

Final Committee Objectives 2024-25

Federal Government Affairs Committee

Chair: Hilary E. Fairbrother, MD, FACEP

Vice Chair: Nathan R. Schlicher, MD, JD, MBA, FACEP

Board Liaison: L. Anthony Cirillo, MD, FACEP

Staff Liaison: Laura Wooster, MPH

1. Analyze and recommend legislative and regulatory priorities for the First Session of the 119th Congress.
2. Provide subject matter expertise to staff to support efforts on legislative and regulatory priorities, including legislative and regulatory efforts to address racial and social disparities and inequities in the health care system.
3. Actively engage in the regulatory process for the implementation of the “No Surprises Act” working to ensure that the law is implemented in a way that will protect patients as well as reimburse providers appropriately for services rendered. Collaborate with content experts from the Reimbursement Committee and State Legislative/Regulatory Committee. (Reimbursement is the lead committee.)
4. Collaborate with the Emergency Medicine Practice Committee and the Reimbursement Committee to evaluate the desirability and feasibility of passing legislation allowing competing physicians to collectively bargain with health insurers and governmental agencies over rates and terms for physician services. (Federal Government Affairs lead committee.)
5. Review the following policies per the Policy Sunset Review Process:
 - Supporting Political Advocacy in the ED

Determine by December 15 if the policies should be reaffirmed, revised, rescinded, or sunsetted.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

6. Serve as subject matter experts to ACEP’s federal efforts to promote emergency physician practice rights and protections, as well as educating federal lawmakers and regulators about the difference in training between emergency physicians and mid-level providers who participate in the emergency physician-led team.
7. Support ACEP efforts to develop targeted federal legislation to address challenges identified by emergency medicine workforce projections, such as federal designation of emergency medicine health professional shortage areas (HPSAs) and federal loan forgiveness programs, and relocation/relicensure incentives and benefits to help recruit emergency physicians and spouses/partners to help address emergency medicine shortages in rural and underserved communities.
8. Serve as subject matter experts to continue efforts to improve safe working conditions in the emergency department.
9. Serve as subject matter experts to ACEP’s advocacy for legislative and regulatory relief that would protect physicians from potential Medicare reimbursement cuts in 2024 and beyond via a more stable and fair physician payment system.
10. Identify new opportunities to work with federal agencies, including the Department of Defense, and Indian Health Services, etc.
11. Continue to serve as subject matter experts to ACEP’s efforts to develop and assess potential legislative ideas to address firearm safety and injury prevention.
12. Continue to support ACEP’s advocating for emergency medicine needs to deal with preparedness and develop and propose federal legislation and regulatory proposals based on lessons learned in the pandemic that will lessen obstacles for emergency physicians and patients in future pandemics or disasters and provide emergency physicians with the upfront financial resources and protection they need to be prepared to respond immediately.

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13. Review current implementation and application of EMTALA to determine shortcomings, gaps, or needed areas for updates, to provide legislators and regulators with framework for EMTALA modernization to ensure emergency physicians are protected from legislative, regulatory, or criminal consequences when providing federally-mandated emergency care, particularly in cases of conflict between federal law and state reproductive health laws.
14. Assess federal approaches to delivery and reimbursement for rural care, with an emphasis on improving patient access to emergency department services in these areas. Collaborate with content experts from other committees and task forces to develop an information paper evaluating the implementation of federal regulations on REH designations.

Note: Information papers must be submitted to the Board of Directors for a 30-day comment period prior to publication on the ACEP website or submission to ACEP's peer-reviewed journals (Annals of Emergency Medicine and JACEP Open). Author attributions must also include that the information paper was developed by the Federal Government Affairs Committee.

15. Work with the State Legislative/Regulatory Committee, the Medical-Legal Committee, and potentially others as needed (Federal Government Affairs is the lead committee.), to develop the guidance or best practices to establish appropriate procedures to avoid EMTALA violations in response to Referred Amended Resolution 27(23) Addressing Interhospital Facility Transfer Challenges for Rural EDs:

RESOLVED, That ACEP work with state and federal agencies to advocate for state and regional transfer coordination centers to facilitate transfer of patients when normal transfer mechanisms are impaired by hospital and ED capacity problems; and be it further

RESOLVED, That ACEP advocate for state and federal requirements that tertiary centers have a regional process for rapidly accepting patients from hospitals when the patient needs an emergency intervention not available at the referring hospital; and be it further

RESOLVED, That ACEP advocate for regional dashboards with updated information on hospital specialty service availability including procedural interventions and other treatment modalities (e.g., ERCP, ECMO, dialysis, STEMI, interventional stroke, interventional PE, neurosurgery, acute oncologic disease); and be it further

RESOLVED, That ACEP support research to strengthen the evidence base regarding hospital transfer processes including delays, administrative burden on sending hospitals, and association with patient outcomes and experience.

16. Develop a policy statement to addressing competitive markets and health systems in response to Amended Resolution 32(24) Preventing Harmful Health Care Deals. [added February 2025]

RESOLVED, That ACEP advocate for legislation that would require health systems to file notice with regulatory agencies before completing critical transactions – including but not limited to sale-leaseback agreements, purchases or sales of health system facilities or real estate, dividend recapitalization, private practice rollups, and changes in majority owner equity stakes – to protect the integrity of health systems and maintain competitive markets.