Fixing Burnout: Is it as easy as taking a break?

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WELCOME new members!

Shagun Agrawal  
Gullerana Ahmad, MD  
Bryan Anilao  
Joel Beck  
Tommaso Bulfone  
Summer Burke, DO  
Stephanie Caro  

Richard Clifford, DO  
Andrew W Daoud  
Megan Flanagan, DO  
Alondra Hurtado  
Lydia Koroshetz, MD  
Alexis Love  
Khalid Medani, MD, MPH  

Yuxin Ouyang  
Rose Paneno  
Nellamarie Patanindagat  
Trevor A Smith  
Jennifer E.M. Uyere  
Elizabeth Von Haunalter  
Miranda Wakimoto

Alvarado Emergency Medical Associates  
Antelope Valley Emer Med Ctr Inc  
Beach Emergency Medical Associates  
Centinela Freeman Emergency Medical Associates  
Central Coast Emergency Physicians  
Chino Emergency Medical Associates  
Coast Plaza Emergency Physicians  
Corona Regional Emergency Medical Associates, Inc.  
Emergency Medicine Specialists of Orange County  
Emergency Specialist Physicians Medical Associates  

Glendale Adventist Emergency Physicians  
Hollywood Presbyterian Emergency Medical Associates  
Huntington Park Emergency Physicians  
Lanai Emergency Medical Associates  
Los Alamos Emergency Medical Associates  
Maui Memorial Emergency Medical Associates  
Montclair Emergency Medical Associates  
Napa Valley Emergency Medical Group  
Newport Emergency Medical Group Inc.  
Orange County Emergency Medical Associates  
Pacific Coast Emergency Medical Associates  
Pacific Emergency Providers APC  

Pacifica Emergency Medical Associates  
Palomar Emergency Physicians  
Redondo Emergency Physicians  
San Dimas Emergency Medical Associates  
Shasta Regional Emergency Medical Associates  
Sherman Oaks Emergency Medical Associates  
Tarzana Emergency Medical Associates  
Temecula Valley Emergency Physicians  
Valley Presbyterian Emergency Medical Associates  
Vituity Emergency Medicine Advocacy Physicians  
Vituity Idaho-LLP
My name is Mike Gertz, and I am your 2023–24 CalACEP President. You are collectively the best diagnosticians in the hospital and are better at most procedures than the surgeons. You can rapidly resuscitate the critically ill, diagnose the etiology of their shock with a bedside ultrasound, and then initiate Suboxone in the opiate-withdrawing patient, all without losing a step. When I was a medical student, I didn’t even do an Emergency Medicine rotation. But I knew that when I graduated, I wanted to become the kind of physician that could take care of anything. The guy you would want to have on the space shuttle or if you were stuck on a desert island. So, I became a surgeon. And it only took me three years of residency as a general surgeon on q3 trauma call to realize that it was the Emergency Physicians who were the real badasses. Fortunately, I found an opening at UCSF Fresno and that Emergency Medicine residency saved my life.

I did not come to advocacy until late in my career. Early on I was just trying to learn medicine and not kill anyone. I worked hard, paid down my student loans and honed my craft. I am a first-generation college graduate and the first physician in my family, and it has taken a long time to get over the imposter syndrome. I first became a leader in my group, then in my hospital, and then in my community. And I was always a member of CalACEP because I was taught by my mentors and my peers that joining CalACEP is what you do as a committed member of our specialty and our community.

At the heart of it, CalACEP is people: our members, our board of directors, and our staff. More than 3,500 people are dedicated to our mission “to support emergency physicians in providing the highest quality of care to all patients and to their communities.” We begin every Board meeting by reading our mission statement aloud.

As a specialty, we have made ourselves indispensable to the healthcare system. But whether you are a medical student, resident, or at the end of your career, you can see the challenges facing us as a specialty. I am here to tell you that you will not be facing these challenges alone. CalACEP is working tirelessly on your behalf to help solve these problems.
Serving on the Board of Directors are 18 Emergency Physicians whom you elected and who volunteer their collective wisdom, time, and experience to serve you and our patients. The Board of Directors serve as the Navigators of the ship, setting the agenda and providing professional expertise but the Captain of our Ship is our Executive Director, Elena Lopez -Gusman, and we are incredibly fortunate to have her. She leads a full-time staff that includes Kelsey McQuaid-Craig, Lauren Murphy, Emma Daly, and Ryan Adame. They are experienced, dedicated, smart, and highly effective. We also have a full-time lobbyist, Tim Madden, who knows how to get things done in Sacramento.

As my term as President begins, I want to share a little about a few of CalACEP’s recent successes. California has one of the lowest paying Medicaid programs in the country. This year California approved a Medi-Cal reimbursement increase. But when it was first proposed, the increased reimbursement did not include Emergency Medicine, even though emergency physicians are required to see all patients, regardless of their ability to pay, and see the highest percentage of Medi-Cal patients of any specialty. Through skillful negotiation and great teamwork, our staff was able to secure $200 Million dollars in next year’s budget specifically to increase reimbursement to emergency physicians, who care for our most vulnerable patients. This amounts to a 40% increase in Medi-Cal rates. This is huge and will help us to continue to attract the best doctors to the specialty and to staff our departments in a way that is safe for our patients. This is CalACEP.

In addition to making sure you are paid fairly for your work, CalACEP has fought hard to protect the doctor-patient relationship in California. We helped pass legislation that ensures that no business entity, whether it’s your hospital administration or a non-physician employer, interferes with the medical care that you provide to your patient. This is CalACEP.

Anyone who works in an Emergency Department knows how hard it can be to find inpatient beds for those experiencing acute behavioral emergencies. CalACEP was instrumental in legislation that holds private psychiatric hospitals to the same EMTALA standards as those attached to acute care hospitals. It requires them to accept patients regardless of ability to pay or insurance status. It significantly increased the number of beds available for mental health placement. This is CalACEP.

CalACEP fights to protect patients’ rights as well. We were instrumental in passing legislation that protects the prudent layperson standard. Not very long ago when a patient was experiencing heartburn or had a high fever, they would need insurance preauthorization to be treated in an Emergency Department. Through the work of CalACEP, California law guarantees that if a prudent layperson believes they are experiencing an emergency, they must be treated as if they are having an emergency, and they cannot be required to obtain preauthorization for treatment. This is CalACEP.

We have had so many successes; there are too many to list here. But despite our victories our state’s healthcare safety net remains fragile. The viability of the State’s healthcare system is
threatened by changing economics, an aging population, a lack of investment in infrastructure, and the scourges of Fentanyl and Methamphetamine. We face hospital closures due to increasing costs of labor and requirements for earthquake retrofitting that some hospitals may not be able to achieve. Cost demands have not been met with increased reimbursement and, for years, the interests of physicians, prehospital providers, nurses, and hospital administrations have seemed misaligned. We really have our work cut out for us.

What is clear is that the fundamental issue is a lack of capacity in the system. At the hospital level, the historical lack of investment in infrastructure resulted in an overall reduction in hospital beds. Increasingly, the biggest driver is the lack of nursing. Many inpatient beds sit empty because of insufficient staffing. Hospitals unable to hire sufficient full-time nurses must hire travelers and pay a premium that many cannot afford. The sizable increase in hospital spending has not been met with increased reimbursement in the state. And the reimbursement incentives are not in line with the population’s needs.

Most of you experience the lack of capacity as crowded Emergency Departments. You take the history of your patient in a waiting room, but your Emergency Department beds are filled by admitted patients waiting days to get a bed in your ICU or telemetry floors. Mental health patients spend days in the ED before leaving for definitive behavioral healthcare and discharged patients wait hours for transportation home or to the limited number of skilled nursing facilities available. Patients line the hallways and often feel disregarded and disrespected (often leaving against medical advice) and you cannot accept appropriate transfers from outside hospitals who need a higher level of care because you have no beds available. And similarly, if you practice in a smaller hospital with limited resources, you often can’t transfer patients to the level of care or specialty services they need.

When you have a severe pediatric asthmatic who needs a Pediatric Intensive Care Unit, you call the local children's hospital because you know they have an ICU. But when they aren’t accepting transfers because they have no beds, you have your secretary start calling hospitals one by one across the state to find out if they can take a critical asthmatic. This can take hours to locate an available bed. It’s hard to believe that in the year 2023, in the 5th largest economy in the world, and the home of Silicon Valley, there is no centralized repository of the capabilities of each hospital and no real-time tracking of bed capacity. And even if you are able to find a hospital that accepts your patient, you may wait hours before transportation can be arranged for this critically ill child. And these delays can be catastrophic. These are the real sources of moral injury, the inability to provide the level of care we dream about, and we know our patients deserve. CalACEP is working to improve these conditions so you can provide, and your patients can receive, the best care possible.

Our EMS colleagues experience a lack of capacity known as “wall time". They can spend the majority of their shift standing in a hallway with a patient they have transported to the ED only to find there is no staff to accept care of the patient. This keeps that medic out of service and may delay 911 response times to the most emergent patient complaints in the field. Paramedic shortages across the state also contribute to the delays in higher level of care interfacility transfers. These are the very real challenges we face but you will not be taking on these problems alone.
CalACEP will be working with stakeholders across the state to implement solutions to these challenges and we have a track record of getting things done. Legislators want to solve problems but are often not even aware these problems exist. They look to us to educate them about our challenges and help them develop workable solutions. This year CalACEP is reimagining what a healthcare system would look like with some commonsense solutions to capacity building, and I want to invite you all to imagine with me.

Imagine if state regulators regularly reviewed the hospital landscape to ensure there are adequate hospital beds in each county based on population and demographics. In the wake of COVID-19, this is the perfect time to pursue policy that guarantees the preservation of a health safety net through quality data gathering and economic investment. Investment in acute care hospitals, skilled nursing facilities, mental health hospitals, and drug treatment centers.

Imagine having to transfer a 4-year-old with appendicitis and instead of calling hospitals one by one to find out if they have capability and capacity, you could look at a registry to find the closest facility with an open bed and a surgeon that could treat the child.

Imagine for those immediately life-threatening surgical emergencies that require a higher level of care transfer like Type A Dissections and ruptured globes, if EMTALA capacity was redefined to mean the presence of an available operating room and OR staff. We don't deny ICU transfers because we don't have a step-down bed for them and we shouldn't deny emergent surgical cases when there is an OR available, but no ICU. Fewer patients might die while they are awaiting transfer.

Imagine being at that tertiary center and being able to provide specialty telehealth consultation that would allow patients to avoid transfer and be managed closer to home. Imagine creating a system that works for our patients and their families.

And imagine incentivizing ambulances to transport interfacility transfers through fair payment and increasing their workforce; freeing up paramedics to do their job, responding to 911 calls.

I’ll bet you’re imagining a pretty good day at work with all these solutions implemented. Obviously, these will be tough battles because they are solutions that come at a price, but not nearly as expensive as failing to repair our fragmented system. Our patients are worth fighting for and they deserve better. Imagine creating a system that works for them.

I want to thank you for trusting me to lead you in this grand endeavor. It is an idealistic vision inspired by the many incredible people with whom I have surrounded myself. Thank you all for your engagement. It’s going to be an exciting year and it’s an honor to serve you as President. I am truly inspired by you every day. Just remember that CalACEP is here to make sure you are not alone and have the resources necessary to provide the exceptional care I know you are all capable of. Thank you for all you do. This is CalACEP.
Governor Newsom finished the first year of the 2023-2024 session acting on the 1,326 bills sent to him. Overall, he signed 1,170 or 88% of the bills; the remaining 156 bills were vetoed. His actions were in line with his previous years as Governor.

The CalACEP advocacy team started 2023 by reviewing the more than 2,600 bills introduced. Narrowing those down to the ones related to health care. The Board took an active position on 39 bills, 22 of which did not make it to the Governor. Because we just finished the first year of a two-year session those bills are still eligible to move in 2024. Unless otherwise indicated, bills that were signed into law in 2023 will take effect January 1, 2024.

In addition to legislation, we successfully advocated for $200 million in increased Medi-Cal reimbursement for emergency physicians as a part of the renewal of the Managed Care Organization (MCO) Tax. This represents a monumental victory for CalACEP.

Below is a list of the various activities we engaged in during 2023.

**BUDGET ITEM – MEDI-CAL RATE INCREASE** – The MCO Tax is a federally allowable Medicaid funding mechanism whereby a tax is imposed by states on MCOs, and the federal government matches funding. Since 2005, California has had an MCO Tax to help fund portions of the Medi-Cal program. MCO Taxes require a federal waiver and expire. This year, California pursued a renewal of the MCO Tax, and this version dedicated a larger amount of funding toward increasing provider reimbursement rates for treating Medi-Cal patients.

CalACEP was successful in securing $200 million per year in increased reimbursement specifically for emergency physicians – emergency medicine is the only specialty singled out by the Legislature for an increase. This funding will begin in 2025. The historic and significant nature of this increase cannot be overstated.
AB 767 (GIPSON) – CO-SPONSOR – This bill was co-sponsored with California Professional Firefighters to extend the sunset date for the community paramedicine and transport to alternate destination legislation co-sponsored by CalACEP in 2020. This bill was signed by the Governor.

AB 1731 (SANTIAGO) – SPONSOR – This bill removes the requirement to check CURES before prescribing buprenorphine from the emergency department, removing an administrative burden that provides no value to the decision to prescribe. The bill was signed by the Governor.

AB 1164 (LOWENTHAL) – SPONSOR – This bill would have required hospitals to develop and implement a response plan to alleviate crowding based on a real-time calculator that measures ED crowding every four hours. Under AB 1164, hospitals would develop individualized plans tailored to their own needs and capacities thereby providing flexibility. Despite this, the bill was strongly opposed by the California Hospital Association. The bill was held in the Assembly Appropriations Committee.

AB 85 (WEBER) – SUPPORT IF AMENDED – This bill would have required health insurance plans to reimburse providers for screening for social determinants of health. It would also have required health insurers to provide primary care providers with access to community health workers. The CalACEP Board took a Support if Amended position, requesting amendments to ensure EM providers qualify for both. The bill was amended to ensure emergency physicians could be paid for screening for social determinants. We were unable to get amendments to give us access to community health workers. The author and sponsor were concerned that the increased costs associated with the amendment would jeopardize the success of the bill. Ultimately, the bill was vetoed, in part due to cost.

AB 360 (GIPSON) – AMEND – This bill prohibits the term “excited delirium” from being used as a medical diagnosis, a cause of death, or a being used as evidence in a civil action. CalACEP requested amendments to clarify that other terminology describing a patient’s condition or state of agitation are still allowed. We worked closely with the author’s office to successfully secure amendments addressing our concerns. This bill was signed by the Governor.

AB 1036 (BRYAN) – OPPOSE – This bill would have required a health plan to provide coverage for an ambulance transporting a patient to the ED only if a physician certifies an emergency medical condition existed and required transport to the emergency department. CalACEP argued this requirement is in violation of the prudent layperson standard. The bill was not heard in the Assembly Health Committee and did not move forward.

AB 1028 (MCKINNOR) – AMEND – This bill would remove the mandatory reporting requirement for suspected domestic violence, and instead would require the provider to refer the patient to supportive services. This bill was controversial and sparked a debate about the appropriate role of physician-led patient advocacy, paternalism, and patient autonomy. CalACEP worked closely with the author’s office and sponsors to successfully secure amendments to require emergency physicians to offer assistance with law enforcement reporting to patients. This bill was held in the Senate Appropriations Committee.

AB 1094 (WICKS) – This bill would require providers to obtain written and verbal consent prior to ordering a drug or alcohol screening on a pregnant person. This bill was not heard in the Assembly Health Committee.
**AB 1180 (RODRIGUEZ) – AMEND** – The bill was introduced to remove the requirement that the Director of the Emergency Medical Services Authority (EMSA) be an emergency physician. In a parallel track, the Governor’s proposed budget also removed the requirement for the Director of EMSA to be an emergency physician and established a Chief Medical Officer position. CalACEP worked with both Assembly Member Rodriguez and the Governor to successfully require the Chief Medical Officer to be a physician and surgeon who has substantial experience in the practice of emergency medicine.

The final language, including our suggested amendments, was included in the adopted State Budget obviating the need for AB 1180, which did not move forward.

**AB 28 (GABRIEL) – SUPPORT** – This bill imposes an 11% excise tax on the retail sale of firearms, firearm parts, and ammunition. The revenue raised would be used to fund various violence prevention and education programs. The bill was signed by the Governor.

**SB 815 (ROTH) – OPPOSE UNLESS AMENDED** – This bill reauthorizes the California Medical Board which otherwise would sunset and cease to exist. The Legislature reviews all Boards once every five years to explore how they are performing and what changes may be needed. SB 815 intended to put in place several changes to the Medical Board. The Medical Board expressed financial concerns and indicated they were on a trajectory toward insolvency. As a result, this bill included an increase in physician licensing fees. The bill also included a provision to increase the board from 15 to 17 members and have it be a majority of non-physicians.

CalACEP advocated for a lower fee increase and to maintain a majority physician composition of the board. Ultimately, we were successful in maintaining the physician-majority board. Unfortunately, the bill increases the current fees of $863 to:

- $1,151 until January 1, 2027
- $1,255 after January 1, 2027

The bill was signed by the Governor.

**AB 1202 (LACKEY) – SUPPORT IF AMENDED** – This bill would have required the Department of Health Care Services to study the number of Medi-Cal providers needed to ensure adequate access to children’s health care services. CalACEP requested amendments to consider access to emergency physicians as a part of the study. The author did not accept our amendments. The bill was vetoed by the Governor.

**SB 357 (PORTANTINO) – SUPPORT** – This bill would remove the requirement for physicians to report all patients with a disorder that may cause a lack of consciousness to the Department of Motor Vehicles. It would add liability protections for providers if they choose to report or not. The bill was held on the Assembly Floor and is eligible to move in 2024.

**AB 242 (WOOD)** – This bill removes the sunset on the exemption from the corporate bar on the practice of medicine for critical access hospitals. CalACEP did not take a position but worked to inform the author of the new CMS Rural Emergency Hospitals program and the impact it could have on the target hospitals. The bill was signed by the Governor.

**AB 1091 (WOOD) – OPPOSE UNLESS AMENDED** – This bill would give the Attorney General the authority to approve, reject, or impose conditions on any sale or merger worth $15 million or more that involve hospitals, health systems, health plans, health insurers, medical groups, or pharmacy benefit managers. CalACEP took an Oppose unless Amended position and asked to exempt emergency physician medical groups from the bill. The bill was not heard in the Assembly Health Committee and is eligible to be heard in 2024.

**AB 977 (RODRIGUEZ) – SUPPORT** – This bill was an attempt to address ED workplace violence by increasing the penalties and making an assault or a battery committed against a physician, nurse, or other healthcare worker of a hospital providing services in the ED. This bill was not heard in the Assembly Public Safety Committee.
**AB 512 (WALDRON) – SUPPORT** – This bill would require the California Health and Human Services Agency to create an ad hoc committee to study how to develop a real-time, internet-based database to display information about available treatment beds in facilities for the treatment of individuals in mental health or substance use disorder crisis. The bill was held in the Senate Appropriations Committee.

**AB 564 (VILLAPUDUA) – SUPPORT** – This bill would require the Department of Healthcare Services to allow a provider to submit an electronic signature for a claim or remittance form under the Medi-Cal program. This bill was not heard in the Senate Health Committee.

**AB 667 (MAIENSCHEIN) – SUPPORT** – This bill would increase the renewal period for a gun violence restraining order to a maximum of 10 years, instead of 5. This bill was not heard in the Assembly Public Safety Committee.

**AB 765 (WOOD) – SUPPORT** – This bill would make it a misdemeanor for a person who is not a physician to use “doctor,” “physician,” “Dr.,” “M.D.,” or “D.O.,” or any other terms, including emergency physician, that indicate or imply the person is a physician. This bill was held in the Assembly Appropriations Committee.

**AB 1001 (HANEY) – SUPPORT** – This bill would require hospitals to adopt policies and protocols to respond to a patient with a mental health or substance use crisis. It also would create the Behavioral Health Response and Training Fund to provide grants to fund new programs or support existing programs that increase the staffing of direct care personnel. The bill was not heard in the Senate Health Committee.

**AB 1288 (RENDON) – SUPPORT** – This bill would prohibit health plans and health insurers from subjecting an opioid antagonist approved by the United States Food and Drug Administration to prior authorization or step therapy. The Governor vetoed the bill citing the importance of prior authorization to contain health care costs.

**AB 1166 (BAINS) – SUPPORT** – This bill extends good Samaritan protections to people who administer an opioid antagonist at the scene of a suspected overdose. This bill was signed by the Governor.

**AB 1207 (IRWIN) – SUPPORT** – This bill would clearly define what is considered “attractive to children” for the purpose of cannabis products and prohibit the sale, manufacture, packaging, labeling, or marketing of cannabis products attractive to children. This bill was vetoed by the Governor.
AB 1230 (VALENCIA) – SUPPORT – This bill would require the Department of Health Care Services to offer contracts to health care service plans for Highly Integrated Dual Eligible Special Needs Plans and Fully Integrated Dual Eligible Special Needs Plans. This bill was not heard in the Assembly Health Committee.

AB 1316 (IRWIN) – SUPPORT – This bill would revise the definition of “psychiatric emergency medical condition” to clarify it is applicable regardless of whether the patient is voluntarily seeking treatment or involuntarily detained for evaluation and treatment. This bill was not heard in the Assembly Health Committee.

AB 1417 (WOOD) – SUPPORT – This bill revises and clarifies mandated reporting procedures for elder and dependent adult abuse in long-term care facilities by establishing a simplified process for reporting alleged abuse in all cases other than those involving abuse allegedly caused by another resident of the facility with dementia. This bill was signed by the Governor.

AB 1451 (JACKSON) – SUPPORT – This bill would remove prior authorization for urgent or emergency mental health and substance use disorder treatment. The Governor vetoed the bill citing the importance of prior authorization to contain health care costs.

AB 1502 (SCHIAVO) – SUPPORT IF AMENDED – This bill would prohibit a health care service plan or health insurer from discriminating on the basis of race, color, national origin, sex, age, or disability through the use of clinical algorithms in its decision making. CalACEP requested amendments to ensure the anti-discrimination language applied to all health plan algorithms. This bill was not heard in the Assembly Health Committee.

AB 1619 (DIXON) – SUPPORT – This bill would require a pharmacist who dispenses a prescription drug to a patient for use that could have interactions with inhaled cannabis to affix an auxiliary label to the prescription. The bill was not heard in the Assembly Business and Professions Committee.

AB 1707 (PACHECO) – SUPPORT – This bill protects licensed health care professionals, clinics, and health facilities from being denied a license or subjected to discipline on the basis of a civil judgment, criminal conviction, or disciplinary action imposed by another state based solely on the application of a law that interferes with a person’s right to receive sensitive services that would be lawful in California. This bill was signed by the Governor.

SB 45 (ROTH) – SUPPORT – This bill would establish the California Acute Care Psychiatric Hospital Loan Fund to provide loans to qualifying county or city and county applicants to build or renovate acute care psychiatric hospital facilities.
care psychiatric hospitals or psychiatric health facilities, or to build, renovate, or expand psychiatric units in general acute care hospitals. This bill was held in the Assembly Appropriations Committee.

**SB 65 (OCHOA-BOGH) – SUPPORT**  – This bill would appropriate $1 billion to the Department of Health Care Services to implement the Behavioral Health Continuum Infrastructure Program grants. This bill was held in the Senate Appropriations Committee.

**SB 67 (SEYARTO) – SUPPORT**  – This bill requires a coroner or medical examiner who evaluates an individual who died as the result of an overdose as a contributing factor, to report the incident to the Overdose Detection Mapping Application Program. This bill was signed by the Governor.

**SB 230 (SEYARTO) – SUPPORT**  – This bill would apply the deduction for contributions to a Health Savings Account on a federal individual income tax return to a California personal income tax return. This bill was held in the Senate Governance and Finance Committee.

**SB 238 (WIENER) – SUPPORT**  – This bill would require a health care service plan or a disability insurer to submit a modification, delay, or denial for service of a mental health or substance use disorder service to the Independent Medical Review System within 24 hours of the decision, to allow for appeal, even if the enrollee does not file a grievance. This bill was held in the Assembly Appropriations Committee.

**SB 299 (LIMON) – SUPPORT**  – This bill would prohibit a Medi-Cal beneficiary from losing eligibility for lack of address verification. This bill was not heard in the Assembly Health Committee.

**SB 363 (EGGMAN) – SUPPORT**  – This bill would require various state departments to develop a real-time, internet-based bed registry for inpatient and residential mental health or substance use disorder treatment. The bill was held in the Assembly Appropriations Committee.

**SB 487 (ATKINS) – SUPPORT**  – This bill prohibits health plans and health insurers from terminating, discriminating against, or otherwise penalizing a provider based on a civil judgment, criminal conviction, or another disciplinary action in another state if the judgment, conviction, or disciplinary action is solely based on the application of another state’s law that interferes with a person’s right to receive care that would be lawful if provided in California. This bill was signed by the Governor.

**SB 868 (WILK) – SUPPORT**  – This bill would require local educational agencies to equip all classrooms with a trauma kit. The bill was held in the Assembly Appropriations Committee.
ANNUAL LEGISLATIVE LEADERSHIP CONFERENCE

34TH

APRIL 9, 2024 | CAPITOL EVENT CENTER, SACRAMENTO, CA
ACEP held another successful Council Meeting this year, and the California delegation included 33 Councillors, 1 Alternate Councillor, and 4 past leaders of the College. ACEP’s 2023 Annual Council Meeting was held on October 7th and October 8th at the Pennsylvania Convention Center in Philadelphia.

Over 420 Councillors were present this year, and 58 vetted resolutions and 2 late resolutions were debated in the Council Reference Committees and voted upon on the Council Floor. Elections for the ACEP President-elect, Council Speaker, Council Vice Speaker, and Board of Directors were also held.

Memorial resolutions recognizing pioneering and influential California chapter members who recently passed away were presented in honor of Gene Kallsen, MD, Barbara Trainor, and Lori Weichenthal, MD, FACEP. Below is a recap of the main discussion on resolutions and election results.

**REFERENCE COMMITTEE A**

The discussion was primarily limited to the reference committee sessions, with three resolutions extracted for debate on the council floor. The additional vice president position on the Board of Directors will be unfunded, as ACEP is in a challenging financial situation. Opposition to creating a 4-year term blocked the move for automatic succession of Council Vice Speaker to Speaker. The Council’s multi-year attempt to get ACEP to enforce the inclusion of contractual provisions as part of the exhibitor/sponsorship process without violating antitrust prohibitions was revisited.

EMRA’s resolution to establish EM residents’ first right of refusal for procedures in competition with non-physician learners passed due to growing concerns over low procedural availability in many training programs. Discussion that as long as emergency medicine residency programs meet ACGME requirements, residents should have a choice in going to a 3-year or 4-year program.

Regarding sale-leasebacks, most hospitals approaching private equity about this model are already financially distressed and may close without other options. The consensus was that this subject is a bit outside ACEP’s bandwidth, and we should push for AMA/AHA to do something. Cannabis labeling to reduce pediatric exposure aligned with previous CALACEP-sponsored legislation. The decriminalization of illicit drugs had testimony that created an analogy to firearms violence; legal barriers impair the effective research necessary to determine whether a ban would result in racial equity as drug use is equal across races, yet prosecution and incarceration are four-fold higher for non-whites. Drug use overall is rising regardless of legal status. The council was opposed to passage of the resolution. Late amendments addressed the Board action that transferred $151,000 of credit card fees onto the Chapter budgets rather than the national ACEP budget, with insufficient notice for these expenses to be anticipated by the annual budget.

**REFERENCE COMMITTEE B**

EMS funding expansion was not adopted due to the focus on non-MD scope of practice expansion and conflict with the College’s position on NP and PA independent practice. Given ACEP’s limited resources, this was not a priority. Disaster-triggered waiver of insurance in-network requirements did not pass, despite support
for making insurers pay and holding patients harmless; concerns about the issue's complexity and how ACEP will handle it hindered passage. A proposed “white paper” and a ban on weapons intended for military or law enforcement use, based upon current ACEP policy on firearms, were co-sponsored by CalACEP and met significant opposition as political hot-button issues. However, two other CalACEP co-sponsored resolutions, including a mandatory waiting period for firearms and child safety protections (i.e., “smart guns”) were approved. On-site physicians, with board-certified emergency physicians representing the gold standard, are required to state a facility has an emergency department.

REFERENCE COMMITTEE C

The Council moved on to establishing the role of Eps in managing early pregnancy loss, something supported by CalACEP. The Clinical Policies Committee previously declined to draft a policy on medical and procedural management of first-trimester pregnancy loss by medications or uterine aspiration therapy. There is more education and training to be done. Clarification of and taking a position against the use of excited delirium syndrome terminology revealed the real problem is not the use of the term excited delirium by physicians, but rather its misuse by law enforcement to justify excessive use of force. Banning the use of this terminology will not stop police abuse. ACEP released an updated paper in 2021 on this. The legal resolution highlighted that while other specialties can't testify against EM as an expert witness, they can still write an affidavit of merit in many states. ACEP already has multiple policies, but this will strengthen it.

Metric shaming resolution specified who sees unblinded data about physicians, inside group versus public. ACEP is currently working on opposing merit badges in medicine.

ELECTIONS

ACEP President: Aisha Terry, MD, FACEP (DC)
ACEP President-Elect: Allison Haddock (TX)
Council Speaker: Melissa Costello (AL)
Council Vice Speaker: Michael McCrea (OH)
Board of Directors:
- James Shoemaker, MD, FACEP (IN), incumbent
- Chadd Kraus, DO, CPE, FACEP (PA)
- Abhishek Mehrotra, MD, MA, FACEP (NC)
- Henry Pitzele, MD, FACEP (IL)

MEMORIAL RESOLUTIONS

9) IN MEMORY OF GENE W. KALLSEN, MD
Sponsors: S. Spano, A. Gonzalez, CA

13) IN MEMORY OF BARBARA W. TRAINOR
Sponsors: V. Norton, L. Winston, CA

14) IN MEMORY OF LORI WEICHERNTHAL, MD, FACEP
Sponsors: S. Spano, A. Gonzalez, CA, Wilderness Medicine Section, Wellness Section

COMMITTEE A (BYLAWS/MEMBERSHIP)

15) ADDITIONAL VICE PRESIDENT POSITION ON THE ACEP BOARD OF DIRECTORS
ACEP Board of Directors
CA position: Neutral; Support as amended
Unanimous Consent Agenda ADOPTED as amended
16) COUNCIL QUORUM - DEFINING “PRESENT” - HOUSEKEEPING BYLAWS
Bylaws Committee, ACEP Board of Directors
CA position: Neutral
Unanimous Consent Agenda ADOPTED

17) ESTABLISHING THE POSITION AND SUCCESSION OF A SPEAKER-ELECT FOR THE COUNCIL
M. Coppola, G. Katz, M. Costello, A. Weltge
CA position: Oppose
Unanimous Consent Agenda NOT ADOPTED

18) REFERRED RESOLUTIONS
EM Workforce Section
CA position: Neutral
Unanimous Consent Agenda NOT ADOPTED

19) SCIENTIFIC ASSEMBLY VENDOR TRANSPARENCY
EM Workforce Section
CA position: Neutral
Unanimous Consent Agenda ADOPTED as amended

20) EMERGENCY MEDICINE RESEARCH MENTORSHIP NETWORK
N. Vasquez, K. Freeman, A. Hsu, J. Paxton
CA position: Neutral
Unanimous Consent Agenda ADOPTED as amended

21) MITIGATION OF COMPETITION FOR PROCEDURES BETWEEN EMERGENCY MEDICINE RESIDENT PHYSICIANS AND OTHER LEARNERS
EMRA
CA position: Support
ADOPTED

22) SUPPORTING 3-YEAR AND 4-YEAR EMERGENCY MEDICINE RESIDENCY PROGRAM ACCREDITATION
EMRA
CA position: Neutral
Unanimous Consent Agenda ADOPTED

23) OPPOSING SALE-LEASEBACK TRANSACTIONS BY HEALTH SYSTEMS
PA
CA position: Neutral
Referred to ACEP Board of Directors

24) ADDRESSING THE GROWING EPIDEMIC OF PEDIATRIC CANNABIS EXPOSURE
PA
CA position: Support
Unanimous Consent Agenda ADOPTED

25) COMPASSIONATE ACCESS TO MEDICAL CANNABIS ACT - “RYAN’S LAW”
L. Bedard, D. Morhaim
CA position: Neutral
Unanimous Consent Agenda NOT ADOPTED

26) DECRIMINALIZATION OF ALL ILLICIT DRUGS
L. Bedard, D. Morhaim
CA position: Neutral
NOT ADOPTED

LATE RESOLUTIONS

61) ACEP FINANCIAL DECISION TRANSPARENCY
CA, FL, IL, MA, NY, NC, OH, PA, TX
CA position: Sponsor
Unanimous Consent Agenda ADOPTED as amended

62) COOPERATION BETWEEN NATIONAL ACEP AND STATE CHAPTERS
CA, FL, IL, MA, MI, NY, NC, OH, PA, TX
CA position: Sponsor
Referred to ACEP Board of Directors

COMMITTEE B (HEALTH CARE PRACTICE)

27) ADDRESSING INTERHOSPITAL TRANSFER CHALLENGES FOR RURAL EDS
CalACEP, AZ, WA, CO, OK, NM, VT, Rural EM Section, Social EM Section
CA position: Co-Sponsor
Referred to ACEP Board of Directors

28) FACILITATING EMTALA INTERHOSPITAL TRANSFERS
CalACEP, A. Fenton, R. Lev, A. Moulin
CA position: Co-Sponsor
Unanimous Consent Agenda ADOPTED

29) ADDRESSING PEDIATRIC MENTAL HEALTH BOARDING IN EMERGENCY DEPARTMENTS
PA, PEM Section
CA position: Neutral; Support as amended
Unanimous Consent Agenda ADOPTED as amended

30) ADVOCATING FOR INCREASED FUNDING FOR EMS
PA
CA position: Neutral
Unanimous Consent Agenda NOT ADOPTED

31) COMBATING MENTAL HEALTH STIGMA IN INSURANCE POLICIES
NY
CA position: Support
Unanimous Consent Agenda ADOPTED

32) HEALTH CARE INSURERS WAIVE NETWORK CONSIDERATIONS DURING DECLARATIONS OF EMERGENCY
D. Schriger, G. Gaddis
CA position: Support
Unanimous Consent Agenda NOT ADOPTED
33) BAN ON WEAPONS INTENDED FOR MILITARY OR LAW ENFORCEMENT USE
CalACEP, N. Thran, K. Staats
CA position: Co-Sponsor
NOT ADOPTED

34) WHITE PAPER ON WEAPONS INTENDED FOR MILITARY OR LAW ENFORCEMENT USE
CalACEP, N. Thran, K. Staats
CA position: Co-Sponsor
NOT ADOPTED

35) DECLARING FIREARM VIOLENCE A PUBLIC HEALTH CRISIS
DC
CA position: Support
Unanimous Consent Agenda ADOPTED

36) MANDATORY WAITING PERIOD FOR FIREARM PURCHASES
CalACEP, N. Thran, V. Norton, B. Pao, R. Young, S. Pasichow, L. Mukau, K. Staats
CA position: Co-Sponsor
ADOPTED as amended

37) SUPPORT FOR CHILD-PROTECTIVE SAFETY FIREARM SAFETY AND STORAGE SYSTEMS
CalACEP, N. Thran, V. Norton, B. Pao, R. Young, S. Pasichow, L. Mukau, K. Staats
CA position: Co-Sponsor
ADOPTED as amended

38) ADVOCATING FOR SUFFICIENT REIMBURSEMENT FOR EMERGENCY PHYSICIANS IN CRITICAL ACCESS HOSPITALS AND RURAL EMERGENCY HOSPITALS
PA
CA position: Neutral, Support as amended
ADOPTED as amended

39) MEDICAID REIMBURSEMENT FOR EMERGENCY SERVICES
CalACEP, T. Sugarman, B. Pao
CA position: Co-Sponsor
ADOPTED as amended

40) SUPPORT FOR REIMBURSEMENT OF GERIATRIC ED CARE PROCESSES
MD, Observation Medicine, Dual Training, Geriatric EM
CA position: Neutral, Support as amended
ADOPTED as amended

41) USE OF MEDICAL CODERS IN PAYMENT ARBITRATION
MI
CA position: Neutral
Withdrawn by Michigan Chapter

42) ON-SITE PHYSICIAN STAFFING IN EMERGENCY DEPARTMENTS
IN
CA position: Support
ADOPTED as amended

REFERENCE COMMITTEE C (HEALTH CARE PRACTICE)

43) ADOPT TERMINOLOGY “UNSUPERVISED PRACTICE OF MEDICINE”
EM Workforce Section
CA position: Support
Unanimous Consent Agenda ADOPTED

44) CLINICAL POLICY - EMERGENCY PHYSICIANS’ ROLE IN THE MEDICATION & PROCEDURAL MANAGEMENT OF EARLY PREGNANCY LOSS
R. Solnick, K. Quinley, E. Ager, K. Chernoby, K. Wegman, AAWEP
CA position: Neutral; Support as amended
Referred to ACEP Board of Directors

45) EMERGENCY PHYSICIANS’ ROLE IN THE MEDICATION AND PROCEDURAL MANAGEMENT OF EARLY PREGNANCY LOSS
AAWEP, Social EM
CA position: Support
ADOPTED as amended

46) CONSENSUS WITH ACOG ON THE CARE OF PREGNANT INDIVIDUALS WITH SUBSTANCE USE DISORDER
CA position: Support
Unanimous Consent Agenda ADOPTED as amended

47) CLARIFICATION OF AND TAKING A POSITION AGAINST USE OF EXCITED DELIRIUM SYNDROME
K. Durgun, A. Kruse, B. Walsh, DC, EMS Section, Social EM
CA position: Neutral
ADOPTED as amended

48) MEDICAL MALPRACTICE CERTIFICATE OF MERIT
NY
CA position: Support
ADOPTED as amended

49) PATIENTS LEAVING THE ED PRIOR TO COMPLETION OF CARE AGAINST MEDICAL ADVICE
J. Conn, R. Levitan, A. Richter, O. Gokova, AZ
CA position: Neutral
Referred to ACEP Board of Directors

50) METRIC SHAMING
Government Services, AAWEP
CA position: Neutral
Referred to ACEP Board of Directors

51) QUALITY MEASURES AND PATIENT SATISFACTION SCORES
OH
CA position: Support
Unanimous Consent Agenda ADOPTED as amended
CalACEP’s

HEALTH EQUITY PODCAST

Do you know someone we should interview for an upcoming episode? Complete the nomination form.

HTTPS://FORMS.GLE/JKKEWGE7YY1Z3JD6

52) SUMMIT AND NEW TOOLS FOR TRANSFORMING ACUTE CARE
NY
CA position: Neutral
Unanimous Consent Agenda NOT ADOPTED

53) TREATING PHYSICIAN DETERMINES PATIENT STABILITY
CalACEP, R. Lev, A. Fenton, A. Moulin
CA position: Co-Sponsor
Unanimous Consent Agenda ADOPTED as amended

54) OPPOSITION TO THE JOINT COMMISSION CREDENTIALING REQUIREMENTS FOR INDIVIDUAL EMERGENCY CONDITIONS
MI
CA position: Neutral
Unanimous Consent Agenda ADOPTED

55) UNCOMPENSATED REQUIRED TRAINING
Government Services, AAWEP
CA position: Support
Unanimous Consent Agenda ADOPTED
Thank you!

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Reception: UCSF Fresno Department of Emergency Medicine

Breakfast: CCFM G Central California Faculty Medical Group
MEET THE 2023-24

MICHAEL GERTZ, MD, FACEP
President
Dr. Gertz is a practicing emergency physician at Antelope Valley Hospital and Los Robles Hospital Medical Center. He graduated from medical school at University of Chicago and residency at University of California, San Francisco - Fresno.

JORGE FERNANDEZ, MD, FACEP
President-Elect
Dr. Fernandez is an associate professor of clinical emergency medicine at the University of California, San Diego School of Medicine and practices at UCSD Health. He graduated from medical school at the University of California, San Francisco and residency at the Los Angeles County/ University of Southern California Medical Center.

SUSANNE J. SPANO, MD, FACEP, FAWM
Vice President
Dr. Spano is an emergency physician who practices at Community Regional Medical Center, Fresno. She graduated from medical school at Temple University School of Medicine and completed residency at University of California San Francisco, Fresno.

ADAM DOUGHERTY, MD, MPH, FACEP
Treasurer
Dr. Dougherty is a practicing emergency physician at Sutter Medical Center in Sacramento. He graduated from medical school and residency at University of California, Davis.

DAVID TERCA, MD, FACEP
Secretary
Dr. Terca is a practicing emergency physician at Kaiser Permanente in Sacramento. He is an assistant chief of the Sacramento Medical Center ED and is also the regional assistant chair of emergency medicine for TPMG Northern California and Vice President of Professional Staff for Kaiser Permanente North Valley. He graduated from medical school at the Columbia University College of Physicians and Surgeons and completed residency at Mount Sinai St. Luke’s-Roosevelt in New York City.

VALERIE NORTON, MD, FACEP
Immediate Past President
Dr. Norton is a practicing emergency physician at Scripps mercy Hospital, Emergency Services. She graduated from medical school at University of California, San Diego School of Medicine and residency at Ronald Reagan UCLA Medical Center/ Olive View UCLA.

CARRIEANN DRENTEN, MD, FACEP
Dr. Drenten is a practicing emergency physician at Sutter General Hospital in Sacramento. She is the Director of California ACEP’s Advocacy Fellowship. She graduated from medical school at University of Arizona College of Medicine and residency at University of California, Davis.

NICOLE EXENI McAMIS, MD
CalEMRA President
Dr. Exeni McAmis is an Emergency Medicine Resident at Stanford Medicine Health Care. She developed the “Conversations Toolkit” in the EMRA MobilEM App to help emergency medicine physicians tackle challenging patient topics that may arise to provide comprehensive care. She graduated from medical school at Quinnipiac Medical School.

ALICIA GONZALEZ, MD, FACEP
Dr. Gonzalez is a practicing emergency physician at Pioneers Memorial Healthcare District in Brawley, CA. She also works as a Technical Assistance Specialist and the Clinical Training Lead for the CA Bridge program. She graduated from medical school at Loyola University of Chicago Stritch School of Medicine, completed residency at UCSF–Fresno, and completed a fellowship in Leadership and Administration through Vituity.

KAMARA GRAHAM, MD, FACEP
Dr. Graham is a practicing emergency physician at Sutter Medical Center in Sacramento, CA. She graduated from medical school at Ross University School of Medicine and completed residency at Central Michigan University. She also completed an Administrative Fellowship with Vituity.
JASON GREENSPAN, MD, FACEP
Dr. Greenspan is a practicing emergency physician in the San Fernando Valley where he lives with his wife and two sons. He is the Associate Chief Medical Officer for Emergent Medical Associates (EMA) with whom he has practiced since graduating from residency at LAC+USC. Dr. Greenspan is board certified in emergency medicine.

PUNEET GUPTA, MD, FACEP
Dr. Gupta is an Assistant Medical Director for the Los Angeles County Fire Department, Assistant Clinical Professor (voluntary) at Harbor UCLA, and a practicing emergency physician for IEMG, an independent democratic group. He graduated from medical school at Ross University and residency at Central Michigan University.

OMAR GUSMAN, MD, FACEP
Dr. Guzman serves as a core faculty member for the Kaweah Health emergency medicine residency program and is the director of undergraduate medical education at Kaweah Delta Health Care District. He is also the director of the Kaweah Health Street Medicine Team, which provides direct care to the unhoused population encampments of Tulare County. Dr. Guzman is also on the board of directors for the Tulare County Medical Society. He graduated from medical school at UC Irvine and residency at UCSF-Fresno.

TAYLOR NICHOLS, MD, FACEP
Dr. Nichols currently works in the emergency department and in the inpatient addiction medicine consult service at UCSF, in an addiction medicine clinic, and serves as the medical director for a residential rehab facility. He graduated from medical school at UC Davis and residency at UCSF-San Francisco General, and a fellowship in Health Policy and Advocacy at UC Davis Medical Center in collaboration with California ACEP.

KELLY QUINLEY, MD
Dr. Quinley practices at Kaiser Permanente Medical Center in Richmond and Oakland. She also travels around the country to academic and community hospitals to give grand rounds and educate physicians, nurses and advanced practice clinicians to improve care of patients in ED presenting with miscarriage. She graduated from medical school at Perelman School of Medicine at the University of Pennsylvania and residency at Highland General Hospital.

CAROLYN SACHS, MD, MPH, FACEP
Dr. Sachs has been academic faculty within the UCLA Department of Emergency Medicine since 1996. She serves as a Wellness Officer for the UCLA Department of Emergency Medicine and is a UCLA Physician Health Committee member. She is the voluntary medical director for a comprehensive forensic sexual assault examination program that provides over 1200 emergent sexual assault examinations yearly. She graduated from medical school at Northwestern University and completed an emergency medicine residency and research fellowship at the UCLA Emergency Medicine Center.

KATHERINE STAATS, MD, FACEP
Dr. Staats is a Clinical Assistant Professor of Emergency Medicine at UCSD and the Medical Director of the Imperial County EMS Agency. She graduated from medical school at Albert Einstein College of Medicine of Yeshiva University and completed an emergency medicine residency and University of Texas at Austin. She also completed an EMS and Disaster Medicine Fellowship at UCSD.

RANDY YOUNG, MD, MMM, FACEP
Dr. Young is a practicing emergency physician in San Diego with Kaiser Permanente. He graduated from the University of California at Davis School of Medicine and completed his residency at Washington University in St. Louis. He also completed an administrative fellowship with Emergent Medical Associates – LAC+USC.
ABOUT

The 2023-24 California ACEP Board has 18 members and includes a full-voting directorship for the California Emergency Medicine Residents’ Association (CalEMRA), as well as one appointed “At-Large” Director. The Board is led by a six member Executive Committee.

DISCLAIMER

We have not included demographics for sexual orientation because we do not have complete data for our Board and our membership at-large. The data on racial and ethnic identity are near complete for our Board. We are working to improve our data.
Happy NEW YEAR

The California ACEP staff and Board of Directors wishes you and yours a happy and healthy 2024!

We look forward to another year of living out our mission: supporting emergency physicians in providing the highest quality care to all patients and their communities.
Chapter Service - Physician

This award is given to a member who has served the Chapter by directing or coordinating a specific project or initiative, or who has served the Chapter Board and/or committees with distinction.

Matthew Richard, MD, FACEP

Dr. Richard is receiving this award in acknowledgment of his continued service as Chair of the Reimbursement Committee; to which he brings extensive knowledge and expertise with little fanfare of recognition. His labor of love steering this important committee is greatly appreciated.

Dr. Richard is a practicing emergency physician and CEO of AVEMA, Inc., a single site democratic emergency medicine group staffing the ED at Antelope Valley Medical Center (AVMC) in Lancaster, CA. He has served his local hospital and group as the ED Stroke Champion, EDAP Pediatric Medical Director, Co-Director of ED informatics, and Director of ED Documentation and Revenue Cycle Management. He is also Assistant Clinical Professor of Emergency Medicine at UCLA, and has the pleasure of working with and teaching UCLA/OVMC Emergency Medicine residents on rotation at AVMC.

Dr. Richard received his undergraduate and medical degrees from the University of Virginia before moving to California to complete his internship in pediatrics and residency at the UCLA/OVMC Emergency Medicine Program. In the early years of his practice, he volunteered frequently in Thailand, Myanmar, the Philippines, Latin America, and West Africa. More recently, he has focused on local challenges, primarily the mission to improve care for the disproportionately low-income and underprivileged residents of the Antelope Valley. At the state level, he has been a member of CalACEP’s Reimbursement Committee since 2007, and served as Co-Chair since 2015. He is often inspired by the incredible CalACEP staff and physician Committee members who collectively protect us from relentless attacks on the reimbursement we need to fund and maintain safe and healthy emergency care in California.

STATEMENT: I am honored and grateful to receive this award. I thank the exceptional staff of CalACEP, especially Elena Lopez-Gusman, Kelsey McQuaid-Craig, Lauren Murphy, and our lobbyist Tim Madden. They are the engine of our success.
Chapter Service - Non-Physician

This award is given to a person who has served the Chapter by directing or coordinating a specific project or initiative, or who has served the Chapter Board and/or committees with distinction.

Tim Madden, MBA

Mr. Madden is receiving this award for his efforts to negotiate an historic increase in Medi-Cal funding for emergency medicine through the MCO tax. Emergency physicians are the only specialty with their own specific dollar allocation, a legislative victory that cannot be understated. This is one of many incredible accomplishments during his 20 years of dedicated advocacy on behalf of California’s emergency physicians.

Mr. Madden has been CalACEP’s contract lobbyist since 2004. His focus has been on healthcare clients, including drafting legislation, testifying on bills and regulations, lobbying Members of the Legislature and agency officials, and organizing and implementing key contact and PAC contribution programs. Mr. Madden graduated with an MBA in strategic marketing from the University of San Francisco in 2000, and a Bachelor of Science Degree in Economics from Santa Clara University in 1990.

STATEMENT: I am deeply honored to have received the Chapter Service – Non-Physician Award. It was truly a surprise. Over the past 20 years I have been lucky to have met and worked with so many amazing emergency physicians. I have seen first-hand the great work you all do and am proud to be able to tell your stories in the State Capitol. Thank you for allowing me to represent you and fight your fights. I am also particularly thankful to Elena Lopez-Gusman. We have been in numerous battles for emergency medicine over the years and could not think of a better person to work with. The advocacy successes we have had would not be possible without Elena.
Distinguished Service

This award is given to a member who has made a significant contribution to emergency medicine throughout their career either through Chapter-specific activities or through activities aligned with the Chapter mission, vision and priorities and objectives.

Lori Winston, MD, FACEP

Dr. Winston is receiving this award for her instrumental work as a leader of CalACEP to involve residents and mentor up and coming leaders. At nearly every Board meeting during her service, Dr. Winston invited and guided a resident through our policy making process and engaged their participation. Her dedication extends beyond residents and she is a strong advocate for her peers, serving as an outstanding role model for the rest of CalACEP to emulate.

Dr. Winston is the Chief of Medical Education and Designated Institutional Official (DIO) at Kaweah Health in Visalia, CA. She is a practicing emergency physician with Vituity and also works as Vituity’s Director of Academic Affairs. She served on the CalACEP board of directors from 2016-2023 and was President from 2021-2022. She hails from the midwest where she earned her MD from Loyola University Stritch School of Medicine and completed her EM residency at Resurrection Medical Center in Chicago, Illinois where she was first hired on as core faculty and education director. She became the Program Director of Kaweah Health’s new EM residency in 2013 before transitioning to the DIO role shortly thereafter. She has since developed many residency programs in the underserved Central Valley of California to train doctors in one of the places that we need them most. During her time on the CalACEP board she was focused on maintaining cohesiveness to balance traditional advocacy efforts in reimbursement and policy with more modern initiatives concerning member engagement and social determinants of health. She continues to represent CalACEP on the advisory council for CalMedForce, a proposition that supports sustaining and growing GME programs across the state.

STATEMENT: Thank you so much for honoring me with this Distinguished Service Award. I feel very privileged that I was able to work closely with such a talented group of people to help further the interests of emergency medicine. Now is a crucial time in our specialty and it calls for strong leadership, hard work, and authentic communication to achieve success. I am proud of the accomplishments of our organization and I promise to continue to serve the Chapter in any way they see fit. It’s been a pleasure.
EMS Achievement

This award is given to a member who has contributed significantly to the improvement of the quality and/or coordination of emergency medicine within the larger emergency medical system.

James E. Andrews, MD

Dr. Andrews is receiving this award in acknowledgment of his three decades of leadership of the Fresno County and Madera/Kings Counties EMS systems, serving as a pioneer for prehospital services and a mentor to countless residents who developed a love for EMS while training at UCSF Fresno.

Dr. Andrews is the EMS Medical Director, Central California EMS Agency and a Clinical Professor of Emergency Medicine, UCSF Fresno. He attended medical school at the University of Illinois and completed his Emergency Medicine residency at University of California, San Francisco, Fresno.

Education

This award is given to a member who has made an outstanding contribution to the education of emergency medicine residents or who has made a significant contribution to emergency medicine research and education.

Shakira Norkamari Bandolin, MD

Dr. Bandolin is receiving this award for her work building a robust Global Health program to train international healthcare teams and deliver care. She is a gifted faculty member at the UC Davis Department of Emergency Medicine and was recently appointed Director for Global Health for the UC Davis Health System.

Dr Shakira Bandolin is an Assistant Professor of Emergency Medicine at the University of California-Davis Health System. Within the Department of Emergency Medicine, she is the acting Global Health Division chief and is the creator and Director of the Global Emergency Medicine Fellowship. Dr Bandolin is also the first acting Director of Global Health for the University of California-Davis Health system.

Dr Bandolin completed her medical school training at the University of Washington and her Emergency Medicine Residency at University of California-Davis (UCD). After graduating from UCD, she completed a Global Emergency Medicine Fellowship at the University of Utah before returning to California where she developed and implemented the first Global Emergency Medicine fellowship at UCD. She is actively involved with projects and has partnerships around the world.

She is part of a group of physicians who worked to create the first Diploma in Emergency Medicine Training Program based out of Ho Chi Minh City, Vietnam. They have since graduated 6 physicians from the program who are not only working in Emergency Medicine but are pioneering the specialty and training programs. In addition, she collaborates with an amazing organization based out of the Sacred Valley in Peru that trains community health workers from indigenous communities based in the Andes mountains. These health workers have become leaders in their community and are sometime the only medical provider available to their communities. Dr Bandolin has worked in many other countries and her projects focus on Emergency Medicine education in low-resource settings, public health programming, and infrastructure building.

STATEMENT: I am honored to receive the Cal ACEP 2023 Education Award for my work in global health and education. Through this work, I have met so many talented and amazing individuals around the world who work and train in grueling conditions every day yet are unwaveringly dedicated to improving the health of their communities. I am fortunate to be able to incorporate global health work into my career and am incredibly grateful for my mentors and colleagues who have supported me along the way. We live in an increasingly interconnected and diverse world and believe it is crucial for individuals (like me) that have been fortunate enough to have access to medical care and education to give back in any way possible. I am so grateful to have found a career that is not only fulfilling and interesting but allows me to work with individuals who motivate and humble me around the world.
House of Medicine

This award is given to a member who has significantly improved the standing and influence of emergency medicine within the house of medicine and done so through their leadership within and among other organizations, especially other specialty societies, medical societies and state and national health care organizations.

John Wiesenfarth, MD, FACEP

Dr. Wiesenfarth is receiving this award for being a strong voice for emergency medicine within the larger House of Medicine through his involvement in the Sierra Sacramento Valley Medical Society and California Medical Association, including service as President of SSVMS.

John Wiesenfarth, MD, MS, FACEP is a board-certified emergency physician who has been practicing for the last 26 years at Kaiser Permanente Sacramento/Roseville. He graduated from The Rosalind Franklin University/The Chicago Medical School with residency at William Beaumont Hospital.

Dr. Wiesenfarth served as the Chief of both Kaiser Permanente Roseville and Kaiser Permanente Sacramento emergency departments. He also served as Assistant Physician in Chief of the North Valley, President of the Medical Staff, and as President of the Sierra Sacramento Valley Medical Society during the COVID pandemic. Currently he serves as a delegate to the CMA.

Dr. Wiesenfarth has four kids, is a former reality TV star, a father of the year award recipient, and a three-time winner in chili cook off’s.

STATEMENT: It is a real honor and privilege to accept this award from Cal ACEP. As EM physicians we have been through a difficult last few years. The external forces on us as physicians and our specialty are immense, but we have so many amazing people at Cal ACEP that I have no doubt we will prevail. As a lifelong Cal ACEP member, I’ve tried my best to make the house of emergency medicine a better place than when I started. I hope I’ve succeeded.

A special thanks to my family, friends, and colleagues who are always there for me and bestow me the energy to keep going.

For those physicians at the start of their career, my advice is to “stay curious” and that will lead you to where you want to go.
Humanitarian

This award is given to a member who has dedicated or volunteered a significant amount of their time and expertise to the service of underserved patients or those affected by disasters or significant world events.

William Pho, MD

Dr. Pho is receiving this award for his work and commitment to closing the disparity gap in his local migrant communities by establishing the Healthcare Education and Learning mentorship program, exposing high school students to health care professionals within various branches of the medical system.

I am the fortunate son of Vietnam War refugees. Growing up, I have been the beneficiary of the fortitude and perseverance of my family, and the kindness and generosity of many who guided and uplifted us through periods of existential crisis, poverty, and adaptation. Without a doubt, my life and career are the fruits of all these contributions. As such, I find it incredibly important to search out areas where systems can be changed, people can be lifted, and they can be served.

After medical school, I completed residency in Bakersfield, California, which allowed me the opportunity to serve a largely underserved migrant population. After residency I was thankful to continue working with these populations in Tulare County. Being from Southern California, I am frequently asked what keeps me in the Central Valley and my answer is always that our patients need to be served and they need us.

Over the past few years, working at Kaweah Health, I have been fortunate enough to develop relationships with some instrumental partners (Omar Guzman, Ambar Rodriguez, Do Kim, Tien Pham, Beena Patel, Kona Seng, Khoa Tu, Chadi Kahwaji, and everyone at Vituity Cares) in the hospital and community. This has given us the collective bandwidth and tools to create an umbrella of outreach programs to our community.

The HEAL (Healthcare Education And Learning) PROGRAM, started out as a partnership with 3 local high schools, that allowed us to take on mentees and expose them to higher education, professional development, engage them in medical simulations, enroll them in volunteer hospital internships, and expose them to regular guest speaker panels from industry leaders. Many of these students had never considered college or careers in medicine and we are excited to report that 3 years later, a number of them have started their RN and BSN programs, as well as premed tracks at their respective colleges.

The HEAL Community Garden developed organically from a student discussion of social determinants of health. Students were acknowledging the irony of how difficult access to healthy produce was in a region known for commercial agriculture. Through partnering with Vituity Cares and local businesses, we were able to fund and build the HEAL Community Garden. With the help of a volunteer expert gardener, students are able to grow, maintain, and consume their own produce, free of cost.

Camp HEAL is our newest endeavor, where annually we will host 50 students from 5 area high schools at a regional camp in the mountains and give them the opportunity to immerse themselves in the outdoors and participate in medical skills workshops and competitions.

Through the generosity of the Vituity Cares Foundation, and that of local partners, all these projects are provided free of charge to the students. With all the HEAL Programs, we hope to give our students exposure to higher education and careers in medicine, the inspiration to pursue those pathways, the tools to do so, and ultimately to foster ownership, pride, and service in their communities.
Injury Prevention and Harm Reduction

This award is given to a member who has championed or led Chapter activities, including legislation, local campaigns, or otherwise raised public awareness, on issues aimed at preventing injuries or illnesses among the public.

Taylor S. Nichols, MD

Dr. Nichols is receiving this award for his work in addiction medicine and his dedication to providing compassionate care to individuals with substance use disorders.

Taylor Nichols completed medical school at UC Davis School of Medicine, residency training at UCSF-San Francisco General Hospital, and fellowship training in Health Policy and Advocacy at UC Davis Medical Center jointly with the California ACEP. Since then, he has been on the Board of Directors and is currently finishing his second two-year term. He has worked in emergency medicine across a variety of clinical settings, from large academic centers to urban trauma centers to rural critical access hospitals to the only emergency department on the remote island of Saipan. Over the past year, he has transitioned some of his clinical work from emergency medicine to addiction medicine. He now works across the continuum of care for patients with substance use disorders. He has made the addiction medicine clinic where he works into an academic rotation for medical students from UC Davis School of Medicine, residents and addiction medicine fellows from the UC Davis Department of Emergency Medicine, and the residents from the Sutter Sacramento Family Medicine residency program. He was awarded a grant earlier this year to bring medication assisted treatment into a residential rehab facility, and was hired at UCSF to help develop their inpatient consult service to improve the treatment of hospitalized patients with substance use disorders. As is fitting to address his constant quest for advocacy, he has already joined the American Society of Addiction Medicine (ASAM) Legislative Advocacy Committee. He is making a transformative impact in the treatment of underserved communities, which makes him a deserving candidate for this award.

STATEMENT: I am so incredibly honored to have been considered for nomination, let alone to have been selected to receive this award. I'm deeply humbled and hope to be able to fill the shoes of those who have received this award before me. I will always be grateful to California ACEP for the opportunity to serve and for their tireless advocacy efforts so we can continue to put our best efforts towards caring for our patients.
Media

This award is given to a member who has made significant contributions to the improvement of the awareness, education, understanding and influence of emergency medicine and the Chapter through all forms of media.

Sarah E. Medeiros, MD, MPH, FACEP; Julia Magaña, MD; and Orlando Magaña

The EM Pulse podcast team is receiving this award in acknowledgement of their work developing a podcast that covers cutting edge educational topics, reviews important EM basics, and talks openly about other issues affecting the EM physician in our daily practice. EM Pulse brings a fresh, open-minded, and physician and patient-centered perspective that is loved by so many emergency physicians.

EM Pulse Podcast™ is a unique podcast out of the UC Davis Emergency Department that uses stories to understand the science. Most episodes open with a patient or provider story, followed by an in-depth discussion with an expert on that topic. The podcast explores diverse issues, including opioid use disorder, health disparities and bias, and the healthcare and legal systems. It also features cutting edge research, clinical and pharmacological pearls, and more. The stories remind us why these topics are important, and the experts give us the tools to impact change. https://ucdavisem.com/em-pulse/

Dr. Sarah Medeiros is an Associate Professor of Emergency Medicine at UC Davis, where she also teaches in the School of Medicine. She graduated from the Geffen School of Medicine at UCLA/Charles Drew University and completed residency at UCLA/Olive View, followed by an Emergency Ultrasound fellowship at UC Davis. She holds a leadership role in CARPE DIEM (Committee on Anti-Racism, Patient Equity, Diversity and Inclusion in Emergency Medicine) and is committed to advocacy and education. Her favorite episode is “Sold for a Chrysler 300”, in which a survivor of human trafficking shares her powerful story.

Dr. Julia Magaña is an Associate Professor of Emergency Medicine at UC Davis. She is a pediatric emergency medicine physician who is committed to caring for kids in her ED and helping to empower others to care for kids as well. She attended medical school and residency at Loma Linda University and PEM fellowship at Rady Children’s Hospital/UCSD. Her favorite episode is “It could have been different” the powerful story of how a physician could have identified and maybe stopped the serial abuse of a child with a simple tool, TEN-4 FACESp. She loves this episode because the story is impactful and the tool is even more powerful. https://ucdavisem.com/2023/03/17/rebeat/

Orlando Magaña is a multimedia producer whose experience includes music composition, sound design, podcasts, and educational video production. His work has been featured nationally and internationally. One of his favorite things about EM Pulse Podcast™ is that he gets to work alongside co-host, Dr. Julia Magaña! His episode is “Last Stand In Santa Rosa”. It’s the story of the Santa Rosa fires from the perspective of emergency medicine physicians on shift, while their homes and families were threatened. This was particularly powerful because he has family in the area. https://ucdavisem.com/2018/12/17/last-stand-in-santa-rosa-episode-13/

STATEMENT: Thanks, CalACEP for this honor! We started this podcast in January 2018 and now we are 137 episodes deep! Every time we record someone, learn from a patient’s story, or hear from a listener, we are reminded what an honor it is to be in your ears. We love learning through this format and sharing this with others. Thank you to Dr. Nathan Kuppermann for giving us space to create and to share the abundance of resources we have at UC Davis with others. And thank you to our department for supporting this, being guests, and pointing us in the right direction. Thank you to the people who are brave enough to share their stories on the podcast - you are heard. Most importantly thank you to our listeners who give us feedback, say something in the hallway, or at conference and remind us why we do this.
Special Recognition

This award is given to a member who has made an important contribution to the Chapter or advanced specific Chapter objectives and/or priorities by leading or directing an independent effort or initiative.

Zahir Basrai

Dr. Basrai is receiving this award for turning his passion for narrative medicine into a resource and learning opportunity for others, both through a narrative medicine elective at Harbor-UCLA and through the creation of The Physician Grind (www.physiciangrind.com), where he has published over 80 essays and 68 narrative medicine podcast episodes.

Zahir Basrai MD is an Emergency Medicine Physician practicing at the VA Greater Los Angeles Healthcare System. He is a Health Sciences Associate Clinical Professor at the David Geffen School of Medicine at UCLA Department of Emergency Medicine. He completed his emergency medicine residency at Denver Health and Harbor-UCLA where he served as chief resident. He also completed a fellowship in Emergency Ultrasound at Harbor-UCLA. Dr. Basrai serves as faculty for the VA National POCUS group. He is the VA site director for the UCLA-Affiliated Clinical Ultrasound Fellowship. He is also passionate about the intersection of Med Ed and Med Tech and is the creator of the medical online search engine (https://numose.com). He served two terms on the California ACEP Board of Directors.

STATEMENT: Thank you so much for honoring me with this award. Creating a space where we as EM physicians can connect and share stories has been one of my greatest joys. As our field faces many challenges that lead to burnout, it is by coming together that we can stay strong. If anyone has a story they want to share please reach out to me at zahir@numose.com.
Walter T. Edwards Meritorious Service

The Chapter’s highest honor, this award is given to a Chapter leader who, like Dr. Edwards, has distinguished themselves among their peers in the Chapter as demonstrating the highest commitment to emergency medicine and the Chapter, and who has made contributions to the Chapter that have significantly shaped its mission, vision, objectives or priorities.

Vivian Reyes, MD, FACEP

Dr. Reyes is receiving this award for her years of service to the Chapter in a multitude of ways. From the hours negotiating with legislators about mandatory HIV screening in the ED to the countless discussions around allowing community paramedicine in the state to being a shining example of emergency medicine through volunteer work around the globe. Her year as Chapter President was unlike any other as the COVID-19 pandemic hit us all. She had to navigate a complete disruption to the practice lives of our members, a novel clinical condition, and coordinate our staff and Board remotely, all while under considerable demands in her job. Even after Dr. Reyes’ presidency ended, her commitment remained as she embarked on a year-long effort to strengthen the Board’s internal governance procedures and core competencies. Her leadership has impacted countless past and current leaders of the organization and we are grateful for her continued service to the Chapter.

Vivian Reyes, MD, FACEP, has been practicing emergency medicine for over 20 years with The Permanente Medical Group (TPMG), where she continues to work at the Kaiser Permanente (KP) Emergency Department in San Francisco. She completed her residency at Alameda Health System, Highland Hospital and completed an Executive Leadership Program at Harvard Business School. Her leadership experience began in the field of Disaster Medicine and Emergency Management 14 years ago, leading multiple national and international disaster responses and strengthening KPNC’s Regional Emergency Management Program. Taking her real-world experience of ED and hospital operations in resource scarce environments, she later transitioned into a regional director role over KP Northern California’s (KPNC) hospital operations. After 8 years managing hospital operations in KPNC’s 21 hospitals, she recently transitioned to leading KP’s National Advanced Care at Home Program, among other strategic initiatives in Northern California, including KP’s Geriatric ED programs. Vivian served on the California ACEP Board of Directors for 9 years and led the chapter as California ACEP President in 2019/2020 through the early months of the COVID-19 pandemic. Navigating the significant impact the pandemic had on the work of the chapter and its members became the focus of her presidency year. In her Immediate Past President year she focused on strengthening the leadership and building capacity of California ACEP’s leadership team and board.

STATEMENT: “I am humbled to have won this award! Thank you to both the Awards Committee and the chapter for this recognition. While I am greatly honored, this award is not mine alone to accept and I invite Elena Lopez-Gusman, California ACEP’s Executive Director, to share in the honor of this award. It was Elena and me together and in partnership, who led California ACEP through the great uncertainty that surrounded the chapter and its members as the pandemic unfolded. By bringing together each of our strengths and perspectives we were able to make the best decisions we could with limited information quickly. Through close collaboration we also remained flexible and in some instances had to rethink decisions made with less complete information. Neither of us had experience in leading an organization of emergency physicians through a global pandemic, but through strong thought partnership, a commitment to staying closely connected and aligned everyday, and through a deep respect for the value we each brought to the situation, we navigated the complexities of the year seamlessly (or at least as seamlessly as we could have expected!). For this, I share my deepest gratitude to Elena. Elena, thank you for being the best work wife I could have asked for during an unprecedented presidency!

I would also like to thank Dr. Vik Gulati, who had served as the Chapter’s President-Elect at the time. While Elena and I focused on other aspects of the Chapter’s COVID response, Vik stepped up to address the needs of the board, for which I am eternally grateful. I also want to recognize the remaining members of the Executive Committee at the time – Dr. Chi Perlroth, Dr. Lori Winston, Dr. Valerie Norton, and Dr. Michael Gertz. Early in the pandemic, it became clear that significant leadership decisions were going to need to be made at an accelerated rate. Meeting weekly or more, each member of the executive committee demonstrated unwavering dedication and commitment to supporting our members and our chapter through the multitude of issues that arose daily. Lorie, Val, and Mike, I can’t thank you enough for all you gave during such a difficult and disruptive time. I equally would like to thank the board of directors who shared in this journey. Sharing your diverse perspectives and experiences through the early days of the pandemic kept us grounded in reality and allowed us to support our members as best we could. Lastly, I want to thank each and every emergency physician in California who came to work throughout the pandemic, quite literally putting your lives at risk, to protect our patients and our communities during a time they needed us most. You are the true heroes and I am honored to have served you through an historic time. Thank you!”
BURNOUT. “A state of physical, emotional, and mental exhaustion caused by long term involvement in emotionally demanding situations.”
– Ayala Pines and Elliot Aronson

IS IT AS EASY AS TAKING A BREAK?
Burnout in medicine is a multifactorial issue that has serious adverse outcomes on health care providers and the patients they care for. With up to 400 suicides annually, and a growing number of physicians quitting amid a devastating pandemic, provider burnout is and has been a growing concern. Emergency Department (ED) providers have some of the highest rates of burnout amongst medical specialties. Investigations into some of the possible causes of burnout in ED providers have led to the postulation of alternating sleep cycles, documentation requirements, productivity expectations, and lack of available resources as possible contributing factors. We therefore aimed to further this research by taking a group of ED providers and identifying what factors about their job schedule correlate with burnout.

We used ED provider satisfaction survey data from providers from a nationwide physician staffing organization from 2020 to identify two groups: those ED providers who were burned out and those who were not. We then did a subanalysis of those groups to determine whether their schedule had any correlation with burnout.

Of the 1594 providers that responded, 424 (27%) of them reported high levels of burnout. When looking at whether types of scheduling correlated with provider burnout, the data showed that the number of total shifts, number of night shifts, number of consecutive shifts, hours per shift, and number of days off were on average similar between the burned out and not burned out groups. These results came as a surprise as our initial expectation was that more time off would lead to less burnout. This is based on the current strategies that national groups will take as precautions to decrease burnout. The US Surgeon General’s office pleads with hospitals to give hospital workers more paid, family, and sick leaves. Mental Health America, the nation’s leading non-profit dedicated to addressing the needs of those with mental health conditions, asks for healthcare workers to take time off early to help prevent burnout. Even the ACGME has program requirements in place to manage burnout on a resident level. While we appreciate these and many other organizations casting a spotlight on burnout, given that our data suggests a lack of correlation between burnt out providers and time off shift, we decided to come up with a few behavior modifications that can be made at work and hopefully improve burnout.

1. Take purposeful breaks on shift: just a 5-minute break every 45 minutes has been shown to improve concentration and increase performance. Consider taking a lap around the department with a friend, walking outside for a few moments and closing your eyes, or sitting in a quiet place (a personal favorite of ours is the bathroom) and exhaling for 5 minutes.

2. Create a culture of recognizing the hard work that is done by you and your colleagues every day in order to reduce stress in those around you. For example, consider a “post-it note” exercise, in which you and your staff post post-it notes with positive things that a person has done on shift, then “stick” it on that person to surprise them with a smile. Our residency does a version of this by spending time at the beginning of each weekly didactic session recognizing residents that go above and beyond—and have noticed that we feel an increased sense of value when others recognize the hard work that we do.
3. Regain control over your shifts: As ED providers, we are constantly being interrupted, which can lead to the feeling of loss of control.15 Consider the following strategies when managing interruptions at work: delay the interruption until the current task is complete, use placeholders to save your place of work to help speed up the time it takes to resume the task, and identify systems-based changes that can help improve communication.16 For example, at our institution, we recently employed an online messaging system in order to help reduce unnecessary phone calls that you have to field while at work.

4. Find fulfillment at your work: Discovering an aspect of your job that you look forward to, then maximizing it, will provide more fulfillment and enjoyment of the work you do. Consider these six core concepts when thinking about your current job: workload, control, reward, community, fairness and values.17 If there is an area that is lacking, try balancing it out by adding or taking away tasks where you can, such as becoming a leader of ultrasound or simulation, resident education, quality improvement (QI), or ED operations in order to provide better career longevity.

Although emergency medicine can often be strenuous, continuing to improve our understanding of what causes burnout can help us formulate strategies on ways to mitigate the issue, both on- and off-shift. In the meantime, we encourage healthcare leaders to implement some of the on-the-job changes discussed above to help with workplace wellness and hopefully lessen the effect of the on-the-job changes discussed above to help with workplace wellness and hopefully lessen the effect of the on-the-job changes discussed above to help with workplace wellness and hopefully lessen the effect of the on-the-job changes discussed above to help with workplace wellness and hopefully lessen the effect of the on-the-job changes discussed above to help with workplace wellness and hopefully lessen the effect of the on-the-job changes discussed above to help with workplace wellness and hopefully lessen the effect of the on-the-job changes discussed above to help with workplace wellness and hopefully lessen the effect of the on-the-job changes discussed above.

**SOURCES**


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**UCSF Fresno**

**Emergency Medicine**

UCSF Fresno and CCFMG are seeking Emergency Medicine faculty members. Our residency program founded in 1974 includes 46 EM residents in a PGY1-4 format. Being amongst the busiest Level One Trauma Centers in California, our ED exceeded 120,000 visits last year. We serve as the Base Hospital for a four-county comprehensive EMS System and provide medical direction to the National Park Service. We seek BC/BE Emergency Medicine candidates with general or subspecialty expertise in Ultrasound, Pediatrics, EMS, Toxicology, DEI expertise and Research.

Located in the heart of California, Fresno County has an abundance of natural beauty and recreational opportunities.

Fresno County is close to three national parks and other wilderness areas. From the cultural diversity displayed in museums, restaurants, and festivals, to recreational opportunities in the region’s numerous lakes, rivers, foothills and mountains, Fresno County has it all.

Stephanie Delgado
Director, Provider Recruitment
Stephanie.Delgado@ccfmg.org
UniversityMDs.com

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**UCSF Fresno**
The California Emergency Medicine Advocacy Fund (CEMAF) has transformed California ACEP’s advocacy efforts from primarily legislative to robust efforts in the legislative, regulatory, legal, and through the Emergency Medical Political Action Committee, political arenas. Few, if any, organizations of our size can boast of an advocacy program like California ACEP’s; a program that has helped locked in $500 million for the Maddy EMS Fund over a 10-year span, fought for ED boarding solutions, and secured an increase in Medi-Cal reimbursement rates to emergency physicians by $200 million annually beginning in 2025! The efforts could not be sustained without the generous support from the groups listed below, some of whom have donated as much as $0.25 per ED visit to ensure that California ACEP can fight on your behalf. Thank you to our 2022-2023 contributors (in alphabetical order):

- Antelope Valley Emergency Medical Associates
- Culver Emergency Medical Group
- Emergent Medical Associates
- Mills Peninsula Emergency Medical Associates
- Napa Valley Emergency Medical Group
- Pacific Emergency Providers, APC
- Riverside EP
- Temecula Valley Emergency Physicians
- Torrance Emergency Physicians
- US Acute Care Solutions
- Vituity

CALIFORNIA ACEP SPONSORED & CO-SPONSORED COURSES
Save the Dates!
2024 Legislative Leadership Conference
Tuesday, April 9, 2024
Sacramento, CA

AdvancED 2024
Friday, September 6, 2024
Sheraton Park Hotel at the Anaheim Resort

SUBMIT A LIFELINE ARTICLE
Looking for a way to share your emergency medicine experience? Want to share a story from your last shift? Or maybe career or life advice? We are looking for member and guest articles, including letters-to-the-editor. Please note that all articles and letters are reviewed and may be edited for grammar and content.

If you would like more information or would like to submit a guest article, email info@californiaacep.org.

UPCOMING 23-24 LIFELINE TOPICS
Volume 2 – System Capacity and Capability
Volume 3 – Reimbursement and Medi-Cal
Volume 4 – To be determined
For more information on upcoming meetings, please e-mail us at info@californiaacep.org; unless otherwise noted, all meetings are held via conference call.

### DECEMBER 2023

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<tr>
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<tr>
<td>25th</td>
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<tr>
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### FEBRUARY 2024

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<td>19th</td>
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<td>27th at 9am</td>
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<td>29th at 2pm</td>
<td>Government Affairs Subcommittee 3 Zoom</td>
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Reb J H Close, MD, FACEP was awarded the Community Emergency Medicine Excellence Award for her leadership and vision in treating patients with opioid use disorder at the national ACEP conference.

Haris Ashraf, DO, FACEP, Christopher Bennett, MD, MSC, MA, FACEP, Lauren Chalwell, MD, FACEP, John Costumbrado, MD, FACEP, Seric Cusick, MD, FACEP, Ali Ghabadi, MD, FACEP, Sally Marie Graglia, MD, FACEP, Matthew John Hunt, MD, FACEP, Adam A Johnson, MD, FACEP, Christopher Libby, MD, MPH, FACEP, Michael Macias, MD, FACEP, Taylor S Nichols, MD, FACEP, Jon B Roper, MD, MPH, FACEP, Allison Joy Santi, MD, FACEP, and Benjamin Thomas, MD, FACEP all earned Fellow designation from ACEP.

Sally Mahmoud-Werthmann, MD and Enoch Obeng, MD became assistant professors at Stanford Emergency Medicine

Jennifer Oakes, MD, FACEP became the Designated Institutional Official of St. Joseph’s hospital, and now oversees all nine of their residency programs.

Brian Wood, MD was named Director of the Emergency Medicine Program at St. Joseph’s Emergency Medicine Residency.

Danielle Campagne, MD was named Chief of Emergency Medicine at University of California, San Francisco, Fresno.

Hovhannes Ghazaryan, MD began a Pain Fellowship at MetroHealth Medical Center.

Rawnica Ruegner, MD, FACEP and Danielle Campagne, MD, FACEP were featured on "Med Watch Today" on Ksee24 and CBS47 Fresno news channels where they talked about saving a life at the 2023 Fresno State Top Dog Award Ceremony.

Lana Hariri, MD and Jaclyn Floyd, MD were announced as the newest chief residents of the Eisenhower Tennity Emergency Department.

Kaweah Emergency Medicine was granted continued Accreditation by the Accreditation Council for Graduate Medical Education.
Looking for an ITLS course?
California ACEP offers the following California providers list:

Accredited EMS Fire Training
Brian Green, EMT-P
4461 Post Street #4464 El Dorado Hills, CA 95762
Phone: (925) 708-5377
Email: Amrmedic2003@yahoo.com
Web: www.accreditedemsfiretraining.com

LIFEwest Ambulance
Ken Bradford, Course Coordinator
5460 Skyline Blvd, Ste A, Santa Rosa, CA 95403
Phone: (800) 222-8669
Email: Ken_Bradford1@comcast.net
Website: www.LIFEwestambulance.com

Medic Ambulance
James Pierson, EMT-P & Helen Pierson
506 Couch Street, Vallejo, CA 94590-2408
Phone: (707) 644-1761
Fax: (707) 644-1784
Email: jpierson@medicambulance.net
Web: www.medicambulance.net

Loma Linda University Medical Center
Lyne Jones, Administrative Assistant
3107 Scotts Valley Dr, Scotts Valley, CA 95066
Phone: (831) 970-0440
Email: jlcasa@caltel.com
Web: www.ncti-online.com

Rural Metro Ambulance
Adrian Aylton, EMT-P
1345 Vander Way, San Jose, CA 95112
Phone: (408) 645-7345
Fax: (408) 275-6744
Email: adrianaylton@yahoo.com
Web: www.rmetro.com

Napa Valley College
Gregory Rose, EMS Co-Director
2277 Napa Highway, Napa CA 94558
Phone: (707) 256-4596
Email: grose@napavalley.edu
Web: www.winecountrycpr.com

GMR Learning (formerly NCTI)
Lena Rohrbaugh, Course Manager
2995 Foothills Blvd Suite 100, Roseville, CA 95747
Phone: (916) 960-6284 x 105
Fax: (916) 960-6296
Email: jlcasa@caltel.com
Web: www.ncti-online.com

Riggs Ambulance Service
Greg Petersen, EMT-P, Clinical Care Coordinator
100 Riggs Ave, Merced, CA 95340
Phone: (209) 725-7010
Fax: (209) 725-7044
Email: Gregp@riggsambulance.com
Web: www.riggsambulance.com

Accredited EMS Fire Training
Ken Bradford, Course Coordinator
5460 Skyline Blvd, Ste A, Santa Rosa, CA 95403
Phone: (800) 222-8669
Email: Ken_Bradford1@comcast.net
Website: www.LIFEwestambulance.com

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Email: jlcasa@caltel.com
Web: www.ncti-online.com

NorCal MedTac
Brian Green, EMT-P
3107 Scotts Valley Dr, Scotts Valley, CA 95066
Phone: (831) 970-0440
Email: bschell9@hotmail.com
Web: www.norcalmedtac.com

Search for upcoming courses: http://cms.itrauma.org/CourseSearch.aspx

Please call 916.325.5455 or E-mail Emma Daly: edaly@californiaacep.org for more information.

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