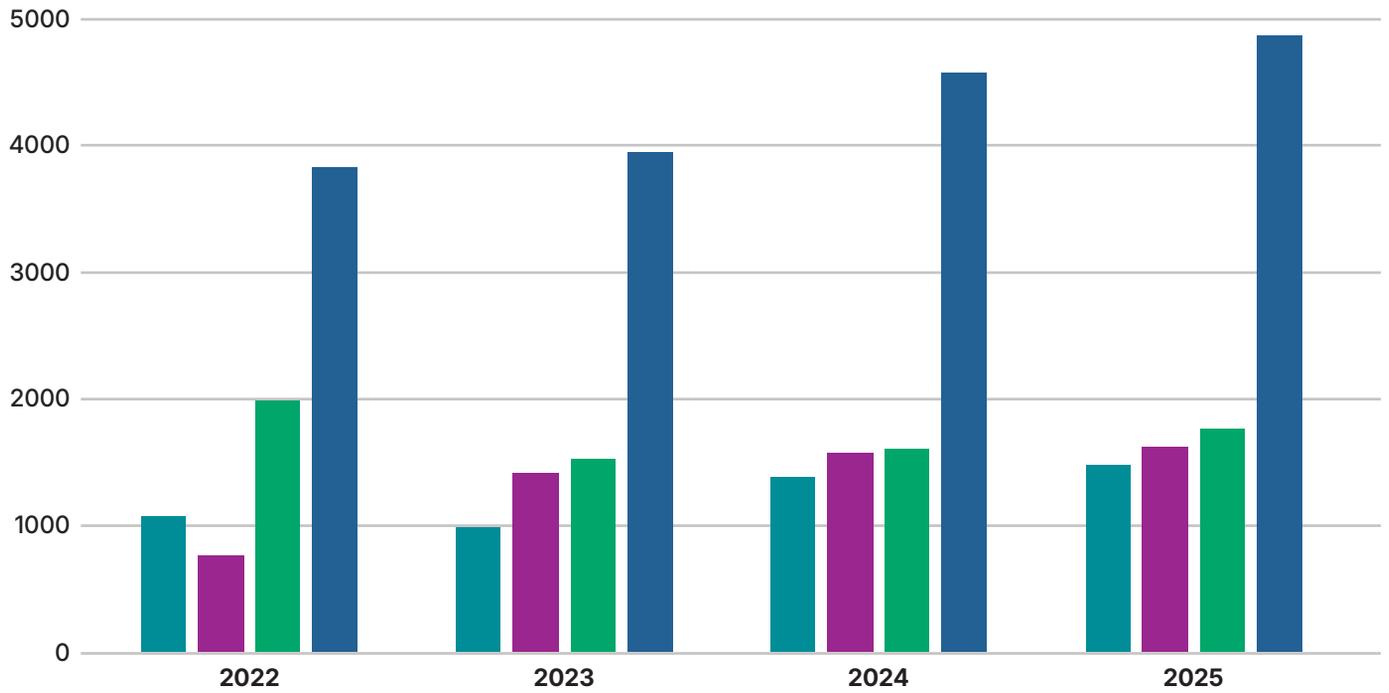
- Daniel Udrea, MD, FACEP, Immediate Past Chair, ACEP Young Physicians Section

EM MATCH RESULTS



EM SPECIALTY TREND OF APPLICANTS AND APPLICATIONS

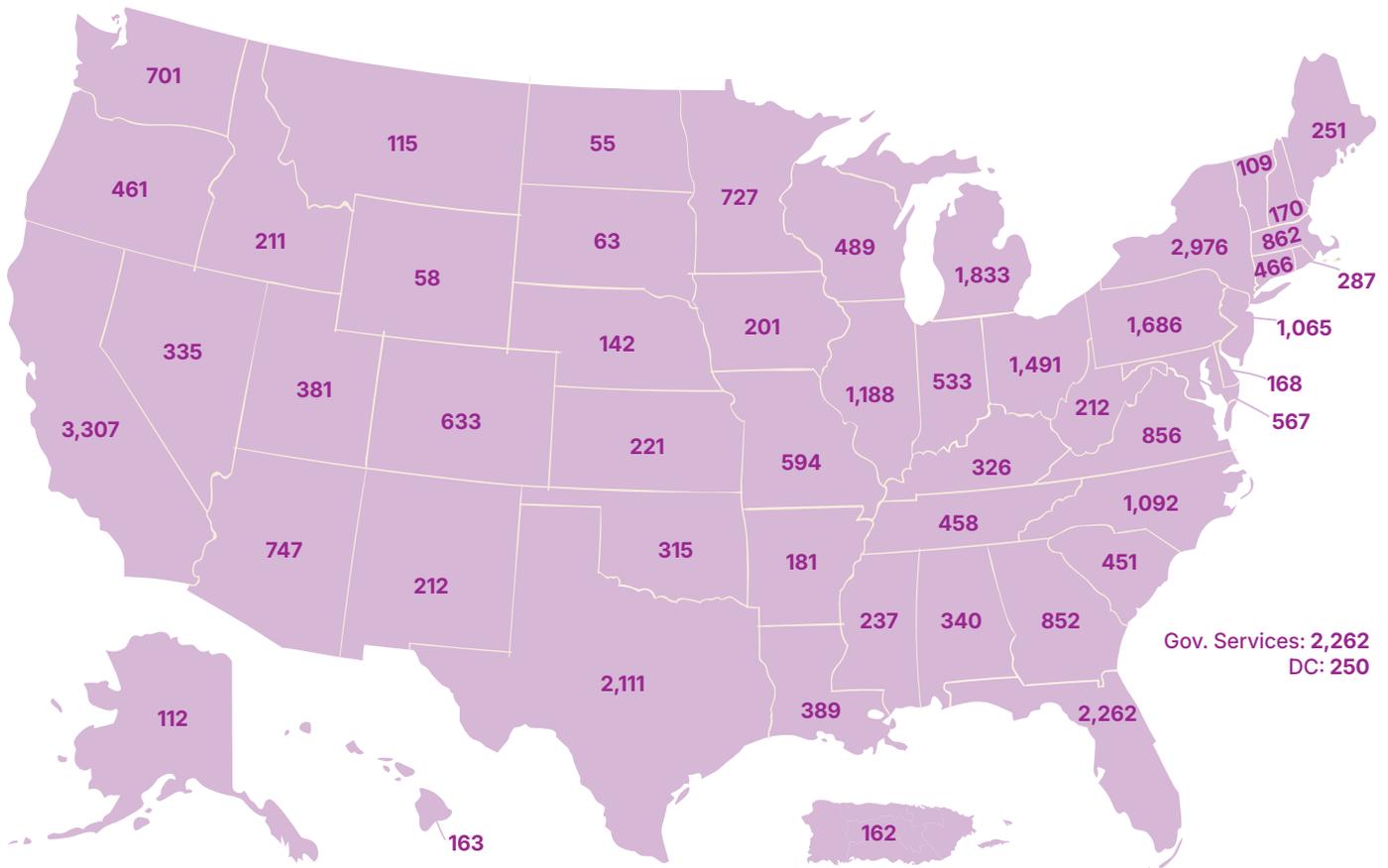
DO IMG MD Overall



ACEP BY THE NUMBERS

36,022 Members	22,371 Regular	12,622 Candidate
53 Honorary	976 International	10,297 FACEP Members
40 Sections	22 Member Interest Groups	53 Chapters
842 Committee and Task Force Members	6,004 Members of the 911 Grassroots Network	640 Councilors and Alternate Councilors

ACEP MEMBERSHIP BY CHAPTER (as of November 2025)





Nikita Salker, MD; Mackenzie Wilson, MD; Brian Goldberg, MD; Mahlaqa Butt, DO, MPH; Blair Dozois, MD



ACEP STATE LEGISLATIVE DASHBOARD

Stay current on the latest state policy, regulatory, and advocacy activity. This members-only resource gives emergency physicians actionable insights to monitor developments across priority issues and informs advocacy across ACEP state chapters.

MORE WAYS ACEP SUPPORTS MEMBERS

ACEP continues to develop tools, programs, and experiences designed to support members and advance emergency medicine. We invite you to explore these resources and stay connected to the work ahead.



STATE LEGISLATIVE DASHBOARD

Track state-level legislation affecting emergency medicine and stay informed on key advocacy issues in your state.

[acep.org/statelegislativedashboard](https://www.acep.org/statelegislativedashboard)



ACEP ACCREDITATION PROGRAMS

Explore accreditation programs that advance quality, safety, and excellence in emergency care.

[acep.org/accreditation](https://www.acep.org/accreditation)



EMDI

Discover data and insights that inform policy, research, and care improvement in emergency medicine.

[acep.org/emdi](https://www.acep.org/emdi)



ACEP ANYTIME

Advance your learning with flexible, on-demand education built for the realities of emergency medicine.

[acep.org/anytime](https://www.acep.org/anytime)



ACEP POC TOOLS

Access point-of-care tools designed to support clinical decision-making at the bedside.

[acep.org/poctools](https://www.acep.org/poctools)



ACEP26 IN CHICAGO

Join us to learn, connect, and help shape the future of emergency medicine.

[acep.org/acep26](https://www.acep.org/acep26)

ACEP COLLEAGUES:

We chose emergency medicine knowing it is the most noble and most difficult specialty in the house of medicine. Nights, weekends, and holidays, we stand watch and care for a nation, providing the highest quality emergency care, even in the most challenging circumstances. For this, we should be incredibly proud.

The ACEP family shares a common mission to fight every day to improve the care of patients and ensure that emergency medicine is a career that we, and future generations, will find personally and professionally fulfilling.

ACEP is successful because we work collaboratively and collectively to advocate for improvements for emergency physicians and patients. My term as president is laser-focused on ensuring that emergency physicians are **respected** for the care we provide, that we have the **resources** needed to provide that care, and that we are fairly **reimbursed** for that care.

Every day, every patient, we are given the gifts and opportunity to be the healers we were called to be.

ACEP is here to support and advocate for you so that you can be that healer.



L. Anthony Cirillo, MD, FACEP

L. Anthony Cirillo, MD, FACEP
ACEP President, 2025-26

