THIS ISSUE’S TOPIC: CELEBRATING OUR WINS

ORIGINAL RESEARCH

How a Bill Becomes a Law, or How a Truly Terrible Bill Becomes Less Awful

Page 32
California ACEP
Board of Directors &
Lifeline Editors Roster

2022-23 Board of Directors
Valerie Norton, MD, FACEP, President
Michael Gertz, MD, FACEP, President-Elect
Jorge Fernandez, MD, FACEP, Vice President
Sue Spano, MD, FACEP, FAWM, Treasurer
Adam Dougherty, MD, MPH, FACEP, Secretary
Lori Winston, MD, FACEP, Immediate Past President
Zahir Basrai, MD
Marc Futemick, MD, FACEP
Alicia Gonzalez MD, FACEP, At-Large Director
Kamara Graham MD, FACEP
Puneet Gupta MD, FACEP
Omar Guzman, MD, FACEP
Taylor Nichols, MD
Josh Perese, MD, CalEMRA President
Rebecca Ruiz, MD
Carolyn Sachs MD, MPH, FACEP
Katherine Staats, MD, FACEP
David Tercer, MD, FACEP
Randall J Young, MD, MMM, FACEP

Advocacy Fellowship
Carrieann Drenten, MD, FACEP, Advocacy Fellowship Director
Johnathan Chan, MD, Advocacy Fellow
Christopher Libby, MD, MPH Advocacy Fellow

Lifeline Staff Editors
Elena Lopez-Gusman, Executive Director
Kelsey McQuaid-Craig, MPA, CAE, Director of Policy and Programs
Lauren Murphy, Government Affairs Associate
Eliza Caliolio, Membership Coordinator
Emma Daly, Administrative Assistant

TABLE OF CONTENTS

4  PRESIDENT’S MESSAGE
   Taking on The Work of The Future
6  ADVOCACY UPDATE
   2022 Legislative Session Wrap Up
16  GUEST ARTICLE
   2022 ACEP Council Meeting
24  FEATURED ARTICLE
   2022 Chapter Award Recipients
32  ORIGINAL RESEARCH
   How a Bill Becomes a Law, or How a Truly Terrible Bill Becomes Less Awful
39  MEMBER ACCOMPLISHMENTS
40  ANNOUNCEMENTS
41  UPCOMING MEETINGS & DEADLINES

FALL 2022
Index of Advertisers

Alkermes Page 15
Independent Emergency Physicians Consortium Page 23
Parkview Medical Center Page 42
Southern California Hospital at Culver City Page 42
WELCOME new members!

Amitesh Chandra
James Duong
Arash Farzan
Manuel Fierro
Timothy Fisher
Jonathan Im
Khatera Karzai
Jasmanpreet Kaur
Bahare Kazemi
Andrew Keown
Morgan Klingfus
Jason Koob, MD
Victor Lee
Enrique Martinez
Catherine Nguyen
Kristen Parks
Karla Prodigue
Christopher J Rice
Olivia E Stanier
Miranda Sterner
Mia Tanaka, DO
Daniel Waxman, MD
Kyra Yamamoto

100% GROUPS

Alvarado Emergency Medical Associates
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
Glendale Adventist Emergency Physicians
Hollywood Presbyterian Emergency Medical Associates
Huntington Park Emergency Physicians
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
The younger physicians amongst our ranks will be the movers and shakers who advance our specialty over the next several decades. The importance of the contribution of medical students and residents cannot be overstated—your optimism and idealism inspire those of us who’ve been around for a while. Your passion and your work ethic challenge us to get stuff done. I recently had a shift with a brand-new intern who came to me to present a patient with white sores on his tongue, and she told me she thought he had monkeypox. My initial reaction was skepticism, since the patient didn’t have a skin rash, and everything I had seen about monkeypox was about skin lesions—I didn’t think you could have monkeypox isolated to your tongue. But it turned out she was right—the patient tested positive! And then this intern told me she’d like to write it up as a case report and asked if I would work on it with her. I was in awe of her energy and excitement, and it reminded me why it’s a privilege to work in a teaching hospital with young physicians.

I’d like to challenge you to approach political advocacy with the same energy and excitement that you bring to cool clinical cases like this one. I encourage you to get involved with advocacy, whether it’s in the form of an organization like ACEP, or whether it’s through the AMA and the CMA, your local medical society, or a county task force. CalACEP and its members have done amazing things since the inception of our specialty 50 years ago. In our early days, we got legislation passed that prevented HMOs from requiring prior authorization before we could treat patients who came to the ED. We got “prudent layperson” language passed that prevented payers from denying payment when patients came to the ED for reasonable concerns like chest pain or abdominal pain, even if it turned out not to be anything dangerous.

In the late 1980s, we achieved a huge win with the passage of the Maddy EMS fund. Some of you may not know about this legislation. It designates a portion of every traffic fine or speeding ticket to go into a fund that compensates healthcare providers for taking care of patients with no insurance. Over the past several decades, the Maddy EMS fund has paid out over 1 billion dollars. We must go to bat about every 5 years to get this legislation renewed and keep the Maddy fund from being raided and, so far, we’ve been successful. We estimate that every emergency physician in the state benefits from this fund to the tune of several thousand dollars a year in care that would otherwise be uncompensated.

More recently, we’ve had other important wins. Legislation sponsored by CalACEP last year made it easier to transfer psychiatric patients and has resulted in millions of dollars in grant funding to provide medication-assisted treatment in the ED to patients with opioid use disorder. Our efforts have averted unfunded mandates in the ED, like requiring us to perform an HIV test with every blood draw without providing any funding for counseling or support services. In the regulatory space, we’ve successfully worked with EMS agencies on guidelines for alternate destinations for patients who don’t really need to go to an ED, and we’re working with the Board of Nursing to create thoughtful guidelines on how Nurse Practitioners could practice independently in some settings after extensive post-graduate training.
In the coming year, we have more battles to fight. The federal No Surprises Act is great for patients, taking them out of the middle of billing disputes, but we need to watch closely to make sure the dispute resolution process is working as intended, and that physicians are being compensated fairly for emergency care. Anthem Blue Cross is currently in violation of the law for failing to pay anything whatsoever for thousands of ED visits in California, in cases where they dispute the level of care, and we are fighting to make them accountable and force them to make appropriate payments. Several small independent groups around the state have banded together to sue them to force payment, and I’m hopeful this lawsuit will be successful in 2023!

Looking at the bigger picture, we know that our EDs are overcrowded, under-staffed, and under-resourced around the state. Homelessness, untreated mental illness, and substance use have reached crisis levels in many areas, and the ED is always the holding area of last resort for patients who can’t be placed anywhere else.

In my ED this past year, we had an autistic young man end up living in our ED for more than a month when his family couldn’t manage his violent outbursts any longer. Our nurses bent over backwards to make his stay feel less like incarceration—they brought stickers and crayons for him and figured out which YouTube videos he wanted to have looping on the wall-mounted computer. The County wanted to help but had nowhere to place him and didn’t understand the urgency. I’ve heard similar stories from many other EDs. Legislators think they can fix this problem by requiring discharge planning, but they don’t understand that we HAVE a discharge plan for these patients—we just can’t implement it! It’s our job at CalACEP on behalf of our members to show them the complexity of the problem and the possible solutions.

John Oliver recently did an entire show on the inadequacy of mental health treatment in our country, and I found myself pumping my fist and yelling “yes!” at the TV. Patients are not getting the services they need, and insurance companies are not being held accountable for having an adequate provider network to provide these services. We will continue to fight to reduce ED boarding for psychiatric patients, and we’ll continue to advocate for more capacity at homeless shelters, crisis houses, and substance use treatment programs.

We all have tales of tragedy that linger in our minds for months and even years—it’s an occupational hazard. In the past couple of years, I’ve intubated a 7-year-old boy whose whole family was shot by the father in an act of domestic violence. I’ve treated a 16-year-old girl who was kidnapped, transported across state lines, and repeatedly assaulted and beaten until she was able to escape. I’ve treated a drug cartel victim who was tied up, tortured, and left to die in a warehouse in Tijuana, but managed to escape. I’ve treated a 32-year-old man with COVID who came in with an O2 sat of 32%—as I told my family, your O2 sat is not supposed to match your age until you’re at least 95! Each one of these human beings is imprinted on my psyche, and I tried my best to meet each one of them in their moment of need. We need to talk about these cases, to process them and share our emotions about them. We need to make sure our lawmakers and our fellow citizens understand the gravity and urgency of what we do.

Advocacy work tends to get us thinking about the ways in which our healthcare system doesn’t run as well as we’d like, how it can’t meet the needs of all the patients, and how it causes frustrations for us as providers of healthcare. But advocacy work can also be a wellness activity and can reinvigorate us. One of my proudest achievements in 2021 was getting my health system to agree to let us give COVID vaccinations and monoclonal antibody infusions in our EDs. To this day I still find patients who want the COVID vaccine because they just haven’t gotten their act together to get it any other way. One of our past presidents was burned out by the revolving door of treating patients with substance use disorders, and she became the impetus for the millions of dollars of grant funding we obtained for substance use counselors in our EDs. We need to remind ourselves how much we’ve accomplished over the years, and how much better our system is because of these efforts. WE CAN make change!

We need to reflect in the same manner on our clinical work, by appreciating what we’ve done well. We should intentionally and actively remember the cases where we did something good, whether making a difficult diagnosis, reducing a painful dislocation, or reassuring a frightened patient. I recently treated a refugee family just arrived from Ukraine whose 1-year-old had a high fever. They were terrified she had a serious infection, and I could hear the fear in their voices when I explained how we would need to draw blood and get a urine sample. When she tested positive for COVID and I told them “It’s only COVID!” and that they could go home and treat her with Tylenol, they started laughing in relief. Good outcomes happen so often, we take them for granted. I challenge you all to think about the best-case you had after each shift and share it with your loved ones. Clinical wins happen one at a time, while advocacy wins help the entire system of care. I’ve been fortunate in my career to be involved in both types of work. In addition to celebrating your clinical successes, I challenge you to get involved with improving our healthcare system, to make things better for all of us. No matter how you get involved, you are heroes, and it’s an honor to work alongside you.
At the end of September, Governor Newsom finished acting on 1,442 bills that were passed by the Legislature in 2022. Overall, he signed 1,273 bills, or 88%, which is in line with his signature rate in previous years. He signed 87% in 2018, 89% in 2019, 94% in 2020.

The state budget takes effect immediately after passage, but all other bills signed into law below take effect January 1, 2023.

The California ACEP advocacy team reviewed hundreds of bills potentially impacting emergency medicine. Even after narrowing down the list, we had an extremely busy year. Below are the issues the Board prioritized for engagement in 2022.

**Budget Item – Establishment of the Office of Health Care Affordability**

The Office of Health Care Affordability is charged with collecting data on total health care expenditures, analyzing the health care market, creating a state strategy for controlling the cost of health care, improving affordability for consumers, and enforcing cost targets. We had multiple meetings with the Department of Health Care Access and Information, who will be overseeing the Office, to discuss the unique aspects of providing emergency care and to explore how we can work with the new Office moving forward. This promises to be a significant focus for California ACEP for the coming years as the impact of the Office on the health care system is expected to be significant.

**Budget Item – Retention Bonuses for Health Care Workers**

The Governor included $1.1 billion to provide one-time retention bonuses for hospital and nursing facility workers, including physicians. The State will provide a payment for physicians of up to $1,000. The process for health care entities to provide information to the Department of Health Care Services to secure the retention bonuses can be found at the following link: https://www.dhcs.ca.gov/Pages/Hospital-and-Skilled-Nursing-Facility-COVID-19-Worker-Retention-Payments.aspx

**Budget Item – $15 million for Infectious Disease Testing in the Emergency Department**

The State Budget this year included $15 million for one-time funding to strengthen testing for infectious agents in hospital
emergency departments (EDs) including, but not limited to, HIV, Hepatitis C, and syphilis. Funds will be available to EDs statewide for administration, evaluation, and technical assistance for the program. The details of this program are still being developed. Updated information can be found in the Weekly Recaps emailed to you.

**Regulatory Activity on AB 1544**

This bill was co-sponsored by California ACEP and signed into law in 2020 allowing paramedics to expand their scope of practice in certain settings and transport patients to certain alternate destinations (sobering centers and mental health facilities). California ACEP serves on the advisory committee providing guidance to Local EMS Agencies to implement this law.

**Regulatory Activity on AB 890**

This bill was signed into law in 2020 allowing nurse practitioners to practice without supervision in certain settings after meeting specified requirements. We have been very active in working with the Nurse Practice Advisory Committee, under the Board of Registered Nursing, providing written comments and testifying on the need for specific regulatory language clarifying procedural competency requirements and having those competency requirements be attested to by a board-certified emergency physician. The proposed regulations were released in September of this year. We will continue to provide comments during the regulatory process which should continue for another 6 to 12 months.

**SB 1097 (Pan) — Sponsor — Held on the Assembly Floor**

To address growing concerns over increases in cannabis related diagnoses in the emergency department, we partnered with the Public Health Institute and Youth Forward to co-sponsor this bill, which sought to do the following:

- Require cannabis products to have warning labels about potential harm.
- Require cannabis retailers to provide consumers with a brochure on the safer use of cannabis and health warnings about cannabis use.
- Require advertisements for cannabis products to include a warning statement on its use.

**AB 685 (Maienschein) — Sponsor — Held in Assembly Health Committee**

This bill would have required health plans and health insurance companies to consult with an emergency physician prior to downcoding a claim.

**SB 250 (Pan) — Neutral — Held on Appropriations Suspense File**

This CMA-sponsored bill was introduced in 2021 requiring payers to collect all cost-sharing amounts for care received in the hospital and then reimburse it to physicians. The bill also included provisions...
California is proud to be home to multiple 2022 ACEP Award Winners.

Community Emergency Medicine Award:
Kamara Graham, MD, FACEP

EM Wellness Center of Excellence Award:
Riverside Community Hospital at UC Riverside

Public Health Trailblazer Award:
Harrison Alter, MD, MS, FACEP

Council Champion of Diversity & Inclusion Award:
Ramon W. Johnson, MD, MBA, FACEP

Faculty Teaching Award:
Mimi Lu, MD, FACEP

Junio Faculty Teaching Award:
Rosny Daniel, MD
to make changes to the prior authorization process. In 2021, the bill passed out of the Senate but was not heard in the Assembly Health Committee. We had multiple meetings with Assemblymembers urging their support for requiring payers to collect cost-sharing amounts.

In 2022, the bill was amended to take out the provisions relating to collecting cost-sharing amounts due to opposing organizations and the Chair of the Assembly Health Committee. Ultimately, neither provision of the bill passed the Legislature.

**AB 835 ( Nazarian ) – Oppose – Held on Appropriations Suspense File**

The bill would have required all EDs to test all patients undergoing a blood draw for HIV, unless the patient opted out. There were a number of amendments to the bill attempting to address our concerns over the implementation of this new program, but we remained opposed. It would have been an unfunded mandate for all physicians and hospitals.

**AB 1394 (Irwin) – Support – Signed into Law**

The bill requires a hospital, by January 1, 2025, to adopt written policies and procedures to screen patients who are twelve years of age and older for suicidal ideation and behavior using guidelines like those developed by the National Institute for Mental Health. We worked closely with the author and stakeholders to ensure the bill was drafted to mirror federal requirements and current practices in EDs.

**AB 2242 (Santiago) – Requested Amendments – Signed into Law**

The bill requires any person detained under the LPS Act for a 72-hour, 14-day, 30-day, or a conservatorship to receive a care coordination plan prior to release and requires the care coordination plan to include a first follow-up appointment with an appropriate behavioral health professional. California ACEP spent extensive time with the author and policy committee staff explaining how emergency physicians engage with patients on holds and provided suggested language on the care coordination plan requirements.

**AB 2275 (Wood) – Neutral – Signed into Law**

This bill specifies that the 72-hours of detention under an LPS Act 5150 involuntary hold begins at the time when the person is first detained. It also codifies existing case law requiring that when a person is certified for intensive treatment, a certification review hearing must be held within four days of the date on which the person is certified. When a person has not been certified for intensive treatment, yet remains detained under a 5150 hold, a certification review hearing must be held within seven days of the date on which the person was initially detained under the 5150.

California ACEP had multiple meetings with the author’s staff and various stakeholder groups on provisions in the bill related to the reporting requirements. Those reporting provisions were ultimately taken out of the bill.

**AB 2790 (Wicks) – Neutral – Held on Appropriations Suspense File**

The bill would have changed mandated reporting requirements and limited the duty of a health care practitioner to report assault, abuse, and firearm or self-inflicted injuries to law enforcement and instead require the provider, or member of the health care team, to
CONGRATULATIONS TO OUR NEWEST FELLOWS!
refer the patient to supportive services. California ACEP engaged extensively with the author’s office and sponsors to provide input and feedback on the implications of the bill on emergency physicians and patients.

**SB 864 (Melendez) – Support – Signed into Law**

Establishes Tyler’s Law, which requires a general acute care hospital to include testing for fentanyl when a patient receives a urine drug screening. We worked closely with other stakeholders to have meetings with several legislative offices. Dr. Roneet Lev, California ACEP Past-President, was instrumental in having Senator Melendez introduce the bill and providing critical testimony in various committees.

**SB 929 (Eggman) – Support – Signed into Law**

Expands the Department of Health Care Services’ (DHCS) responsibility to collect and publish information about involuntary detentions. We were successful in getting the author to also include a requirement to collect and report boarding times for patients on involuntary holds. We had previously sought to gather this information in 2019 when we sponsored AB 774 (Reyes), however that bill was vetoed.

**AB 4 (Arambula) – Support – Held on Appropriations Suspense File**

The bill would have expanded Medi-Cal to cover all Californians regardless of their immigration status. This bill was held on the Senate Suspense file due to the Governor including these provisions in the State Budget.

**AB 32 (Aguiar-Curry) – Support – Signed into Law**

The bill expands coverage of telehealth to require health plans and health insurers to cover audio only (telephone), and to reimburse for services delivered using telephone at the same payment rate as in-person visits. It also continues some telehealth payment and enrollment flexibilities put in place by the DHCS for the Medi-Cal program during the COVID-19 pandemic.

**AB 58 (Salas) – Support – Signed into Law**

The bill requires local education agencies to review and update policies on student suicide prevention and incorporate annual suicide prevention training.

**AB 243 (Choi) – Support – Died in Committee**

The bill would have lowered the barrier to claiming a state income tax deduction for medical expenses from 7.5% of an individual’s...
income to 4%. This bill was held in the Assembly Revenue and Tax Committee.

**AB 988 (Bauer-Kahan) – Support – Signed into Law**

The bill requires the state to implement the National Suicide Hotline Designation Act of 2020 (NSHD), in compliance with rules adopted by the Federal Communication Commission, by July 16, 2022, designating “988” as a three-digit number for the National Suicide Prevention Hotline (NSPL).

**AB 1598 (Davies) – Support – Signed into Law**

The bill clarifies that equipment used to test for fentanyl or fentanyl analogs is not drug paraphernalia.

**AB 1688 (Fong) – Oppose – Died in Committee**

This bill would have repealed California law which requires firearm microstamping.

**AB 1709 (Rodriguez) – Support – Died in Committee**

The bill would have allowed for a tax credit equal to $500 if a taxpayer makes at least four blood donations in one year, beginning in 2023.

**AB 1859 (Levine) – Support – Vetoed**

This bill would have required a health plan cover mental health services for persons evaluated under the LPS Act and to process the referral as an appointment request.

**AB 1878 (Wood) – Support – Died on Committee**

The bill would have required Covered California to provide affordability assistance to reduce cost-sharing including copays, coinsurance, and maximum out-of-pocket costs, and to eliminate deductibles for all benefits.

**AB 1929 (Gabriel) – Support – Signed into Law**

This bill requires DHCS to establish a community violence prevention and recovery program to provide violence prevention services as a covered benefit under the Medi-Cal program. Additionally, it requires that these services be available to a Medi-Cal beneficiary who has been violently injured because of community violence and is at significant risk of experiencing violent injury because of community violence again or has experienced chronic exposure to community violence.

**AB 1930 (Arambula) – Support – Vetoed**

This bill would have required DHCS to cover additional comprehensive perinatal assessments and individualized care plans and provide additional visits and services during the one-year post-pregnancy eligibility period as part of services under the Comprehensive Perinatal Services Program of Medi-Cal.

**AB 1995 (Arambula) – Support – Held on Appropriations Suspense File**

The bill would have eliminated patient premiums from the Other Targeted Low-Income Children’s Program, the 250% Working Disabled Programs, the Medi-Cal Access Program, the Medi-Cal Access Infant Program, and the County Children’s Health Initiative Program.
AB 2092 (Weber) – Support if Amended – Died in Committee
This bill would have authorized a general acute care hospital (GACH), to provide Acute Hospital Care at Home (AHCaH) services, if the GACH meets specific conditions.

AB 2098 (Low) – Support – Signed into Law
This bill expressly provides that the dissemination of misinformation or disinformation related to COVID-19 by physicians and surgeons constitutes unprofessional conduct.

AB 2132 (Villapudua) – Support – Died in Committee
The bill would have created the California Medical School Tuition for Medical Service Pilot Program, which would provide financial aid for tuition for undergraduate students committed to practicing medicine in primary care or high specialty needs areas of the state.

AB 2253 (Bonta) – Support – Held on Appropriations Suspense File
The bill would have established the Office of Gun Violence Prevention within the Department of Justice to address gun violence as a public health crisis and develop a strategy for incorporating a public health approach to address gun violence.

AB 2317 (Ramos) – Support – Signed into Law
This bill requires (DHCS to license and establish regulations for psychiatric residential treatment facilities (PRTFs), consistent with federal Medicaid regulations governing PRTFs.

AB 2402 (Rubio) – Support – Died on Senate Floor
This bill would have required DHCS to seek federal authority to allow children to remain on the County Children’s Health Initiative Programs until age five, without the need for a redetermination of eligibility, except in specified circumstances.

AB 2458 (Weber) – Support – Held on Appropriations Suspense File
The bill would have increased the California Children’s Services physician reimbursement rates by at least 25% for a physician in a practice in which at least 30% of the practice’s pediatric patients are Medi-Cal beneficiaries.

SB 316 (Eggman) – Support – Died on Assembly Floor
The bill would have authorized reimbursement for a maximum of two visits taking place on the same day at a single location for Federally Qualified Health Centers or Rural Health Centers if after the first visit the patient suffers illness or injury requiring additional
diagnosis or treatment, or if the patient has a medical visit and a mental health visit or a dental visit.

SB 644 (Leyva) – Support – Died in Committee

The bill would have required the California Health Benefit Exchange to request contact information for each applicant for unemployment compensation or any other program administered by the Employment Development Department (EDD). The Exchange would also be required to market and publicize the availability of health care coverage through the Exchange, and engage in outreach activities, to the individuals whose contact information the Exchange receives from EDD.

SB 749 (Glazer) – Support – Died on the Assembly Floor

The bill would have required the Mental Health Services Oversight and Accountability Commission, in consultation with state and local mental health authorities, to create a comprehensive tracking program for county spending on mental and behavioral health programs and services, including funding sources, funding utilization, and outcome data at the program, service, and statewide levels, as specified.

SB 858 (Wiener) – Support – Signed into Law

This bill increases fines on health plans that break the law, including civil penalties of not more than $25,000 for each day a violation continues, per enrollee harmed.

SB 944 (Pan) – Support – Vetoed

This bill would have required Covered California to reduce cost-sharing, including, to the extent feasible, eliminating deductibles for benefits for health insurance coverage available through Covered California.

SB 1143 (Roth) – Support – Vetoed

This bill would have established the California Acute Care Psychiatric Hospital Loan Fund to provide zero-interest loans to qualifying county applicants for the purpose of constructing or renovating acute care psychiatric hospitals or psychiatric health facilities or renovating or expanding general acute care hospitals to add or expand an inpatient psychiatric unit.

SB 1154 (Eggman) – Support – Vetoed

This bill would have required the State to develop a real-time, internet-based database to collect, aggregate, and display information about beds in inpatient psychiatric facilities, crisis stabilization units, residential community mental health facilities, and licensed residential alcoholism or drug abuse recovery or treatment facilities.
Discover VIVITROL

Learn more at VIVITROLhcp.com

ALKERMES and VIVITROL are registered trademarks of Alkermes, Inc. ©2022 Alkermes, Inc. All rights reserved. VIV-006333 Printed in the U.S.A.

vivitrolhcp.com
Guest Article |

Counsel is composed of Councillors representing either their state chapter, affiliate organization, or ACEP Section. State Chapters receive one voting Councillor for every 100 members; California ACEP had a total of 33 Councillors representing you this year.

Leading up to the Council meeting, the CalACEP Board appoints individuals to serve as Alternates and Councillors and the Board votes to co-sponsor or sponsor resolutions. In the weeks leading up to Council, the full California delegation meets to review resolutions and decides if we should support, oppose, or attempt to amend them.

This year, CalACEP co-sponsored four resolutions to advance the College’s position on reproductive healthcare. One such resolution asks the College to consider access to reproductive healthcare when choosing the location of future annual meetings; the version that passed was significantly amended from the original resolution. Another resolution we co-sponsored states “That ACEP supports equitable, nationwide access to reproductive health care procedures, medications, and other interventions.” The final two resolutions that CalACEP co-sponsored dealt with Advocacy for Safe Access to Full Spectrum Pregnancy Related Health Care and Promoting Safe Reproductive Health Care for Patients. All four were adopted by the Council.

Other resolutions of note that CalACEP supported and that passed the Council include:

- Buprenorphine is an Essential Medicine and Should be Stocked in Every ED
- Support for Medicaid Expansion
- Endorsing ED Resident Competency in Buprenorphine Initiation.

The 2022 Council considered 65 resolutions: 45 were adopted, 17 were not adopted, and 4 were referred to the Board of Directors. Non-Bylaws resolutions, except for Council Standing Rules amendments, require a majority vote of the Board for acceptance.

The Council adopted two Council Standing Rules resolutions that do not require action by the Board of Directors. Three Bylaws amendments were submitted to the 2022 Council, and one was adopted.

The following is a list of resolutions and the actions taken by the Council.

Summary of 2022 Council Resolutions

Resolutions Not Adopted (NA) or Withdrawn (W)

12 Council Approval of Board Actions on Referred Resolutions – Bylaws Amendment (NA)
13 Past Leader Participation in Council Meetings (NA)
14 Past Leader Seating in Council Meetings (NA)
18 Disclosure of Clinical Emergency Data Registry Revenue Sources (NA)
19 Due Process and Interaction with ACEP – first resolved (NA)
21 Financial Support of Litigation Involving the Corporate Practice of Medicine in California (NA)
23 Study of Councillor Term Limits (NA)
30 Compassionate Access to Medical Cannabis Act – “Ryan’s Law” (NA)
31 Decriminalization of All Illicit Drugs (NA)
Emergency Department/Emergency Medicine Experience for Residents from Other Specialties

Competencies of Independent Emergency Medicine Nurse Practitioners and Physician Assistants (as amended)

ED Staffing at Critical Access Hospitals, Rural Emergency Hospitals, Outpatient EDs

Enhancing Rural Emergency Medicine Patient Care

Minimum Standards of Care for Health-Related Social Needs in the ED

Moral Injury Reporting and Tracking

Patients Leaving the ED Prior to Completion of Care Against Medical Advice

Emergency Physician Protection from Legal Jeopardy Related to Elective Abortion Management (NA)

Resolutions Adopted by the 2022 Council Requiring Board Action

Resolution 11 Establishing a Young Physician Position on the ACEP Nominating Committee

RESOLVED, That the ACEP Bylaws Article VIII – Council, Section 7 – Nominating Committee be amended to read:

A Nominating Committee for positions elected by the Council shall be appointed annually and chaired by the speaker. The speaker shall appoint five members, at least one of which shall be a young physician, defined as a member under the age of 40 or within the first ten years of practice, and the president shall appoint the president-elect plus two additional Board members. A member of the College cannot concurrently accept nomination to the Board of Directors and Council Office. Nominations will also be accepted from the floor.

Resolution 17 Criteria for the Location of Future National ACEP Events (as substituted)

RESOLVED, That in considering where to schedule future national level ACEP events, ACEP shall take into consideration whether that location restricts access to reproductive health care.

Resolution 19 Due Process and Interaction with ACEP (as amended) – second resolved

RESOLVED, That ACEP create a method for members to report incidents of denial of due process, review member-submitted contractual clauses or other methods of denying such that are of concern.

Resolution 24 Access to Reproductive Rights (as amended)

RESOLVED, That ACEP support equitable, nationwide access to reproductive health care procedures, medications, and other interventions.

Resolution 25 Advocacy for Safe Access to Full Spectrum Pregnancy Related Health Care (as amended)

RESOLVED, That ACEP affirm that: 1) abortion is a medical procedure and should be performed only by a duly licensed physician, surgeon, or other medical professional in conformance with standards of good medical practice and the Medical Practice Act of that individual’s state; and 2) no physician or other professional personnel shall be required to perform an act violative of good medical judgment and this protection shall not be construed to remove the ethical obligation for referral for any medically indicated procedure; and be it further

RESOLVED, That ACEP support the position that the early termination of pregnancy (publicly referred to as “abortion”) is a medical procedure, and as such, involves shared decision making between patients and their physician regarding: 1) discussion of reproductive health care; 2) performance of indicated clinical assessments; 3) evaluation of the viability of pregnancy and safety of the pregnant person; 4) availability of appropriate resources to perform indicated procedure(s); and 5) is to be made only by health care professionals with their patients; and be it further
RESOLVED, That ACEP oppose the criminalization or mandatory reporting of reproductive health-related patient concerns in the emergency department; and be it further

RESOLVED, That ACEP support an individual’s ability to access the full spectrum of evidence-based pre-pregnancy, prenatal, peripartum, and postpartum physical and mental health care, and supports the adequate payment from all payers for said care; and be it further

RESOLVED, That ACEP oppose the criminalization, imposition of penalties, or other retaliatory efforts against patients, patient advocates, physicians, health care workers, and health systems for receiving, assisting, or referring patients within a state or across state lines to receive reproductive health services or medications for contraception and abortion, and will further advocate for legal protection of said individuals.

Resolution 26 Promoting Safe Reproductive Health Care for Patients (as amended)

RESOLVED, That ACEP encourage hospitals and emergency medicine residency training programs to provide education, training, and resources outlining evidence-based clinical practices on acute presentations of pregnancy-related complications, including miscarriage, post-abortion care, and self-managed abortions; and be it further

RESOLVED, That ACEP continue to develop clinical practices and policies that protect the integrity of the physician-patient relationship, the legality of clinical decision-making, and possible referral to additional medical care services – even across state lines – for pregnancy-related concerns (including abortions).

RESOLVED, That ACEP support clear legal protections for emergency physicians providing federally-mandated emergency care, particularly in cases of conflict between federal law and state reproductive health laws.

Resolution 27 Equitable Access to Emergency Contraception in the ED

RESOLVED, That ACEP develop a policy statement endorsing the accessibility of emergency contraception in emergency departments nationwide; and be it further

RESOLVED, ACEP advocate for universal access to emergency contraception in the emergency department.

Resolution 28 Billing and Collections Transparency and Interaction with ACEP (as amended)

RESOLVED, That ACEP advocate to establish the requirement that revenue cycle management entities will, upon request, directly provide every emergency physician it bills or collects for with, a detailed itemized statement of billing and remittances for medical services they provide.

Resolution 29 Buprenorphine is an Essential Medicine and Should be Stocked in Every ED

RESOLVED, That ACEP advocate on behalf of its patients and members that the FDA add buprenorphine to its list of essential medications; and be it further

RESOLVED, That ACEP recommend and advocate that every emergency department stock buprenorphine and medications for opioid use disorder so that patients with opioid use disorder or in opioid withdrawal may receive the best evidence-based care; and be it further

RESOLVED, That ACEP work with the American Hospital Association, American Medical Association, state agencies, and federal agencies to promote availability of medications for opioid use disorder in emergency departments and hospital settings; and be it further

RESOLVED, That ACEP support hospitals and emergency physicians in initiating treatment protocols for opioid use disorder and opioid
withdrawal using buprenorphine and medications for opioid use disorder to enhance best evidence-based practices in emergency medicine throughout the United States.

**Resolution 32 Supervised Consumption Facilities/Safe Injection Sites**

RESOLVED, That ACEP support the development and implementation of Supervised Consumption Facilities/Supervised Injection Sites (SCF/SIS) in the United States that would be designed, monitored, and evaluated to include additional data to inform policymakers on the feasibility, effectiveness, and legal aspects of SCF/SIS in reducing harm and health care costs related to injection drug use.

**Resolution 33 Telehealth Bridge Model for the Treatment of Opioid Use Disorder**

RESOLVED, That ACEP support the development and implementation of low-barrier telehealth medication treatment services to address gaps in opioid use disorder care; and be it further

RESOLVED, That ACEP advocate for state and federal regulatory and legislative solutions that will permit the ongoing integration of opioid use disorder treatment including medication therapy through telehealth into the continuum of addiction care.

**Resolution 34 Emergency Department Safety**

RESOLVED, That ACEP work with the American Hospital Association, other relevant stakeholders, and law enforcement officials to ensure best practices are established and promoted to protect patients and staff from weapons in the ED.

**Resolution 35 Workplace Violence Towards Health Care Workers (as amended)**

RESOLVED, That ACEP advocate for legislation at the state and federal level that includes clear language outlining consequences for those who assault a healthcare worker at the workplace.

**Resolution 36 Emergency Medical Services Are Essential Services (as amended)**

RESOLVED, That ACEP advocate for EMS to be considered and funded as an essential service; and be it further

RESOLVED, That ACEP work with the American Medical Association, the American Hospital Association, the National Association of EMS Physicians, and other stakeholder organizations to actively promote the inclusion of Emergency Medical Services among federally- and locally-funded essential services, including efforts to educate the public in this regard.

**Resolution 37 Enhance Patient Safety and Physician Wellness**

RESOLVED, That ACEP support the protection of all participants in discussions of cases of potential medical error, whether Morbidity & Mortality Conferences (M&M), Root Cause Analysis (RCA), or any patient safety forum, from legal discovery; and be it further

RESOLVED, That ACEP encourage and support state chapters in identifying pending or existing state laws limiting free discussion of cases of potential medical error in quality assurance/quality improvement, Morbidity & Mortality Conferences (M&M), Root Cause Analysis (RCA), and similar environments, and in lobbying against them.

**Resolution 38 Focus on Emergency Department Patient Boarding as a Health Equity Issue (as amended)**

RESOLVED, That ACEP, through legislative venues and lobbying efforts, focus regulatory bodies, i.e., Centers for Medicare & Medicaid
Services, The Joint Commission, etc., to establish a reasonable matrix of standards including acceptable boarding times and handoff of clinical responsibility for boarding patients; and be it further
RESOLVED, That ACEP publish best-practice action plans for hospitals to improve emergency department capacity; and be it further
RESOLVED, That ACEP work to define criteria to determine when an emergency department is considered over capacity and hospital action plans are triggered to activate.

Resolution 39 Signage at Emergency Departments With Onsite Emergency Physicians (as amended)
RESOLVED, That ACEP encourage all emergency departments to advertise that they are staffed by a board-certified or -eligible emergency physician where care is delivered.

Resolution 40 Support for Medicaid Expansion
RESOLVED, That ACEP develop a policy statement in support of the expansion of Medicaid to the levels allowable by federal law in recognition of the benefit of increasing health care access to eligible patients, including some of our most vulnerable, while decreasing the uncompensated care provided by emergency physicians; and be it further
RESOLVED, That ACEP develop a toolkit to assist ACEP state chapters in their efforts to advocate for such expansion of Medicaid in their states.

Resolution 41 Addressing Stigma in the Emergency Department (as amended)
RESOLVED, That ACEP develop an educational resource on identifying and addressing stigma in the emergency department that can be provided to emergency physicians and residency programs, highlighting the role of important practices such as person-first language.

Resolution 43 Endorsing ED Resident Competency in Buprenorphine Initiation (as amended)
RESOLVED, That ACEP support the integration of buprenorphine training and harm reduction skills into the core curriculum for residents graduating from Accreditation Council for Graduate Medical Education accredited emergency medicine programs; and be it further
RESOLVED, That ACEP coordinate with other organizations in emergency medicine (Council of Residency Directors in Emergency Medicine, Society for Academic Emergency Medicine, and the American Board of Emergency Medicine) to further endorse integration of buprenorphine training and harm reduction skills into curriculum or simulation sessions during residency and should focus on identification of patients with opioid use disorder and initiation
of buprenorphine treatment as well as sharing harm reduction information and resources.

Resolution 45 Onsite Supervision of Nurse Practitioners and Physician Assistants
RESOLVED, That the ACEP policy statement “Guidelines on the Role of Physician Assistants and Advanced Practice Registered Nurses in the Emergency Department” be revised so that onsite emergency physician presence to supervise nurse practitioners and physician assistants is stated as the gold standard for staffing all emergency departments.

Resolution 46 Safe Staffing for Nurse Practitioner and Physician Assistant Supervision (as amended)
RESOLVED, That ACEP investigate and make recommendations regarding appropriate and safe staffing roles, ratios, responsibilities, and models of emergency physician-led teams, taking into account appropriate variables to allow for safe, high-quality care and appropriate supervision in the setting of a physician-led emergency medicine team.

Resolution 47 Independent Agency Report for Nurse Practitioner Schools (as amended)
RESOLVED, That ACEP work with the American Medical Association to provide recommendations for nurse practitioner education reform to improve the quality and standards of nurse practitioner training for the purpose of improving physician-led patient care.

Resolution 50 Supporting Emergency Physicians to Work in Rural Settings (as amended)
RESOLVED, That ACEP support and encourage emergency medicine trained and board certified emergency physicians to work in rural EDs; and be it further
RESOLVED, That ACEP help establish, with the Council of Residency Directors in Emergency Medicine, a standardized training program for emergency medicine residents with aspirations to work in rural settings; and be it further

RESOLVED, That ACEP work with the Accreditation Council for Graduate Medical Education and Centers for Medicare and Medicaid Services to increase resident exposure and remove regulatory barriers to rural emergency medicine.

Resolution 51 Implementation of Social Determinants of Health Evaluation in the ED (as amended)
RESOLVED, That ACEP support evaluation of social determinants of health in the emergency department; and be it further
RESOLVED, That ACEP advocate for national, state, and local resources and responses to be paired with the evaluation for social determinants of health.

Resolution 56 Policy Statement on the Corporate Practice of Medicine (as amended)
RESOLVED, That ACEP work with relevant experts to develop a policy statement opposing the corporate practice of medicine.

Resolution 57 Recognized Bodies for Emergency Physician Board Certification (as amended)
RESOLVED, That ACEP amend its policy statement “ACEP Recognized Certifying Bodies in Emergency Medicine” to reflect that no certifying organizations beyond those already listed in the policy statement.

Resolution 58 Removing Intrusive Medical Exams and Questionnaires from Employment Contracts (as amended)
RESOLVED, That ACEP support the cessation of intrusive medical evaluation exams and questionnaires that may unduly and unnecessarily invade the privacy of emergency medicine physicians seeking and continuing employment beyond that necessary to confirm ability to perform duties associated with the individual’s role as hired.
Resolution 15 Electronic Voting During the Council Meeting – Council Standing Rules Amendment (as amended)

RESOLVED, That the ACEP Council Standing Rules, “Election Procedures” section, paragraph one, and the “Voting on Resolutions and Motions” first paragraph be amended to read:

Election Procedures

Elections of the president-elect, Board of Directors, and Council officers shall be by a majority vote of councillors voting. Voting shall be by written or electronic ballot, which may include remote communication and voting technology. There shall be no write-in voting. Individual connectivity issues or individual disruption of remote communication technology shall not be the basis for a point of order and/or other challenge to any voting utilizing such technology. However, points of order related to perceived or potential mass discrepancies in voting are still in order. The Chair of the Tellers, Credentials, & Elections Committee will monitor the voting for large discrepancies between votes and notify the Speaker.

Voting on Resolutions and Motions

Voting may be accomplished by an electronic voting system, including remote communication technology, voting cards, standing, or voice vote at the discretion of the speaker. Numerical results of electronic votes and standing votes on resolutions and motions will be presented before proceeding to the next issue. Individual connectivity issues or individual disruption of remote communication and voting technology shall not be the basis for a point of order and/or other challenge to any voting utilizing such technology. However, points of order related to perceived or potential mass discrepancies in voting are still in order. The Chair of the Tellers, Credentials, & Elections Committee will monitor the voting for large discrepancies between votes and notify the Speaker.

Resolution 16 Required Candidate Campaign Materials from Floor Candidates

RESOLVED, That the ACEP Council Standing Rules, “Nominations” section, be amended to read:

Nominations

A report from the Nominating Committee will be presented at the opening session of the Annual Council Meeting. The floor will then be open for additional nominations by any credentialed councillor, member of the Board of Directors, past president, past speaker, or past chair of the Board, after which nominations will be closed and shall not be reopened.

Members not nominated by the Nominating Committee may self-nominate by declaring themselves “floor candidates” at any time after the release of the Nominating Committee report and before the speaker closes nominations during the Council meeting. All floor candidates must notify the Council speaker in writing. Upon receipt of this notification, the candidate becomes a “declared floor candidate,” has all the rights and responsibilities of candidates otherwise nominated by the Nominating Committee, and must comply with all rules and requirements of the candidates. All required candidate materials (including but not limited to professional photo, CV, Candidate Campaign Rules Attestation, responses to written questions, candidate data sheet, conflict of interest disclosure statement) must be available immediately at the time of floor nomination – either completed by the due date for all nominees or at the time of notification to the Speaker of intent to seek nomination, whichever date is later.
Resolutions Referred to the Board of Directors

Resolution 10 Candidate Members in the ACEP Council – Bylaws Amendment

RESOLVED, That the ACEP Bylaws Article IV – Membership, Section 2.3 – Candidate Members, paragraph two be amended to read:

“The rights of candidate members at the chapter level are as specified in their chapter’s bylaws. At the national level, candidate members shall not be entitled to hold office, but physician members may serve on the Council. Candidate members appointed to national committees shall be entitled to vote in committees on which they serve.”; and be if further

RESOLVED, That the ACEP Bylaws Article VIII – Council, Section 1 – Composition of the Council, paragraph one, of the ACEP Bylaws be amended to read:

“Each chartered chapter shall have a minimum of one councillor as representative of all of the members of such chartered chapter. There shall be allowed one additional councillor for each 100 members of the College in that chapter as shown by the membership rolls of the College on December 31 of the preceding year. However, a member holding memberships simultaneously in multiple chapters may be counted for purposes of councillor allotment in only one chapter. Councillors shall be elected or appointed from regular and candidate physician members in accordance with the governance documents or policies of their respective sponsoring bodies.”

Resolution 20 Expert Consultation for Employee Contracts

RESOLVED, That ACEP provide, as a member benefit at no charge, legal education, expert consultation, and document review for new graduates who are actively negotiating employment contracts.

Resolution 22 State Chapter Funding

RESOLVED, That ACEP return 10% of national dues to each chapter calculated by 0.1 x number of state dues-paying members every year.

Resolution 53 Law Enforcement and Intoxicated Patients in the ED

RESOLVED, That ACEP investigate alternative care models to evaluate patients in police custody, such as telehealth, to determine necessity of an in-person evaluation; and be it further

RESOLVED, That ACEP encourage law enforcement to stay with any patient they choose to bring to the ED who are intoxicated, altered, agitated, or otherwise pose a risk to the safety of themselves or others until a disposition has been determined or the physician determines their assistance is no longer needed.

Dr. Fernandez is the Chapter Vice President and practices clinically at UCSD. He led the Chapter’s Council delegation in San Francisco.
# Chapter Award Recipients

## CalEMRA Award

This award is given to an outstanding resident in recognition of their exceptional academic and/or advocacy efforts, or for exceptional efforts through, for, or on behalf of CalEMRA by a non-resident.

### Kenneth Kim, MD

Dr. Kim served as the first Chair of the CalEMRA Medical Student Council. He was a strong advocate for medical students within California ACEP. He also served on the EMRA Health Policy Committee and EMRA Medical Student Council. As a PGY-2 at UCLA, Dr. Kim continues to be an advocate for EM bound medical students and residents within California ACEP and nationally within EMRA.

**Bio:** Born and raised in Los Angeles County, Kenneth is proud to serve his home community of LA as a second-year resident at the UCLA RR|OV Emergency Medicine Program. Inspired by an undergraduate course on health systems and policy, he has since grown his passion for health policy and policy education through various activities supporting medical trainee education in health policy at his medical school, residency program, and through state and national organizations such as CalACEP and EMRA. In the coming years, Kenneth hopes to continue to work towards a future where all medical trainees can learn the basics of our health care system and how to advocate for better physician-led patient care.

“I am so honored to receive this year’s CalEMRA Award. I would like to take this space to thank all my mentors in medical education and organized medicine (especially Anna Yap, Tomer Begaz, Natasha Wheaton, and Steven Lai and so many others) for getting me to where I am today, and for supporting me in my continued journey forward!”

## Chapter Service – Physician Award

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.

### Vikant Gulati, MD, FACEP

Dr. Gulati served the Chapter and Board of Directors with distinction. Prior to his time on the Chapter Board, he was an Advocacy Fellow for the Chapter and worked to advance our advocacy priorities. Dr. Gulati has served the Chapter for 10 years and just finished his Board term as Immediate Past-President.

**Bio:** Dr. Vik Gulati is a clinically practicing Emergency Medicine Physician in San Diego, CA. Emergency Medicine advocacy has always been a personal passion of Dr. Gulati, initially developed through his Christiana Care Residency and the Delaware Chapter of the American College of Emergency Physicians (ACEP). After finishing his residency, he joined California ACEP as the Health Policy and Advocacy fellow. Subsequently, he was elected to the California ACEP Board, for which he served for nine years, including a term as the California Chapter President from 2020-2021. During his tenure with the organization, Dr. Gulati maintained a strong focus on membership engagement and a focus on the mission statement of the organization to support the practicing emergency physician. Under his leadership, the chapter continued to focus and advocate for the Emergency Medicine Physician to extend beyond the four concrete walls of an emergency department practice.
Chapter Service - Non-Physician Award

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.

Kelsey McQuaid-Craig, MPA, CAE

As we approach Kelsey’s tenth anniversary working for the Chapter we reflect on her contribution and are extraordinarily grateful for her service. I’m sure when she started with the Chapter, she never imagined she would still be here a decade later. Her dedication to our mission clearly exceeds any time with a job. She has held many positions in the organization - membership, advocacy, communications, events, governance, all of which make her invaluable. She has always gone above and beyond. We are grateful for her dedication and decade of tenure. The Chapter would not be the same without her.

Bio: Kelsey McQuaid-Craig joined California ACEP in 2012 after working on the boards of local and statewide political organizations. Kelsey served as an intern to Congressman Mike Thompson (D-St. Helena) in his Yolo County district office. Prior to becoming the Director of Policy and Programs, she worked as Program Associate and Government Affairs Associate for California ACEP. She currently oversees the AdvancED annual conference, Lifeline magazine, and multiple governance aspects of the organization.

Kelsey is a member of the American Society of Association Executives (ASAE) and the American Association of Medical Society Executives (AAMSE). She is a Board Member of AAMSE, the Chair of the AAMSE Annual Conference, the past Co-Chair of the AAMSE 360 Program, and a member of the AAMSE Leadership Committee. She is a Past President of the USC Alumni Club of Sacramento. She is a Certified Association Executive through ASAE and participated in the ASAE NextGen Association Summit in 2021. She earned her BA in Political Science from the University of California at Davis and her MPA from the University of Southern California.

“When I interviewed with CalACEP in 2012, desperate for a job out of college and thinking the organization looked interesting, I never thought CalACEP would be my professional home for the next ten years and counting. You are an inspiring group to work for, whether it’s fighting for safe prescribing or reduction in firearm violence before others wanted to talk about those topics, or challenging the healthcare status quo, or pushing through immense uncertainty and risk to yourselves to care for your patients during disasters (COVID, natural, or otherwise). Emergency physicians never back down from a fight and always push for the best in an impossible situation; I am proud to do what I can to support you all and champion your efforts.

Thank you to Elena Lopez-Gusman and to the many Boards of Directors and annual conference Chairs I’ve worked with for allowing me to spread my wings and for always listening to my suggestions, regardless of the ultimate outcome. Thank you to Drs. Lori Winston, Sue Spano, and the rest of the Awards Committee for the Chapter Service Award.”

EMS Achievement Award

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.

Kathy Staats, MD, FACEP

Dr. Staats is the EMS Director for Imperial County and an executive committee member of the Emergency Medical Directors Association of California. She has fostered collaboration and collegiality between CalACEP and EMDAC.

Bio: Katherine Staats, MD is an emergency medicine physician, dual boarded certified in Emergency Medicine, and Emergency Medical Services (EMS). Dr. Staats began her medical education during college, where she practiced as an EMT with the Virginia Tech Rescue Squad. She completed her medical school training in the Bronx, NY at Albert Einstein College of Medicine and her residency at UT Austin in Texas. From there, Staats’ prehospital experience led her to pursue a fellowship in EMS and Disaster Medicine at the University of California, San Diego (UCSD). During fellowship, Dr. Staats was the Base Station Medical Director in Imperial County, and since 2018 has served as the Imperial County EMS Medical Director. Through fellowship, Staats presented at local and national conferences on prehospital treatment, high performance CPR, transgender care, and the necessity of diversity in EMS. Most recently, Dr. Staats helped lead the multifaceted Imperial County COVID response during their significant 2020 and 2021 surges. These mass casualty responses required coordination with regional, state and federal partners, and many innovative strategies for increased capacity were created during these periods. Today, Dr. Staats strives to innovate and improve how prehospital care is practiced, and her EMS foci include: high performance CPR, disaster preparedness and response, and recruitment and retention of minorities in EMS. She currently works clinically in San Diego and Imperial Counties with UCSD.
Injury Prevention Award

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.

Jahan Fahimi, MD, MPH

Dr. Fahimi has committed his career to researching the long-term outcomes of firearm injuries. In recent years, he has worked on the intersection of injury prevention and medical education, publishing expert consensus guidelines for priorities in medical education and leading curriculum changes in the UCSF School of Medicine to better integrate educational topics on all forms of violence. He has been a faculty mentor for multiple student advocacy groups and helped to develop a medical student elective on firearm violence at UCSF.

Bio: Jahan Fahimi, MD, MPH is an Associate Professor of Emergency Medicine at UCSF and affiliated faculty in the UCSF Institute for Health Policy Studies. He serves as the Emergency Department medical director. He completed medical school at NYU School of Medicine and a masters at the Harvard School of Public Health. He completed residency, chief residency, and Social Emergency Medicine fellowship at Highland Hospital in Oakland, CA. His initial research efforts studied the longterm outcomes following firearm injuries in adults and children. In recent years, he has worked on the intersection of injury prevention and medical education, publishing expert consensus guidelines for priorities in medical education and leading curriculum changes in the UCSF School of Medicine to better integrate educational topics on all forms of violence. He has been a faculty mentor for multiple student advocacy groups and helped to develop a medical student elective on firearm violence at UCSF. He speaks nationally on firearm injury epidemiology, suicide prevention through lethal means restriction, and evaluation and prevention of intimate partner violence.

“I’m incredibly honored to receive the Cal ACEP 2022 Injury Prevention Award for my research and advocacy to reduce firearm injuries. I have been fortunate to have remarkable collaborators and mentors from across the country who are aligned in the effort to understand the epidemiology of firearm injury and violence and to bring solutions both to the bedside and into our communities. It is clear that this work is in our lane as emergency physicians, and I am confident that the future will be bring more investigators and educators within our profession to shape the future of public awareness and policy to prevent all types of firearm injury.”

Distinguished Service Award

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.

Herbert Eugene Hern, MD

Dr. Hern has dedicated his career to advancing emergency medicine. He served the Chapter in multiple capacities: as the medical editor of Lifeline and helping plan the Chapter’s annual conference, eventually serving on the Chapter Board of Directors from 2006 – 2010. CalACEP’s mission is to support emergency physicians in providing the highest quality of care to all patients and to their communities. Dr. Hern had been instrumental in teaching high quality care to the next generation of emergency physicians during his tenure as the Program Director at Highland and he continues to be an educator with UCSF. His time as clinical consultant with the California Bridge Program has helped advance new ED care to patients in our communities with substance use disorder. Dr. Hern’s distinguished career has had a profound impact on the Chapter and emergency medicine in California.

Bio: Gene Hern received his MS in Medical Ethics from UC Berkeley in 1994 and his MD from UCSF in 1996. He did his residency in Emergency Medicine at Highland Hospital in Oakland and stayed on as faculty starting in 2000. His role is primarily education and EMS focused and he served as the Associate Residency Director and Residency Director from 2001-2015. His focus is on curriculum development, quality improvement, remediation, and prehospital care. In 2013, he was named Emergency Medicine Residency Director of the Year by the Emergency Medicine Residents Association. He works as Medical Director for both Public and Private EMS Agencies in California. He is board certified in both Emergency Medicine and Emergency Medical Services. As a researcher, he has published 49 peer reviewed articles on topics as varied as racial differences in pre-hospital opiate use to illegal residency interview questions to the creation of Overdose Receiving Centers. He has authored or co-authored 13 book chapters.

Injury Prevention Award

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.

Jahan Fahimi, MD, MPH

Dr. Fahimi has committed his career to researching the long-term outcomes of firearm injuries. In recent years, he has worked on the intersection of injury prevention and medical education, publishing expert consensus guidelines for priorities in medical education and leading curriculum changes in the UCSF School of Medicine to better integrate educational topics on all forms of violence. He has been a faculty mentor for multiple student advocacy groups and helped to develop a medical student elective on firearm violence at UCSF.

Bio: Jahan Fahimi, MD, MPH is an Associate Professor of Emergency Medicine at UCSF and affiliated faculty in the UCSF Institute for Health Policy Studies. He serves as the Emergency Department medical director. He completed medical school at NYU School of Medicine and a masters at the Harvard School of Public Health. He completed residency, chief residency, and Social Emergency Medicine fellowship at Highland Hospital in Oakland, CA. His initial research efforts studied the longterm outcomes following firearm injuries in adults and children. In recent years, he has worked on the intersection of injury prevention and medical education, publishing expert consensus guidelines for priorities in medical education and leading curriculum changes in the UCSF School of Medicine to better integrate educational topics on all forms of violence. He has been a faculty mentor for multiple student advocacy groups and helped to develop a medical student elective on firearm violence at UCSF. He speaks nationally on firearm injury epidemiology, suicide prevention through lethal means restriction, and evaluation and prevention of intimate partner violence.

“I’m incredibly honored to receive the Cal ACEP 2022 Injury Prevention Award for my research and advocacy to reduce firearm injuries. I have been fortunate to have remarkable collaborators and mentors from across the country who are aligned in the effort to understand the epidemiology of firearm injury and violence and to bring solutions both to the bedside and into our communities. It is clear that this work is in our lane as emergency physicians, and I am confident that the future will be bring more investigators and educators within our profession to shape the future of public awareness and policy to prevent all types of firearm injury.”
Education Award

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.

Gregory W Hendey, MD, FACEP

The Awards Committee was shocked to realize Dr. Hendey had never received this award. He's legendarily impacted a generation of emergency physicians who trained at UCSF Fresno and UCLA. His career has been dedicated to continual learning and sharing that knowledge with others. A PubMed search of Dr. Hendey leads to 8 pages of results, but his impact on emergency medicine education cannot be measured.

Bio: Dr. Greg Hendey is the Chair of the Department of Emergency Medicine at UCLA. He became the Inaugural Chair of the new department when he joined the faculty at UCLA in June of 2016.

He graduated magna cum laude from the University of Notre Dame and is a member of Phi Beta Kappa. He then obtained his MD degree at the Vanderbilt University School of Medicine where he was inducted into the AOA honor society. Dr. Hendey completed an internship in Medicine and residency in Emergency Medicine at UCLA Medical Center, serving as Chief Resident in 1992-93. He joined the faculty at UCSF Fresno where he became a full Professor, serving as Residency Director, Research Director, Vice Chief, and then Chief from 2012 through 2016.

Dr. Hendey is dedicated clinician, educator, researcher, and administrator. He has lectured extensively at national and international conferences, and has received major teaching awards, including the Henry J. Kaiser Award for Excellence in Teaching from UCSF, and the National Faculty Teaching Award from the Council of Emergency Medicine Residency Directors. He was also awarded the Gene Kallsen Endowed Chair in Emergency Medicine while at UCSF.

Dr. Hendey is also an accomplished researcher, collaborating on multicenter trials funded by federal agencies including the Agency for Healthcare Research and Quality (AHRQ), the Center for Disease Control (CDC), and is currently a co-PI for the National Institute of Health (NIH) sponsored PETAL network, studying ARDS and COVID. He has published widely and serves as an editor for the Annals of Emergency Medicine and a major textbook.

The UCLA Department of Emergency Medicine currently has faculty at 7 major hospitals, with over 200 faculty members, 3 residency programs with over 140 residents, and multiple fellowships.

“I am deeply honored to be selected as the recipient of the CalACEP Education Award. I have devoted my career to teaching emergency medicine, and as a career long member of CalACEP, this is an award I will treasure. There are so many amazing clinical educators in California, that to even be considered in the same league is humbling.

Thank you again!”
Humanitarian Award

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.

Jennifer Eileen Morley, MD

Dr. Morley goes above and beyond to help bring services to patients who are often forgotten by society and hidden away in the shadows. She secured California BRIDGE grants and has created a safety net for patients in her community with substance use disorders. She also built a Narcan distribution program that has been ranked second in the state for the number of Narcan doses given out. She has played an integral part in developing a robust street nursing program to extend care outside of the walls of the emergency department. She has helped get patients in homeless camps, shelters, and treatment facilities access healthcare who would otherwise go without care.

Bio: Dr. Morley moved to Sacramento for medical school at UC Davis in 2008 and stayed at UC Davis for residency as well. She has been working at Adventist Rideout hospital in rural Marysville since 2015 and loves working in a true community hospital setting and getting to make changes to her ED that benefit our patients. Many problems can be overcome with a commonsense approach to barriers to care.

Dr. Morley applied for/awarded/implemented the CA Bridge program in 2019 for bringing MAT treatment into the ED. Adventist Rideout hired a fantastic Substance Use Navigator Mr. Todd O’Berg who, along with their team of docs and APs, has really made sweeping changes to the way people who use drugs are viewed and treated in their community. She coordinated with many local primary care and substance use disorder clinics, the county behavioral health department, police department, community organizations, etc. to make the Bridge program and street nursing program a known and now integral part of our community. She also helped several other Adventist hospitals apply for and implement their own Bridge programs as well. In 2019, Dr. Morley applied for the Naloxone Distribution project and Adventist Rideout has had the second highest number of naloxone kits distributed from their ED in the state (behind Highland who spearheaded this in the first place).

“I’m so surprised and grateful to receive the California ACEP Humanitarian Award. I would not have been able to do any of this without Dr. Aimee Moulin, who has been such an ongoing inspiration and rock of support in my journey to bring MAT treatment to our community. And also, my medical director Dr. Kamara Graham whose response to all my ideas is always an enthusiastic “yes! How can I help you do that?”.

It’s an incredibly impactful thing to hear the many stories of patients who thought they were beyond help, and yet were able to get their lives and families back. Thanks to our SUN Todd O’Berg, my friend and partner in this journey, who is the one who really makes it all happen, day in and day out.”

Special Recognition Award

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.

Christanne H Coffey, MD, FACEP

Dr. Coffey created the diploma in Diving and Marine Medicine, furthering the reach of emergency medicine and improving care for patients in austere environments. She has had a considerable impact within Wilderness Medicine and emergency medicine through her research and education efforts.

Bio: Dr. Christanne Coffey is an assistant professor of clinical emergency medicine at the University of California San Diego, where she serves as the wilderness medicine fellowship director and course director of two wilderness medicine student courses. She is the medical director for the San Diego Mountain Rescue Team. During Dr. Coffey’s time as chair of the Wilderness Medical Society (WMS) Diploma in Diving and Marine Medicine (DiDMM) committee she helped lead the redesign of the DiDMM curriculum for the WMS, an international certification program in the essentials of caring for patients in the marine environment. She is the conference chair of the Marine Medicine Conference and the Medicine at Sea Pre-conference. She is the past chair of the WMS Graduate Medical Education Fellowship committee and served on the Certification of GME Fellowships in Wilderness Medicine steering committee. Her interests include marine medicine, diving medicine, wilderness medicine education, and extreme sports.

“I am truly honored to receive the Special Recognition Award from California ACEP. California is home to a wide array of wilderness environments and the greatest number of wilderness medicine fellowships in the nation. I appreciate the support of and collaboration with my wilderness medicine and emergency medicine colleagues in California and nationwide in growing the body of research and education in marine medicine. I thank the Wilderness Medical Society for providing me with the opportunity to play an integral part in creating the Diploma in Diving and Marine Medicine. Special thanks to Drs. Cheryl Lowry, Brian Pinkston and Karen Van Hoesen for their commitment to making this diploma a reality, and many thanks to Alicia Wilson for her amazing organizational skills and flexibility. Thank you to my UC San Diego DEM family who continue to invest in tomorrow’s physician leaders. I would also like to thank my partner, Charley, and our children for sharing my enthusiasm as this adventure continues!”
Media Award

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.

Alicia Mikolaycik Gonzalez, MD, FACEP

Dr. Gonzalez puts a human face to medicine through the Real Talk Podcast. She interviews fellow physicians and shares stories of humility, failure, and perseverance. Dr. Gonzalez has had a considerable impact on emergency physician mental health and wellness through media.

Bio: Dr. Alicia Mikolaycik Gonzalez, MD completed her Emergency Medicine residency at UCSF Fresno in central California, where she and her co-chiefs started “Real Talk” – a storytelling experience that allows healthcare providers the opportunity to process the more human aspects of working in medicine. Since then, she has traveled around the country training groups to use Real Talk in improving the provider experience at their sites. Alicia has robust leadership experience including serving on the Board of Directors and as President of the Emergency Medicine Residents’ Association (EMRA) from 2015-2018, completing Vituity’s Administrative Fellowship 2017-2018, serving as Medical Director for the ED at Marian Regional Medical Center in Santa Maria, CA, and as of this summer, becoming a member of the CalACEP Board of Directors. Alicia is also a Regional Director & Clinical Training Lead for the CA Bridge Program, helping establish Medication for Addiction Treatment (MAT) programs & improving the care of patients with substance use disorders in hospitals across California. Alicia is passionate about shifting the culture of healthcare toward treating patients and providers with more compassion and bringing joy back to the bedside. In Sept 2019, Alicia created the Real Talk podcast which features stories shared during in-person Real Talk sessions and makes those stories accessible to any person that needs to hear them. Outside of medicine, Alicia loves travel adventures, trying new things, music, her amazingly supportive partner Marco, yoga, and all things Trader Joes.

“Holy cow - what a surprise and an honor! It’s kind of crazy to step back and realize how many people have to believe in you for something to become great. Real Talk started as an in-person program at my residency (shout out to the Fres-YES!) when my PD Jim Comes & APD Stacy Sawtelle took a chance on this crazy resident idea; then it was amplified nationally by Jess Mason through EM:RAP, and inspired to grow by our CMO at Vituity, Gregg Miller, who convinced me it could be something more. Since then, we have been able to help practices and residencies across the nation implement Real Talk Programs, and naturally realized the stories were way too good to keep to these small groups! We started recording them, and here we are just a few years later – an award-winning podcast filled with humor, despair, celebration, reflection, and so much vulnerability leaving us fully aware we are not alone in this crazy and unique vocation. I could never have done any of it without my incredible husband, partner, and sound engineer, Marco, and the guidance and mentorship Julia & Orlando Magaña of EM Pulse offered us along the way. EM is truly a family, and as a family it’s so important to lift each other up to do great things. Mega-MEGA thanks to everyone that believed in and coached us, and to all our brilliant storytellers with whom we absolutely share the honor of this award!!”

House of Medicine Award

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.

Adam Dougherty, MD, MPH, FACEP

Emergency medicine is often a small and underrepresented voice in the larger house of medicine. But because of Dr. Dougherty’s efforts, we are recognized as the small but mighty powerhouse that we are. He serves on the board of the Sierra Sacramento Valley Medical Society and the California Medical Association. Dr. Dougherty is a steadfast advocate for emergency medicine within county, state, and national medical associations.

Bio: Adam Dougherty, MD, MPH, FACEP is a board certified emergency physician practicing at Sutter Medical Center in Sacramento. He graduated from medical school and residency at the University of California, Davis. Dr. Dougherty is currently the Secretary of California ACEP Board of Directors and is a previous Advocacy Fellow for California ACEP. He is also the chief medical officer at SimX and serves on the Board of Directors for Physicians for a Healthy California, Sierra Sacramento Valley Medical Society, and the California Medical Association.

“Thank you California ACEP for your continued support of EM physicians in advocacy.

It has been a rough few years for all of us in health care, and being able to come together to tackle big issues in health system reform and physician wellbeing certainly lights a fire!”
Senator Ken Maddy Political Leadership

This award is given to a person who, like Senator Maddy, has made a lasting and indelible contribution to emergency medicine through significant legislative and/or political efforts.

The Honorable Jackie Speier

Congressmember Speier has been an incredible ally to emergency medicine and the patients we serve during her time in the California State Legislature and Congress. She was the author of bills to strengthen the Maddy Fund for emergency physician reimbursement, to provide rights to patients against HMOs in the 90s when that was unpopular, and to level the playing field between HMOs and physicians - just to name a few. Her legacy cannot be understated. We are pleased to recognize the incredible impact she has had on our specialty and our ability to provide quality care to Californians. Congressmember Speier is retiring from Congress this year and her voice as a champion of emergency medicine will be missed.

Bio: Congresswoman Jackie Speier proudly represents California’s 14th Congressional District, stretching from the southern portion of San Francisco through San Mateo County to East Palo Alto

Speier first ran for Congress in 1979, facing a crowded field in a special election for a seat formerly held by Congressman Leo J. Ryan, for whom Speier had served as a legislative aide.

The special election was called after Ryan was shot to death in Jonestown, at the compound of the People’s Temple, a cult in Guyana that had previously been based in Ryan’s District. Speier traveled with Ryan on that trip in 1978 in an attempt to rescue some of the cult’s 900 members.

Speier received her B.A. in Political Science from the University of California at Davis and her J.D. from UC Hastings College of the Law. She enjoys any activity that allows her to spend time with her family.

“Thank you for awarding me the Senator Ken Maddy Political Leadership Award. I am deeply honored. But, it is you who must be honored. As many of you may know, my late husband was an emergency room physician. Through him, I learned that you not only save lives but also transform them. I saw this transformational impact in the notes sent after my husband’s death by patients who took his advice to heart, often offered at a desperate time in their lives. These notes brought tears to my eyes because his impact upon patients was inspiring.

Through COVID and so many other health care crises, you have been the shining beacon of hope and resilience. Thank you for being the first to lay hands on those most in need.

This award is particularly noteworthy because I also knew the great Senator Maddy. He represented the best of bipartisanship that is often missing in Sacramento and Washington. I have long sought bipartisan change whenever it was possible.

Thank you for your efforts every day to change and save lives. Despite the name of the award, I do not believe that I am possessed of political courage. The public extended to me the honor of public service, which I then sought to put to just ends. My fervent hope is that I achieved my objective.”

THANK YOU TO ALL OF OUR AWARD RECIPIENTS
You Earned It.
Almost 20 years ago when I started my Emergency Medicine Residency in Los Angeles, I was eager to prove myself, to be recognized for my hard work and my merits. I became medical director, then President of CalACEP, was chosen for a hospital system’s Board of Directors, and was asked to serve on the Board of a nonprofit organization tackling homelessness in our area.

Along the way, I quickly realized I was not fulfilled by the “merits” I counted. What felt truly meaningful is what I collectively achieved with other like-minded individuals. It is what we do together as a team of people with dedication, heart, and a service-mindset that fills our souls.

Nothing I have done or accomplished has been done of my own singular accord. Emergency Medicine, as you are already aware, is a Team Sport. Look at your current team, wherever you are in your training or career, and consider how you can be there for each other, understand and share your passions, frustrations, ideas, and solutions. What I have realized is, I cannot do this alone. This is a difficult career, not for all the medicine you need to know in life-threatening conditions of every organ system, but because of the commitment to working nights and weekends while your friends and the world gather, holidays you will miss with your families and loved ones, the innumerable and unfair deaths you will encounter and have to announce to bereft families, the indignance you feel about a system that does not provide for the people that need it most.

Dr. Perlroth has committed an immeasurable amount of time dedicated to the Chapter and the specialty. She repeatedly demonstrated an unwavering commitment to the Chapter as Reimbursement Committee Chair, Board Member, Councillor, Officer, and ultimately serving as President of the organization. She took on challenges others avoided, demonstrating her core, and the core of the specialty - it was not about her, it was about serving others. Her thoroughness, kindness, and inviting nature created an open culture in which people felt inspired to serve. In this way she expanded her own reach and built something lasting beyond herself. She encouraged and fostered dialogue and found a way to guide people toward their strengths. Dr. Perlroth’s leadership had a profound impact on the Chapter, and as a result, the specialty.

Bio: Chi Perlroth, MD, FACEP has been a practicing Emergency Physician in California (and briefly in New York during the height of COVID-19) for 15 years, with 9 combined years of leadership and operational experience as a past Chair and Medical Director of a fast-paced Emergency Department in a Level II Trauma Center.

She served as President of the California Chapter of the American College of Emergency Physicians, advocating for Emergency Physician practice and patient access to care and currently serves as a physician Board Director of a nonprofit health system near the San Francisco area. She has also recently joined the Board of Directors of a California organization, Shelter Inc., which provides services in the Contra Costa, Solano, and Sacramento areas, services which include housing, job training, legal support, and other resources that lead to self-sufficiency in homeless and home insecure individuals. With the help of Vituity Cares Foundation, she recently has also helped to start Street Clinics in Oakland encampments to provide medical care where the patients are.

Almost 20 years ago when I started my Emergency Medicine Residency in Los Angeles, I was eager to prove myself, to be recognized for my hard work and my merits. I became medical director, then President of CalACEP, was chosen for a hospital system’s Board of Directors, and was asked to serve on the Board of a nonprofit organization tackling homelessness in our area.

Along the way, I quickly realized I was not fulfilled by the “merits” I counted. What felt truly meaningful is what I collectively achieved with other like-minded individuals. It is what we do together as a team of people with dedication, heart, and a service-mindset that fills our souls.

Walter T. Edwards
Meritorious Service Award

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.

Chi Perlroth, MD, FACEP

Aside from understanding Teamwork, think about Service. Develop a Service-Mind. After finishing residency, and after a few years of practice under my belt, I suddenly felt a blank space. I asked myself, “Wait, was that it? Is that all I’ve been working towards?” That’s when I thought about service and getting involved.

Serving will help put things into perspective. It helps you understand why you do what you do in the Emergency Department. And service will help you meet people along the way who share your frustrations, vision, complaints, mission.

And don’t forget to thank EVERYONE along the way, EVERYDAY. Every opportunity you receive to achieve great things was the result of a collection of support that people believe in you have somehow given to you, whether you realize it or not. Thank them as often as you can.

Which leads me to, my many thanks to my medical school and residency friends for all the examples and support they have given me inside and outside the hospital walls. Some of my best friends to this day are from medical school. In Emergency Medicine, my most influential colleague is and has been Dr. Aimee Moulin. Thank you, Aimee, for allowing me to be your partner in crime. You have always pulled me up in your rise to do amazing things for our specialty and for our patients. Thank you to my residency professors, Dr. Mallon, Dr. Swadron, Dr. Schoenberger, and Dr. Stone, for teaching me that when one door closes, another opens, and more importantly that kindness ALWAYS matters.

As for my mentors, thank you Dr. Tom Sugarman who taught me that showing up and believing in my cause is half the job done. Thank you, Dr. Theo Koury for helping me see that there is a world out there beyond the ED that needs our help, that the ED is often the place they land when the world may fail them, and that as an emergency physician, I have much of the training and many of the attributes to effectively serve inside and outside the hospital walls.

I also want to thank Elena Lopez-Gusman CalACEP’s Executive Director, Kelsey McQuaid-Craig CalACEP’s Director of Policy and Programs, and the entire staff at CalACEP for working tirelessly on behalf of emergency physicians and our patients, for wholly accepting and believing in our causes and making those causes firmly their own.

Thank you to my family, to my parents who brought us to this country with nothing but a suitcase, my mother who has worked so hard to provide opportunities for me she never had, my father who unfortunately passed away before he could see me become a physician but who dreamed my dream of becoming a physician with me, my sister who always asks the why and more of the important questions. And to my husband Josh, who challenges me to be the best version of myself every day, to be thankful for all the little things, and tells me to “STOP complaining, and do something about it!” And that there, is how a life of service begins.

Thank you for this great honor.”

FALL 2022 | 31
It started slowly. On February 12, 2013, James Flavy Coy Brown arrived in downtown Sacramento after being placed on a three-day Greyhound ride on discharge from a Nevada psychiatric hospital. Less than three months later the story was exposed by the Sacramento Bee and ultimately led to a class action lawsuit on behalf of the patients, and a Pulitzer nomination for the paper. The following year brought a lawsuit against a hospital in Los Angeles for discharging a patient to a local shelter. In late 2016, an outbreak of Hepatitis A in San Diego’s homeless population again highlighted the poor health conditions of California’s growing homeless population. The following years brought a flood of news stories highlighting the plight of California’s homeless populations, culminating in a general sense that something should be done.

On February 14, 2018, we learned what that something was. California Senate Bill (SB) 1152 was introduced by Senator Ed Hernandez, an optometrist representing the San Gabriel Valley. At the time, while he was serving the final year of his Senate term, he was still the powerful chair of the Senate Health Committee and he was running for lieutenant governor. With the support of powerful state unions, the bill proposed limits on both hospital and emergency department (ED) homeless patient discharges.

As introduced, the bill essentially prohibited discharging homeless patients from hospitals and EDs. Homeless patients could not be discharged at night, or into inclement weather. Homeless patients could only be released to a care facility or social services agency that had agreed in writing to accept that patient. Prior to discharge, homeless patients were to receive a meal, appropriate clothing, a 30-day supply of all medications, all necessary durable medical equipment, infectious disease screening, all appropriate vaccinations, a source of

bill proposed limits on both hospital and emergency department (ED) homeless patient discharges.

As introduced, the bill essentially prohibited discharging homeless patients from hospitals and EDs. Homeless patients could not be discharged at night, or into inclement weather. Homeless patients could only be released to a care facility or social services agency that had agreed in writing to accept that patient. Prior to discharge, homeless patients were to receive a meal, appropriate clothing, a 30-day supply of all medications, all necessary durable medical equipment, infectious disease screening, all appropriate vaccinations, a source of

...
regular follow-up care, a psychiatric evaluation, and transportation to any place of their choosing. Remember this was not a guideline or a recommendation for best practice. There was no room for clinical decision-making or variation in practice patterns; it would be a crime not to comply. Yes, it was intended to include patients seen only in the ED.

The fundamental challenge is that our policymakers and legislators do not share our understanding or experiences. Their contact with emergency medicine (EM) is as a patient and family member, or through news stories of sympathetic patients. The concept of the Emergency Medicine Treatment and Active Labor Act (EMTALA) which is so embedded into our daily practice and fundamental to our mission as a specialty, is poorly understood by policymakers. Those of us on the frontlines inherently understood that SB 1152 would decimate California EDs’ ability to treat patients. But from the outside it looks like basic human decency, backed by the most powerful players in California politics.

California’s Chapter of the American College of Emergency Physicians (ACEP) is almost as old as ACEP itself. At 47, the California chapter has a track record of fighting for our specialty and our patients. California ACEP is the voice of EM in the California State Capitol. The chapter has invested in our state policymakers for years. The work of explaining the unique challenges of an ED and building champions has to begin long before there is a need. Relationships and trust must also be built with other stakeholders in the political process, not just with legislators. It’s the years of building relationships and a reputation as a patient advocate that gives California ACEP influence.

California ACEP’s opposition letter to SB 1152 outlined the bill’s impact on crowding and patient care in the ED. Throughout the remainder of the spring, the California Chapter continued to meet with legislators to educate them on the impact on our ED patients. The first stop for SB 1152 was the Senate Health Committee chaired by its author Senator Hernandez.

We relied on the background work educating legislators that happens every year when our members go to Sacramento for lobby day and take policymakers on ED tours in their communities. We also worked with the sponsors of the bill to help them understand the unintended consequences of their proposal and to make changes to the bill.

Lobbying against a bill always begins with the author and their staff in the hopes that, if you can provide a better understanding of the policy and its potential impact, they will be willing to make modifications. If that doesn’t work, or they aren’t willing to make enough changes, the next step is to lobby the committee chair and the committee consultant – the staff person assigned to analyze the bill. The chair of each committee has tremendous power to reshape legislation that is heard in his or her committee. And while each committee has many members, they often defer to the chair, and they are certainly reluctant to oppose the chair. Unfortunately for us, in this instance the chair was also the author, so we weren’t going to be able to rely on the committee making changes for us. We lobbied each of the nine members of the committee, and many of them raised questions and gave voice to our concerns during the committee hearing. However, they ultimately voted for the bill. It passed out of committee with all seven Democrats voting in favor, one Republican voting no, and the other Republican abstaining.

The Chapter reached out to the California Medical Association, the California Hospital Association, and our public hospital partners to keep up pressure on our state legislators to negotiate the provisions
of the bill. Throughout this process there was a continual back-and-forth conversation of potential changes and amendments. California ACEP worked hard to get to a place that we felt could provide for the needs of the homeless population, while allowing EDs the space and resources to continue to provide emergency care.

Usually bills that have a potential cost to the state are referred to the Appropriations Committee in each house for a fiscal analysis. Costs to the state are estimated for each bill, and those with a cost of more than $150,000 are placed on the "suspense file" to be considered at the end of the fiscal committee deadline. This is meant to be a thoughtful, deliberative process to maintain fiscal accountability, while various new programs/initiatives are considered each year. However, this process is often also used as a political tool to kill a bill without voting it down. It is not a stretch to estimate SB 1152 would increase costs to the state through the Medi-Cal program and increase costs to public and University of California hospitals. However, with a senator as its author and powerful political winds behind SB 1152, it bypassed the Senate Appropriations Committee process entirely and went straight to the Senate floor to be voted on by all senators.

It passed out of the Senate on a straight party line vote: all 26 Democrats voted in favor and all 13 Republicans voted against. After passing the California Senate a bill goes through a mirror process in the California Assembly before going to the Governor. The Assembly gave us another opportunity to express our concerns with lawmakers and seek amendments. Since we had a more objective committee chair in the Assembly, and because the bill was sent to the Appropriations Committee in the Assembly, there were more opportunities for our lobbying to be fruitful. It was in this process that we were able to impact the outcome of the bill.

As a result of California ACEP’s work, six sets of amendments were made to SB 1152, each lessening the impact on care provided to all patients in the ED. For example, homeless patients could be discharged when clinically appropriate, and the rest of the bill’s mandates could take place in an area of the hospital that does not provide clinical care. Homeless patients could be given transportation to a place of their choosing, rather than only to social service providers that may or may not exist or have available capacity. On August 28, SB 1152 passed out of the Senate and landed on Governor Jerry Brown’s desk.

Governor Brown was always a wild card in this debate. His passion has always been for California’s infrastructure and climate change, rather than healthcare. Also at play was Governor Brown’s style of governing. While not antigovernment, he has been thoughtful and judicious when considering imposing new state requirements. While more unpredictable than most governors, he was more likely to veto legislation that places mandates on private businesses and local governments than most Democratic governors. He often said he saw the unintended consequences of the mandates he signed during his first gubernatorial terms from 1975-1983 both as a private citizen and then as mayor of Oakland.

Again, we mobilized, this time calling upon our members who sent over 700 messages to the Governor urging him to veto the bill.

Yet late in the evening on Sunday September 29, 2018, just hours before his deadline to act, Governor Brown signed SB 1152 into law. At the time it felt like a crushing defeat. However, looking back at the original bill, the efforts of California ACEP are clear. Even in defeat, I am reminded how important it is for every emergency physician to stay engaged for the health of our specialty and our patients. Recall that the original bill did not allow discharge of a homeless patient in inclement weather. Another of the many requirements was that a homeless patient be “permitted to remain in the facility for the time necessary to ensure that he or she is released during daytime hours in inclement weather. Another of the many requirements was that a homeless patient be “permitted to remain in the facility for the time necessary to ensure that he or she is released during daytime hours in inclement weather. Another of the many requirements was that a homeless patient be “permitted to remain in the facility for the time necessary to ensure that he or she is released during daytime hours where the receiving social services or other agency is open and available to receive the patient.”

The final version of the bill requires the hospital to identify a post-discharge destination, which could include a patient’s “home.” As far as the requirements on the treating physicians before patient discharge, there were only three in the final bill, and none of them are substantially different from what we already do. They are as follows:

- The treating physician has provided a medical screening examination and evaluation. If the treating physician determines that the results of the medical screening examination and evaluation indicate that follow-up behavioral healthcare is needed, the homeless patient shall be treated or referred to an appropriate provider.
- The treating physician has determined the homeless patient’s clinical stability for discharge, including, but not limited to, an assessment as to whether the patient is alert and oriented to person, place, and time, and the physician or designee has communicated postdischarge medical needs to the homeless patient.
The homeless patient has been provided with a prescription if needed, and for a hospital with an onsite pharmacy licensed and staffed to dispense outpatient medication and an appropriate supply of all necessary medication, if available.

Thousands of bills are introduced each year in the state legislature. In 2018 the California state legislature considered over 2,000 bills. California ACEP takes a broad look for any potential impact on our patients and our healthcare system. Each of the bills are reviewed by California ACEP staff. Several hundred bills are reviewed by California ACEP’s Government Affairs Committee and selected for either support, oppose or “watch” positions. Many bills are written poorly, and we must try to seek amendments to them to avoid unintended consequences. This process, while seemingly simple, is very resource-intensive. Additionally, California ACEP carefully watches hundreds of relevant bills during the process in case one is amended in a harmful way for our patients or practice. Well-intentioned ideas can be unworkable in the busy 24/7 pace of EM. One example is the requirement for prescribers in California to check the state Prescription Drug Monitoring Program prior to prescribing controlled substances. In recognition of our practice environment, California ACEP successfully lobbied for an exemption for prescriptions for less than seven days duration, saving untold hours of precious practice time, while protecting patients in pain.

In addition, each year, critical issues for our patients and our practice lead to chapter-sponsored bills. Currently California ACEP is sponsoring an effort to support ED patient navigators for substance use and behavioral health disorders, as well as legislation to allow emergency physicians to continue to operate as independent contractors despite a Supreme Court ruling that threatens this long-term, practice. The Chapter typically sponsors four bills each year. Some take multiple attempts over several years to be enacted, while others are successful on the first try. We have sponsored at least one bill each year for the last several years to improve our ability to care for patients with mental illness. While that has been a consistent theme, our sponsored legislation has covered a wide variety of practice topics. For example, we sponsored and successfully enacted legislation that allows health information technology such as the Emergency Department Information Exchange to access information from the CURES (Controlled Substance Utilization Review and Evaluation System) database. Prior to our bill, this was prohibited by California law.

While we do not have a perfect track record, our record defeating, fixing, supporting, and sponsoring legislation is stellar. This is even more true when you consider the resources available to us. In 2017, the Sacramento Bee published a list of the top 500 lobbyist employer spenders. The California Hospital Association ranked sixth, the California Medical Association ranked 19th, the Service Employees International Union (the sponsors of SB 1152) ranked third, and California ACEP ranked 215th. Much like the emergency physicians we represent, California ACEP is adept at doing more with less and producing impressive outcomes. We owe much of it to the passionate voices of our members working across the state. We hope you will join us and add your voice to the fight.

Address for Correspondence: Aimee Moulin, MD University of California, Davis, Department of Emergency Medicine, 4150 V St. PSSB 2110, Sacramento, CA 95817. Email: akmoulin@gmail.com.

Conflicts of Interest: By the WestJEM article submission agreement, all authors are required to disclose all affiliations, funding sources and financial or management relationships that could be perceived as potential sources of bias. No author has professional or financial relationships with any companies that are relevant to this study. There are no conflicts of interest or sources of funding to declare.

Copyright: © 2019 Moulin et al. This is an open access article distributed in accordance with the terms of the Creative Commons Attribution (CC BY 4.0) License. See: http://creativecommons.org/licenses/by/4.0/

REFERENCES
ABOUT
The 2022-23 California ACEP Board has 19 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.

GENDER
![Gender Pie Chart]
- Men 57.9%
- Women 42.1%

DISCLAIMER
We have not included demographics for racial, ethnic, or sexual orientation because we do not have complete data for our Board and our membership at-large. We are working to improve our data.

AGE AT START OF TERM
- 30s: 0
- 40s: 7.5
- 50s: 2.5

PRACTICE SETTING
- Academic: 10
- Community: 7.5
- Government: 2.5

GEOGRAPHIC BREAKDOWN
- Sacramento: 4
- San Diego: 4
- Central Valley: 2
- Central Coast: 0
- Los Angeles: 6
- Inland Empire: 0
Meet Your CalACEP Board

Valerie Norton
President

Mike Gertz
President-Elect

Jorge Fernandez
Vice President

Sue Spano
Treasurer

Adam Dougherty
Secretary

Lori Winston
Immediate Past President

Joshua Perese
CalEMRA President

Zahir Basrai
Director

Marc Futernick
Director
2022-23
of Directors

Kamara Graham
Director

Puneet Gupta
Director

Alicia Gonzalez
At-Large Director

Omar Guzman
Director

Taylor Nichols
Director

Rebecca Ruiz
Director

Carolyn Sachs
Director

Kathy Staats
Director

David Terca
Director

Randy Young
Director
MEMBER

Kamara Graham, MD, FACEP received the ACEP Community Emergency Medicine Excellence Award.

Harrison Alter, MD, MS received the ACEP Public Health Trailblazer Award.

Hunter Pattison, MD was elected Chair-Elect of ACEP’s Young Physician Society.

Katren Tyler, MD, FACEP is the nation’s first named Vice Chair for Geriatric Emergency Medicine and Wellness.

Kenneth Kim, MD became the Director of Health Policy for the Emergency Medicine Residents’ Association.

Carrieann Drenten, MD, FACEP, and Katherine Staats, MD, FACEP were named to the ACEP Young Physicians Society’s Young Physicians Leadership Society.

Christopher Colwell, MD, FACEP received the ACEP 2021-22 Outstanding Speaker of the Year Award.

Alfredo Urdaneta, MD, FACEP received the Presidential Citation Award from the Society of Critical Care Medicine for his extraordinary contributions of time, energy, and resources to the field of critical care.

Andrew Fenton, MD, FACEP published the opinion piece, “Emergency Care Can’t Stop at the Insurance Denials” in publication Medpage Today.

Monica Saxena, MD joined the Stanford Emergency Medicine Faculty as a Clinical Assistant Professor and received The American Association of Women Emergency Physicians’ Rising Star Award for exceptional leadership in EM through advocacy, administration, education, and research.

Andrea M Brault, MD, FACEP was announced as Chair-Elect of the Emergency Department Practice Management Association.

Samuel Rouleau, MD was recognized by ACEP as a Critical Care Rising Star.

Cuauhtlehuanitzin Rangel, MD was recognized as Kern Medical Emergency Medicine’s 2022 Outstanding Graduate Medical Education Graduate of the Year.

Shelah Hayes, MD was recognized as Kern Medical Emergency Medicine’s 2022 Outstanding Emergency Room Resident & GME Resident of the Year.

Atish Vnmali, MD was recognized as Kern Medical Emergency Medicine’s 2022 Outstanding Resident Teacher.

Charles Anderson, DO was recognized as Kern Medical Emergency Medicine’s 2022 Graduate Medical Education Intern of the Year.

Sage Wexner, MD was recognized as Kern Medical Emergency Medicine’s 2022 Outstanding ER Faculty.

Did you get a new job? Get promoted? Get published? Achieve a goal?

Let California ACEP know and we will include it in this new section of Lifeline. Tweet your accomplishment or post it on Instagram and tag @californiaacep or submit your accomplishments at: https://californiaacep.site-ym.comsurveys/?id=Accomplishments.
CEMAF DONORS

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 block Medi-Cal provider rate cuts, lock in $500 million for the Maddy EMS Fund over the next 10 years, and fight for ED overcrowding solutions! 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 chart to ensure that California ACEP can fight on your behalf. Thank you to our 2020-2021 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

2023 Legislative Leadership Conference
April 18, 2023
Capitol Event Center
Sacramento, CA

AdvancED 2023 Conference
September 8, 2023
Southern California

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 LIFELINE TOPICS

Volume 2
Moral Injury

Volume 3
Public Health

Volume 4
Practice Impact: CalACEP Toolkits

ANNOUNCEMENTS
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 2022

<table>
<thead>
<tr>
<th>Date</th>
<th>Meeting Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>14th</td>
<td>Executive Committee Zoom</td>
</tr>
<tr>
<td>16th</td>
<td>Health Equity Committee Zoom</td>
</tr>
<tr>
<td>26th</td>
<td>Christmas Holiday (Observed) Office Closed</td>
</tr>
</tbody>
</table>

### JANUARY 2023

<table>
<thead>
<tr>
<th>Date</th>
<th>Meeting Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>2nd</td>
<td>New Year’s Day (Observed) Office Closed</td>
</tr>
<tr>
<td>10th</td>
<td>Reimbursement Committee Zoom</td>
</tr>
<tr>
<td>12th</td>
<td>Government Affairs Committee (GAC) Meeting Zoom</td>
</tr>
<tr>
<td>16th</td>
<td>Martin Luther King, Jr. Day Office Closed</td>
</tr>
<tr>
<td>18th</td>
<td>Executive Committee Zoom</td>
</tr>
</tbody>
</table>

### FEBRUARY 2023

<table>
<thead>
<tr>
<th>Date</th>
<th>Meeting Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st–15th</td>
<td>Board of Directors Nominations Online</td>
</tr>
<tr>
<td>2nd</td>
<td>Board of Directors Meeting Zoom</td>
</tr>
<tr>
<td>20th</td>
<td>President’s Day Office Closed</td>
</tr>
</tbody>
</table>
RIVERSIDE, CA - PARKVIEW MEDICAL CENTER

Great opportunity to join a 20 year ER group. Group seeks BC/BE Emergency Physician to work Part/Full Time as an independent contractor.

Excellent Top Tier Compensation based on productivity with malpractice paid. Ten hour shifts with MD double coverage and 24 Hour PA. Computerized equitable shift scheduling. Efficient Computerized Charting and PACS! A brand new ER expansion is complete and it quadrupled the size of the ER.

Email CV and references to clumel@repmg.com
Phone (951) 898-0823

LOS ANGELES - CULVER CITY SOUTHERN CALIFORNIA HOSPITAL AT CULVER CITY

Rare opportunity to join a Westside LA ER group. Group seeks BC/BE emergency physician to work Part-Full Time as an independent contractor. Excellent compensation with malpractice paid. Nine hour shifts with 12 hours of PA double coverage. Computerized equitable shift scheduling. 80% nights shifts are covered by night doctors. A brand new ER is currently being built which will be twice the size of our existing ER! Computerized Charting and PACS!

Email CV and references to clumel@repmg.com
Phone 951-898-0823
Looking for an ITLS course?
EMREF 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
Fax: (916) 960-6284 x 105
Email: jlcasa@caltel.com
Web: 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

Napa Valley College
Gregory Rose, EMS Co-Director
2277 Napa Highway, Napa CA 94558
Phone: (707) 256-4696
Email: gross@napavalley.edu
Web: www.winecountrycpr.com

GMR Learning (formerly NCTI)
Lena Rohrabaugh, 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

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

PHI Air Medical, California
Eric Lewis, Course Coordinator
801 D Airport Way, Modesto, CA 95354
Phone: (209) 550-0884
Fax: (209) 550-0885
Email: elewis@philhelico.com
Web: http://www.phiairmedical.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

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

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

EMREF is a proud sponsor of California ITLS courses.
DO YOU WANT TO ADVERTISE TO EMERGENCY PHYSICIANS? IS YOUR GROUP HIRING?

Partner with CalACEP!

Information on Sponsorships and EmployED online job postings can be found at www.californiaacep.org