Updated ACEP Policy Raises Standard for Emergency Physician-Led Care

On January 27, the ACEP Board of Directors voted to amend the policy statement *"Guidelines Regarding the Role of Physician Assistants and Nurse Practitioners in the Emergency Department."*

The Board made a significant and clarifying change by formally stating that **offsite supervision** by an emergency physician of a PA or NP who is the **sole practitioner physically present in the emergency department** is **not adequate for optimal patient care** and **is not considered appropriate supervision**.

This policy change was prompted by recent events in which portions of the policy—most recently amended in 2024—were being misinterpreted or misrepresented, including in official testimony before state legislatures and by other specialty societies. The timeline below outlines the circumstances that led to the Board's action.

Background

Since 2000, ACEP has maintained policy addressing the appropriate integration of physician assistants (PAs) and nurse practitioners (NPs) within a **physician-led emergency care team**. Over the past 26 years, the policy has been amended multiple times, most recently in 2024. Throughout its history, the policy has consistently affirmed that the **gold standard for emergency department staffing** is a **board-certified or board-eligible emergency physician**, as defined in separate ACEP policy.

Recent amendments clarify key concepts:

- Direct vs. indirect supervision
- Onsite vs. offsite supervision
- Oversight

The intent of these definitions was to both reinforce the gold standard of care and provide guidance for situations in which emergency physicians were required by institutions or systems to supervise PAs or NPs offsite. Importantly, the policy has always explicitly stated that **PAs and NPs should not provide independent, unsupervised care in the emergency department**. Even in its previous state, it further required that **all patients cared for by a PA or NP under offsite supervision be discussed contemporaneously with the supervising physician**.

What Happened?

October 2025
At a meeting of ACEP leaders held during the American College of Surgeons (ACS) conference, ACEP learned that the ACS Committee on Trauma (ACS-COT) was developing an initiative described as an educational program to improve trauma care in rural areas. At that time, no details were provided, and ACEP had not been formally engaged.

November 2025
During the AMA Interim House of Delegates meeting, ACEP leadership became aware that ACS-COT was developing a verification pathway for **Level IV Trauma Centers**, including facilities where the emergency department could be staffed independently by a PA or NP without a physician physically present. Dr. Cirillo and Mr. Fraser, ACEP's Executive Director, expressed ACEP's opposition to this concept to ACS leadership, who agreed to facilitate further discussions.

January 6, 2026
Kentucky Senate Bill 12 (SB 12) was introduced, proposing a new Level IV trauma designation that would allow emergency department coverage by a nurse practitioner or physician assistant with onsite or offsite physician supervision. KY ACEP and the Kentucky Medical Association opposed the bill, while the Kentucky Hospital Association supported it. The Society of Emergency Medicine Physician Assistants (SEMPA) submitted testimony in support.

January 7, 2026
ACEP leadership met with ACS-COT representatives. ACS-COT asserted that:

- Their proposal was compliant with ACEP policy.
- The goal was to improve trauma care in rural areas through education and quality initiatives.
- Emergency physicians are the gold standard, but "there aren't enough of you."
- The proposal aligned with AMA policy due to a perceived rural exception.

ACEP responded by emphasizing that:

- The full ACEP policy was being misapplied, particularly the requirement that **all patients** be discussed with an offsite supervising physician.
- SB 12 would allow any PA or NP, without additional training requirements, to be the sole ED clinician with only tele-supervision.

- Emergency medicine requires expertise across a broad and high-risk clinical spectrum not covered by PA or NP training alone.
- AMA rural exceptions must be recommended by state medical associations.
- States such as Indiana, Virginia, and South Carolina have enacted physician-in-ED laws without hospital closures or access failures.
- ACEP's Emergency Department Accreditation (EDAc) program sets a higher staffing standard, requiring physician coverage for all accredited EDs.

ACS-COT agreed to review its draft criteria.

January 16, 2026

SB 12 was passed out of committee after KY ACEP and other opponents were provided only limited opportunity to testify against the bill.

January 24–26, 2026
ACS-COT indicated it might still allow Level IV designation based on legislative rural definitions. In response, ACEP leadership convened urgent meetings with chapter leaders and relevant sections, announcing that the Board would revisit the policy due to ongoing misrepresentation.

ACEP Policy Change

On January 27, 2026, after full discussion, the ACEP Board of Directors voted to **remove off-site supervision—under any circumstances—from acceptable staffing models for emergency departments**. This action reaffirms ACEP's long-standing commitment to **physician-led emergency care** and ensures the policy cannot be misused to justify unsafe or inappropriate staffing models.