

## Final Committee Objectives 2024-25

### State Legislative/Regulatory Committee

Chair: Ramnik Dhaliwal, MD, FACEP

Vice Chair: Erik Blutinger, MD, MSc, FACEP

Board Liaison: Chadd Kraus, DO, DrPH, FACEP

Staff Liaison: Adam Krushinskie, MPA

1. Monitor Medicaid payment reforms at the state level and provide resources as appropriate. Create a resource for social determinants of health to share best practices and recommendations to all state Medicaid agencies to support ED physicians and staff. Collaborate with the Reimbursement Committee to explore opportunities to advocate for alternative payment models for Medicaid. (State Legislative/Regulatory is the lead committee.)
2. Monitor legislative and regulatory efforts by nurse practitioners and physician assistants to expand their scope of practice in emergency medicine in a way that is inconsistent with ACEP policy and develop resources to assist state chapter advocacy on this issue.
3. Submit a nomination for the 2025 Rorrie Health Policy Award and the 2025 Policy Pioneer Award.
4. Provide subject matter expertise to administer the state public policy grant program.
5. Develop and compile resources that states can use in advocating for legislation addressing violence against health care workers. Include suggested provisions that will be helpful in the emergency department and to EMS workers.
6. Collaborate with the Federal Government Affairs Committee to provide guidance to state chapters regarding advocacy on state laws addressing out-of-network/balance billing and action related to the No Surprises Act. (State Legislative/Regulatory is the lead committee.)
7. Collaborate with the Reimbursement Committee to monitor policies by government and private payers to deny or downcode claims in violation of the prudent layperson standard. Identify any gaps in available resources and recommend or develop documentation that chapters can use in advocating for legislation opposing such policies. (State Legislative/Regulatory is the lead committee.)
8. Collaborate with other interested organizations to create easily accessible transparent toolkits that outline state-specific policies and laws regarding law enforcement presence in the hospital environment, including but not limited to the ED as directed in Amended Resolution 54(21) Understanding the Effects of Law Enforcement Presence in the ED (second resolved).

RESOLVED, That ACEP collaborate with other interested organizations to create easily accessible transparent toolkits that outline state-specific policies and laws regarding law enforcement presence in the hospital environment, including but not limited to the ED.

9. Develop and compile resources for state chapters to use in advocating for legislation addressing boarding and crowding in the emergency department.
10. Host at least two roundtable discussions for chapter leaders as an opportunity to make connections and to learn from each other's experiences dealing with similar issues or launching new initiatives. Collaborate with the National/Chapter Relations Committee. (State Legislative/Regulatory is the lead committee)
11. Create a toolkit for chapters to use for corporate practice of medicine legislation. Include ACEP's policy statement "Corporate Practice of Medicine" as well as a review of relevant state legislation and proposed text for model legislation.
12. Review the following policies per the Policy Sunset Review Process:
  - Ensuring Emergency Department Patient Access to Appropriate Pain Treatment
  - Opposition to Copays for Medicaid Beneficiaries

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*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.*

13. Serve as a resource to the Diversity, Equity, & Inclusion Committee in their objective to develop recommendations addressing concerns about states limiting diversity, equity, and inclusion initiatives. (Diversity, Equity, & Inclusion is the lead committee).
14. Work with the Medical-Legal Committee to develop an information paper describing use of Communication and Resolution Programs (CRPs) and their impact on liability claims in states with and without traditional liability reforms. (Medical-Legal is the lead committee.)

*Note: Information papers must be submitted to the Board of Directors for a 30-day comment period prior to 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 Medical-Legal Committee.*

15. Collaborate with the Federal Government Affairs Committee (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. Review state laws and regulations related to FSEDs and compile resources in response to Substitute Resolution 29(24) Minimum Standards for Freestanding Emergency Departments. [added February 2025]

RESOLVED, That ACEP promote the maintenance of more specific minimum standards for freestanding emergency departments (FSEDs) pertaining to appropriate staffing, lab, security, service availability, and imaging capabilities, and update the FSED policy statement accordingly.

Potentially utilize data collected in response to Referred Resolution 28 Referred Resolution 28(24) Data Gathering on Freestanding EDs: Examining Regulations, Services Offered, and Staffing Policies.

RESOLVED, That ACEP collect data on free standing emergency department-type facilities (FSEDs) nationally, and any state regulations specifically pertaining to them, and this may include a survey of current services and equipment offered at FSEDs in each state as well as staffing and other pertinent policies that might be helpful to ACEP chapters who may be addressing issues with these facilities.

17. Collaborate with the Arizona and Connecticut Chapters and others as directed in Substitute Resolution 36(24) EMTALA Reform to Improve Patient Access to Necessary Care. [added February 2025]

RESOLVED, That ACEP collaborate with the Arizona and Connecticut Chapters and others to develop model state policy, regulation, and legislation, that requires reporting of ED/hospital crowding and interhospital transfer data to a relevant state entity (e.g. State Department of Health) and develop a state-wide system to facilitate interfacility transfers.

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18. Compile resources for chapters to use in advocating for access to reproductive health care in alignment with existing ACEP policy in response to Substitute Resolution 38(24) Termination of Pregnancy. [added February 2025]

RESOLVED, That ACEP will work with the federal government and support chapters in working with their state government entities, along with other relevant stakeholders, to ensure all patients have access to the full spectrum of evidence-based prenatal, peripartum, and postpartum physical and mental health care, including but not limited to termination of pregnancy of a non-living fetus, a fetus with no hope of survival, or to protect the health or life of a pregnant person.