

PaACEP News

PENNSYLVANIA CHAPTER, AMERICAN COLLEGE OF EMERGENCY PHYSICIANS
NOVEMBER/DECEMBER 2010

Executive Privilege

Our Future

*Daniel R. Webner, MD, MBA, FACEP
President*



You walk into your newly-renovated emergency department for the first time. You look around. Gone are the cramped spaces and hall beds, now replaced by a facility optimally designed

for expedient throughput. You realize that your new ED information system truly is state-of-the-art, and very user-friendly, easily allowing you to quickly document all aspects of your ED care, while automatically and instantaneously submitting all required metrics and coding/billing information, in order to expedite your collections, thanks to a greatly streamlined health insurance reimbursement system. Boarding of inpatients, ED crowding and diversion no longer occur, thanks to federally-mandated increased inpatient surge capacity. Almost all of your patients have some sort of insurance. Non-acute problems are cared for by primary care providers, thanks to aligned patient and provider incentives. All patients have access to prompt follow-up by their PCP's and specialists, thanks to all having medical homes. And, now that the Federal Tort Claims Act has been extended to all providers of EMTALA-related care, you find that you order far fewer tests, no longer practicing defensive medicine,

finally able to process patients much more time- and cost-effectively. All patients have living wills. The elderly and those with significant chronic medical conditions have all received end-of-life discussions, resulting in clear-cut code/resuscitation status. Patients and family members are beginning to realize that death is inevitable. Many patients prefer to die at home, in hospice or in extended care facilities, with dignity, in an environment much more comfortable and much less invasive than a critical care bed. The efficiencies of care resulting from simplified insurance processing/collections, more rational care, and a far less litigious environment, have all paid off, and we're almost all reaping the benefits: physicians, nurses, hospital administrators, federal and state budgets, insurance companies, and our patients. Seems like everyone's happy, except, perhaps, personal injury and medical malpractice attorneys. Oh, well...

That's my vision of what healthcare reform should be. What's yours?

As I type this, I've just returned from the ACEP Council and Scientific Assembly in Las Vegas. As you can imagine, healthcare reform was a hot item on many agendas. I listened to and/or participated in many of these discussions, and this is what I learned. Most agree that the Patient Protection and Affordable Care Act of 2010 (PPACA), aka the healthcare reform act, will most probably not be repealed, no matter what follows after

the November elections. There may be significant changes in the implementation schedule and funding, but it does appear that more citizens will have insurance (most probably at the Medicaid level). It's not certain who (except for our ED's) will care for these newly-insured patients. Most agree that the Act was misnamed. Most patients won't receive significantly more "protection," and there don't appear to be significant provisions in the Act to make it "affordable," unless, of course, we're all taxed more and physicians and hospitals are reimbursed less, and neither scenario

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ACEP Council Meeting: Forum for Change

This year's ACEP Council meeting was held September 25-26, in Las Vegas, Nevada. It was a busy two days with the 350-member Council representatives considering over thirty resolutions concerning emergency medicine practice environment, public health and national bylaws changes.

The ACEP Council is the broad-based national governing body of the College, made up of representatives from all 53 chapters, 30 sections, and the Emergency Medicine Residents' Association. At the Annual Meeting, councilors consider new national policies and changes to existing policies that are recommended to Council in the form of resolutions. The resolutions passed by Council are then sent to the ACEP board of directors for its approval and action.

Council Highlights

After spirited discussion, the Council approved a resolution stating that ACEP engage in a formal education program to ensure that "state chapters are briefed regarding the efforts by non-ABEM and non-AOBEM entities to hold their members out as 'board-certified' in emergency medicine." The resolution also states that "ACEP engage in both national and state lobbying



efforts to educate the several licensing agencies" on ACEP's policy regarding board certification and the certifying bodies recognized by the College.

The Council referred a resolution to the ACEP board that would define an emergency physician "as someone who has either completed ACGME or AOA residency training in emergency medicine or fellowship in Pediatric Emergency Medicine, or is ABEM or AOBEM certified in emergency medicine or Pediatric Emergency Medicine, or is a member of ACEP."



2010 Councilors

PaACEP Councilor, Keith Conover, MD, stated, "I am particularly struck by the heated discussion, year after year, on both sides of the workforce deficiency/board certification issue. There are many, particularly younger emergency physicians and AAEM members, who vehemently state that only ABEM/AOBEM-boarded doctors should be allowed to care for patients in EDs. There are others who cite figures that show that, even if we try as hard as we can to expand EM residencies, we will not come near to meeting the demand for doctors to staff all of our EDs."

Several practice issues were also addressed. The Council adopted a resolution that ACEP meet with the American Psychiatric Association to create a guideline for the medical stability of psychiatric patients that includes ACEP's Clinical Policy on the subject. Another asks ACEP to create a policy supporting the discretionary use of prescription monitoring programs in every state; another asks ACEP to advocate for maximum legal penalties for violence against health care workers. The Council also adopted a chapter co-sponsored resolution that ACEP promote public education and support legislative efforts to ban or limit the use of mobile devices or other distracters while driving.

In a bylaws resolution, the Council agreed to give a seat to the Council of Residency

Directors (CORD). This representative will join the 2011 Council meeting.

David Lemonick, MD, FACEP, shares his experience. "I testified for the chapter against adoption of a Medicare for all resolution and I also testified as an individual against adoption of a Police Pursuits resolution, and these were not adopted at Council. Sharing a microphone with some of the very best and brightest emergency physicians in the nation is an opportunity and a privilege that I won't soon forget. The exchange of ideas, both consonant and inconsonant with my own opinions, was terrifically stimulating."

The ACEP Council meetings always leave a memorable impression upon the Pennsylvania representation. Amy Snover, MD, FACEP, commented, "Once again, this is a great way to recharge my inspirational batteries. I'm reminded again why I chose this specialty and why we continue to work in the greatest place in the hospital. It is always refreshing to talk with people from around the country who have the same appreciation of and frustration with our continuing challenges."

Part of the value of this experience is exposing young emergency physicians to organized medicine and the process involved behind setting ACEP's agenda for

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YP Reception Huge Hit!

The PaACEP Young Physicians Committee held their semi-annual reception in Las Vegas during the ACEP Council meeting. The reception was sponsored by Emergency Resource Management, Inc., and over 100 attendees participated in the festivities! The turnout from young physicians and the PaACEP Board of Directors was great and we look forward to the Spring reception at the chapter's Scientific Assembly, April 11-13, 2011!

Consider playing a more active role in the Young Physicians committee. Each year they host two successful receptions at the PaACEP and ACEP Scientific Assembly and this year, they launched the mentorship program. The goal of this committee is to introduce the next



2009 - 2010 YP Committee Co-Chairs, Maria Guyette, MD and Anna Schwartz, MD

generation of emergency physicians to the opportunities and benefits to be found within the chapter. If you would like to get more involved, please call the PaACEP office at 877-373-6272. ■

PaACEP Residents' Day

On September 23, 2010, over 100 residents attended PaACEP's Resident's Day. This annual event is a joint venture between the chapter and a Pennsylvania emergency medicine residency program, and was hosted this year by the Einstein Medical Center.

The day's program included a varied mixture of clinical medicine, administration, and public policy topics. These included:

Capnography and Procedural Sedation

Carl Chudnofsky, MD, FACEP

Department Chair, Einstein Medical Center



Managing Surge in the ED and Beyond

Steven Parrillo, DO, FACP, FACEP

Director, Elkins Park ED; Chair, Albert

Einstein Emergency Healthcare Network

Emergency Response Committee; Medical

Director, Philadelphia University Disaster

Medicine & Management Masters Program



PaACEP Past President, John J. Kelly, DO, FACEP

Multi-Culturalism in the Emergency Department

Jack Kelly, DO, FACEP

Vice-Chair and Past-President, PaACEP

Updates & Controversies in Intracranial Hemorrhage

George Newman, MD,

Chairman, Department of Neurology,

Einstein Medical Center

PaACEP Past President, Jack Kelly, DO, FACEP, also provided an overview of national as well as chapter projects and programs.

Thanks to Einstein Medical Center EM Residency Director Merle Carter, MD, FACEP, for coordinating this year's successful program! ■

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Busy Legislative Session with Little to Show for It

John Milliron, Esq., PaACEP Lobbyist

The Pennsylvania House and Senate have adjourned for the 2009-2010 Session and very few physicians will mourn the fact that they are leaving the Capital. Last year's state budget was balanced with the taking of \$700 million from our Mcare fund. This year, we won round one in Commonwealth Court to have it returned, but the appeals from the Governor's office could take years to resolve.

We fought hard to make major changes to the vehicle code in House Bill 67. The bill would have limited a junior licensed driver to only two passengers and everybody would be required to wear a seatbelt – and it would become a primary offense. The practice of texting and using a cell phone while driving

would have been banned and again it would become a primary offense.

The House fought hard for these changes but the Senate disagreed and reversed everything back to a secondary offense. They even increased the number of passengers a junior driver could have in their car. As a result, the House would not agree and the legislation died at the end of the session.

The Chairman of the House Transportation Committee, Representative Joe Markosek (D) from Allegheny County, has promised to reintroduce the bill next session in its tougher form and to again push for its passage.

The legislature did pass Representative Jennifer Mann's (D) proposal that all healthcare workers, whether in a healthcare facility or in a private office, wear clearly seen identification badges. The new twist to this law is that the badge must identify you by the license that

you have from the Department of State. That is, it will have "physician" or "nurse" not "Doctor" when it is an educational degree not a licensed title. For example – a nurse with a doctorate in nursing will not be allowed to have the title "Doctor" on his/her badge since that is not the license which was issued by the Commonwealth. The law will not take effect for six months.

The Legislature did rewrite the EMS code after years of negotiating between the Department of Health and the various interested parties. We supported the new version and it became law in 2009.

The upcoming 2011-2012 Session will be a very exciting one for emergency physicians. The chapter is undertaking the biggest legislative initiative in our history! You will be receiving more details in early January. ■

2010 Pennsylvania Emergency Physician PEP-PAC Updates

We are asking every emergency physician to contribute the equivalent of one hour's compensation to PEP-PAC. With the health care reform changes that we are certain to confront in the near future, the timing is critical to support our friends at the Capitol. One hour of your time CAN make a difference! Thank you to the following 2010 contributors of PEP-PAC.

Thomas Anderson, MD, FACEP
Dudley Backup, MD, FACEP
Robert Balogh, Jr., MD, FACEP
Charles Barbera, MD, FACEP
Michele Belak, MD
James BenKinney, MD, FACEP
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Robert Whipkey, MD, FACEP
Gerald Willwerth, MD, FACEP
Adam Yates, MD, FACEP ■



Excellent opportunities in Pennsylvania for outstanding physicians

Lewistown Hospital, Lewistown

Staff physician and PA opportunities at this 30,000-volume ED that serves 80,000 residents of Lewistown and surrounding communities.

St. Joseph's Medical Center, Reading

About 60 miles from downtown Philadelphia, this 46,000-volume ED offers 48 hours of physician coverage and 24 hours of PA coverage daily.

Wilkes-Barre General Hospital, Wilkes-Barre

This 48,000-volume ED is supported with excellent coverage, exceptional technologies, and services that make it a leader in primary and specialty care. Inquire about sign-on and referral bonuses as well as other incentives.

Many more excellent opportunities available!

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Chapter Grant

Every year, ACEP provides grants to state chapters to help them complete innovative projects that they may otherwise be unable to do. ACEP's board of directors approved \$45,000 for its 2011-2012 Chapter Grant program. PaACEP wants to submit a project and needs your ideas!

Since 1991, Pennsylvania ACEP has been awarded seven ACEP chapter grants. A list of the projects ACEP funded since the program began in 1983 is included on the ACEP web site, www.acep.org.

The postmark deadline for submitting a letter of intent to ACEP is January 4, 2011, so plan to have your ideas in soon.

Young Physician Scholarship

The future of emergency medicine depends on the development of leaders among young emergency physicians who will advocate for our profession and our patients. As a result, the PaACEP Board of Directors has established a stipend for a deserving young physician who meets specified criteria to attend the annual ACEP Leadership and Advocacy Conference in Washington, DC. Next year's conference will be held May 23-25, in Washington DC.

Candidates must be a member of ACEP and Pennsylvania ACEP, and should meet one or more of the following criteria:

- Be in the first three years of emergency medicine practice in Pennsylvania or concluding a Pennsylvania residency in emergency medicine with a commitment to stay in Pennsylvania for at least the next year.
- Should have shown evidence of leadership activity (beyond routine residency participation or chief resident responsibility) during residency.
- Has shown evidence of community or political leadership activity during residency.
- Has participated on PaACEP or ACEP committees or related activities.

The candidate will submit a brief comment to the PaACEP Board of Directors (100 words maximum) why he or she should be selected to receive the PaACEP Young Physician Leadership Fellowship.

The application and comment submission deadline is February 28, 2010.

If you have an idea for a chapter grant project OR are interested in applying for the young physician scholarship, please call 877-ER-DOC-PA, fax to (717) 558-7841, write to the chapter office at 777 East Park Drive, PO Box 8820, Harrisburg, PA, 17105-8820, or email David Blunk at dblunk@pamedsoc.org.

Spivey Call for Abstracts

The Pennsylvania Chapter of the American College of Emergency Physicians (PaACEP) announces "The William H. Spivey, MD,

FACEP, Research Presentation Competition" to be held in conjunction with the PaACEP Annual Scientific Assembly, April 11-13, 2011.

Presentation of abstracts is open to emergency physicians, residents, fellows, and medical students, and should address issues pertinent to emergency medicine. The presenter must be one of the authors of the abstract, although others may have contributed to the research and presentation. Original research and case series will be accepted.

To submit an abstract, complete a submission form online at www.paacep.org.

Deadline for Abstracts: Must be post-marked by February 11, 2011.

CPC Call for Submissions

Submissions are now being accepted for the 2011 State Emergency Medicine Competition to be held at PaACEP Scientific Assembly. This event has been a great success at the meeting each year and, like the national competition, is a great way to showcase your residency program at the state level. (There is also a greater chance of winning!).

The best cases are difficult, but "gettable" based on the information presented. They can and should represent unusual presentations of common or life-threatening diseases, or uncommonly encountered diagnoses.

Cases must be received by February 11, 2011, and should be sent to:

Walter Schradling, MD, FACEP

Department of Emergency Medicine, York Hospital
1001 S. George St., York, PA 17405

Phone: (717) 851-5424, email: wschradling@wellspan.org

(If emailing, please label your subject as "2011 PaACEP CPC Submission")

You can submit nominations for the following awards via fax to (717) 558-7841 or email dblunk@pamedsoc.org

Emergency Physician of the Year

The PaACEP Board of Directors is seeking nominations for the Annual PaACEP Emergency Physician of the Year award. The award recognizes emergency clinicians of unusual merit who pursue the ideal of emergency medicine. In other words, the award seeks out those practitioners who try to be the best emergency doctors they can be.

Selection criteria require that each nominee be a current member of PaACEP, an outstanding emergency physician role model, and an effective patient advocate who:

- Upholds high professional standards
- Maintains an active clinical practice of emergency medicine
- Practices and promotes high quality emergency medical care
- Promotes the public image of emergency medicine, and
- Is active in community service and education

The nomination deadline is February 28, 2011.

Meritorious Award Nominations

The PaACEP Board of Directors has established a meritorious service award to be presented at the annual membership meeting for an individual who has made a significant contribution to emergency medicine in the Commonwealth.

The following are examples of significant contribution:

- Patient care, such as new or improved patient care delivery mode or modes, quality care improvements, or cost containment.
- EMS, such as an improved organization, new or improved service, public education disaster plan.
- Teachings, such as new or improved teaching method or methods, publications(s), educational program development, evaluation mechanism(s).
- Research, clinical or basic.
- PA chapter member, who has significantly helped to promote the purpose and objectives of the chapter.
- Personal leadership, an individual whose character has been exemplified in one or more of the following examples: inspirational, innovative, diplomatic, planner, organizer, manager/administrator, arbitrator, consensus maker, decision maker.

The nomination deadline is February 28, 2011.



PaACEP News

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PENNSYLVANIA CHAPTER,
AMERICAN COLLEGE OF
EMERGENCY PHYSICIANS

Outstanding Contribution to Emergency Medicine Award

This award was created in 2005 to recognize an individual who has made a significant contribution to the practice or body of knowledge of emergency medicine, or has provided exceptional advocacy to enhance the delivery of emergency care in Pennsylvania. It is not a requirement that the recipient be either a physician or a member of PaACEP.

The nomination deadline is February 28, 2011. ■

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404.668.7407



PAMED Updates

The Pennsylvania Medical Society (PAMED) Annual Business Meeting and House of Delegates was held October 22 - 24 in Hershey. Delegates discussed a new PAMED vision and Blueprint for physicians to “get in the game” with changes that are taking place in healthcare. Physicians were challenged to consider how they can add value to their practice and the care they deliver to patients. There was a leadership seminar which all PAMED members were invited to attend, and a forum where delegates discussed what leadership qualities, skill sets, and initiatives they would find most important to be “engaged” and move forward in this era of change. The PAMED Blueprint notes, “Physician participation and leadership are essential to ensure that care is safe, timely, effective, efficient, equitable and patient-centered.”

PaACEP President Daniel Wehner, MD, MBA, FACEP, represented the chapter at the meeting, and provided his thoughts on the experience.

“The PAMED House of Delegates meeting is analogous to ACEP’s annual Council meeting, featuring elections and hours of debating over resolutions. A few of the resolutions were particularly germane to emergency medicine. One, introduced by PaACEP’s Ted Christopher, MD, FACEP, was to study the possibility of allowing consulting physicians to utilize red lights and sirens or other methodologies to help

them arrive more quickly (and preferably safely) when responding to emergency hospital calls. This item was referred to the PaMED Board for further consideration, and consultation with the PA Departments of Transportation and EMS.

A resolution from last year reaffirmed this year after study by the PAMED board, will establish a workgroup whose mission will be to develop a white paper on ED crowding designed to explain the boarding/crowding issue to and garner support from others in the house of medicine. A third resolution, unanimously approved, instructs PAMED to seek legislation or other means to allow HIV testing to be performed without first requiring a signed consent. This should allow for more prompt testing of source patients following accidental needle sticks and other occupational exposures.

There were two other highlights of the meeting. The first was a brief speech from gubernatorial candidate Tom Corbett, who pledged to push for significant tort reform during his first few months in office. The second was a CME presentation by a U.S. Attorney who prosecutes physicians who divert narcotics, focusing around one particular case of a physician in northern Virginia who wrote hundreds of prescriptions for OxyContin and other highly potent narcotics and pocketed some of the profits after the drugs were sold on the street. It was indeed a pleasure, not to

mention quite an educational experience, to be involved in this year’s House of Delegates meeting, helping, in a very small way, to help chart the future of medicine in Pennsylvania. PaACEP’s Marilyn Heine, MD, FACEP, was a leader at the House of Delegates, as this past year’s Vice-President, and PaACEP’s Bruce MacLeod, MD, FACEP, officially threw his hat in the ring at this year’s meeting, announcing that next year he plans to run for PAMED Vice-President. Emergency medicine should continue to be very well represented at high levels throughout the next several years, at least.”

On the legislative front, PAMED was part of a 29-organization coalition that was instrumental in thwarting movement of a trial lawyer-favored bill. The House had passed legislation that would permit attorneys to argue dollar amounts of pain and suffering awards to juries in auto accident cases. Dr. Marilyn Heine, PaACEP Past President and PAMED President-Elect, said, “PAMED was concerned that this was likely to confuse juries, increase payouts, and be ‘the camel’s nose under the tent’ as it would inflate awards in medical liability cases and increase the cost of medical liability insurance. It was a major victory for PAMED and our coalition partners, when it became apparent that the bill would not pass and Senate leaders pulled it from consideration. ■

PaACEP RSS Feeds Now Available!

The chapter’s website, www.paacep.org, now has RSS feeds available. Don’t miss out on receiving the latest information regarding legislative updates, CME events, job opportunities and breaking news. Sign up today!

PaACEP Membership Updates and Opportunities

Volunteers Still Needed in Haiti

On March 16-21, 2011, doctors, nurses, pharmacists, dentists, residents, students, EMTs, and non-medical personnel are needed to travel with Care to Share to Chantal, Haiti, for their fourth well-organized trip since the quake. Participants pay travel to Port Au Prince, and all internal travel, housing,

food, and water are provided. French is a plus but translators are available. This is outpatient only, no trauma, and supplies and donations are appreciated. For more information, please contact Sarah John, MD, FACEP, at (703) 400-3749 or Sarahjohn2857@gmail.com. ■

Thanks to our Committees

PaACEP would like to recognize those who have willingly given up their time in order to advance the chapter's mission. Each year, our organizational goals would not be accomplished without the dedicated efforts of our committees. These committees work very hard to develop new, interesting, and relevant projects and programs that create value in PaACEP membership. ■

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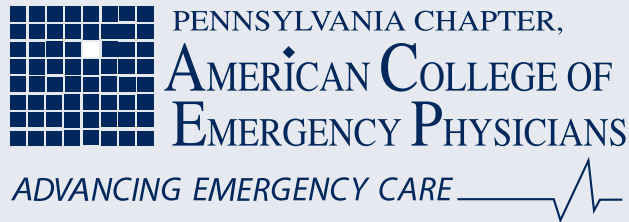
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Executive Privilege

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bodes well for us. And, the PPACA doesn't really seem to try to reform healthcare to any extent; there will be some healthcare insurance reform, but reforms of other aspects of the healthcare system seem to have been ignored. That's the bad news.

The good news, is that since reform of the rest of the healthcare system has thus far been ignored, we still have time to lobby for significant changes to help us be better able to care for our patients in the future. And, who knows better about the intricacies of patient access to care, provider/specialist availability and referral, the nuances of the medical system, the liability environment,

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unnecessary testing and other waste, as well as patient flow processes than emergency physicians? We are the right people at the right time for the right job of advising our political leaders how to best design the healthcare system to allow all patients to have appropriate access to care, streamlining processes and limiting waste.

Fortunately, the Board and other leaders in ACEP are well aware of the importance of ACEP and emergency physician involvement in further healthcare reform efforts. ACEP will make a strong showing on Capitol Hill during the following months and years, stressing emergency medicine's unique place in the healthcare system. We're not an expensive loss-leader. We're the primary, and often only, access point for many consumers of healthcare. We are the only group of physicians who always care for any and all who present to us, no matter what, period. We, with our staffs and in our EDs, can care for entities such as significant abdominal pain, acute cardiac conditions, serious injuries or infections and acute social/mental health issues more cost efficiently than any other group of providers. Ready or not, value-based purchasing is on its way. Those with value will benefit. We have immeasurable value. We are extremely valuable. We're essential. Our duty is to make sure that everyone else is aware of our value. Due to our heavily integrated position within the healthcare system, we are uniquely situated to be able to offer extremely useful advice regarding how to make processes more efficient, and where and how waste can be eliminated. We all know that an incredibly large amount of healthcare dollars could be saved, if we could eliminate unnecessary testing, provide more rational care, assure prompt and proper

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ACEP Council Meeting: Forum for Change

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the year. Anna Schwartz, MD, shared valuable insight that should encourage physicians of all ages to participate in this important event.

"I have a confession. When I volunteered to go to ACEP council, I had only a very vague (and it turns out, wrong) idea about what ACEP Council is. I imagined lectures, similar to Scientific Assembly but smaller, and with a more political slant. It turns out that ACEP Council consists of meetings, speeches and elections. "Meetings" is often synonymous with boring, but in this case, it is one of the most interesting, and educational two days of my career.

I attended Reference Committee B, which discussed *Advocacy and Regulatory* resolutions. I spoke on behalf of the state chapter supporting "Advocacy Training Residency." As a chapter, we felt that advocacy training is an important part of residency training. The resolution was not a mandate to residency training programs, but more of a policy statement that ACEP will work with EMRA to develop advocacy education programs for residencies. The resolution was adopted. One of the more lively debates in reference committee B was about marijuana. Despite the fact that this has apparently been discussed on yearly basis, the discussion was passionate and heated on both sides. The phrase "yes we cannabis" was spoken. Several people were vehement that ACEP work on this issue, but the vast majority felt that ACEP needs to concentrate on other issues that more directly affect emergency medicine. Both marijuana proposals were defeated in reference committee and in Council.

The best thing about Council is that in the span of 48 hours I had a crash course about the issues that are most important to ACEP. The major issues, including healthcare reform, uncompensated care, liability reform, and others, were discussed by some of the most intelligent and informed

members of our organization. It was an honor to participate and I enjoyed the parliamentary process. I left Council feeling invigorated, optimistic and excited to become more involved with ACEP."

PaACEP thanks the following for their hard work and commitment to the specialty and the college by representing chapter members at the 2010 Council meeting.

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Alternates:

John Kelly, DO, FACEP
Scott Korvek, MD, FACEP

Council Past Speaker Bruce MacLeod, MD, FACEP, also participated. ■

Executive Privilege

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follow-up, reform the medical liability system and streamline insurance reimbursement.

So, ACEP's continuing to push forward to try to advance true healthcare reform that will benefit our patients, our healthcare system and our entire nation's financial well-being. What can you do? Stay involved and up-to-date with the issues. Contact your legislators and provide education. Ask your friends, co-workers and relatives to do likewise. Contribute to NEMPAC and ACEP's lobbying efforts. Don't just sit back, work your shifts and expect others to take care of things. Get involved. We're fortunate to be practicing emergency medicine at this particular time, when significant changes may occur, that may forever alter the way our healthcare system operates. Let's all take advantage of this opportunity by getting involved and working diligently to affect positive change for our patients and our specialty. We cannot afford to sit back and let others determine our future. ■

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