

Final Committee Objectives 2024-25

EMS Committee

Chair: Thomas A. Lardaro, MD, FACEP

Vice Chair: Nicholas P. Cozzi, MD, MBA

Board Liaison: Kristin B. McCabe-Kline, MD, FACEP

Staff Liaison: George Solomon, MHS, FP-C

1. Develop resources and materials regarding the scope of practice for EMS medical directors/EMS physicians and the utilization of EMS physician response within out-of-hospital care.
2. Develop educational content on EMS Fellowship in collaboration with the EMRA EMS Committee.
3. Explore future collaborations between ACEP, the National Association of EMS Physicians, the National Association of EMS Officials, the Air Medical Physicians Association, the American College of Surgeons Committee on Trauma, and other organizations on joint policy statements and other resources.
4. Submit a nomination for the 2025 ACEP Outstanding Contribution in EMS Award. Coordinate with the EMS Section and the Air Medical Transport Section.
5. Develop EMS and related course proposals and submit them to the Educational Meetings Subcommittee for consideration for ACEP25 and ACEP26 CME and non-CME tracks.
6. Review the following policies per the Policy Sunset Review Process:
 - Pediatric Readiness in Emergency Medical Services Systems (with Pediatric Emergency Medicine Committee; EMS is the lead committee)
 - Salary and Benefits Considerations for Emergency Medical Services Professionals
 - Spinal Motion Restriction in the Trauma Patient
 - The Role of Emergency Physicians in Emergency Medical Services for Children (Pediatric Emergency Medicine is the lead committee.)
 - Transfer of Patient Care Between EMS Providers and Receiving Facilities
 - Violence Prevention and Intervention in Emergency Medical Services Systems

Determine by December 15 if the policies should be reaffirmed, revised, rescinded, or sunsetted.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.

7. Develop educational resources for emergency physicians regarding out-of-hospital response teams levels of care for 9-1-1 emergency response.
8. Continue to monitor the release of the finalized DEA rules and regulations regarding the pre-hospital use and storage of controlled substances by EMS and develop resources for EMS medical directors as needed.
9. Collaborate with other entities within ACEP working on artificial intelligence (AI) and serve as the singular authority for EMS.
10. Review and update the ACEP EMS Committee Document, "Provision of Emergency Medical Care for Crowds," in collaboration with the Event Medicine Section. (EMS Committee is the lead.)
11. Develop and establish resources, support, and advocacy for the administration of pre-hospital blood products, including reimbursement, scope of practice, logistics/operations, lessons learned, and best practices for new prehospital blood program implementation within ground ambulance transport services.
12. Collaborate with other organizations to support the accessibility and visibility of community education programs, such as Stop the Bleed, Chest Compression-Only CPR, Narcan, etc., to enhance the chain of survival in patient care.
13. Develop tools and resources for the advocacy and support of EMS Medical Directors (e.g., EMS Medical Director Bill of Rights).

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14. Develop a resource for physicians to help inform efficient and appropriate resource utilization for interfacility transport of patients for transfer, such as correct determination of the level of care, mode of transport, and scope of practice of the EMS clinicians doing the transfer.
 - a. Specifically, discuss when it is appropriate to use alternative transport resources, such as privately owned vehicles, instead of ambulances.
 - b. Discuss when it is potentially not necessary to use ambulances to avoid limiting valuable resources when there are constraints on availability.
15. Serve as a resource to the Academic Affairs Committee in their objective to complete development of best practices for residency EMS curriculum. (Academic Affairs is the lead committee.)
16. Serve as a resource to ABEM in the development of the Disaster Medicine subspecialty with the support of the EMS Committee. (Disaster Medicine is the lead committee.)
17. Collaborate with the Emergency Medicine Practice Committee and the Medical-Legal Committee to develop a policy statement on the utilization of non-ambulance means for interfacility transport. (EMS is the lead committee). [added January 2025 as requested by the EMS Committee]
18. Collaborate with the Reimbursement Committee to develop strategies to address Resolution 34(24) Reimbursement for Emergency Physician Services Provided Out-of-Hospital. (Reimbursement is the lead committee.) [added February 2025]

RESOLVED, That ACEP collaborate with other stakeholders to investigate ways to establish EMS physician reimbursement pathways.

19. Develop strategies to address Substitute Resolution 62(24) Stop the Bleed Education, [added February 2025]

RESOLVED, That ACEP promote activities that foster education and awareness of bleeding control techniques within high-risk communities including at risk youth.