



In this edition:

[President's Message](#)

[Call for Nominations for the MNACEP Board of Directors](#)

[Legislative Update](#)

[Welcome New MN ACEP Members](#)

News from ACEP:

[ACEP President Dr. Gillian Schmitz Addresses the 2021 ACEP Council](#)

[EM Physician Workforce of the Future Updates](#)

[Regulatory News: Vaccine Mandates, 2022 Physician Fee Schedule, Surprise Billing](#)

[Member Benefits: Employment Contract & Other Career Resources](#)

[Upcoming Events and Deadlines](#)



President's Message

Tim Johnson, MD, FACEP

To have what you have never had, you must do what you have never done. – Thomas Jefferson.

When I became president-elect of this chapter in January of 2018, the world was a lot different.

Nearly 4 years later, this is my last president's message to you. The issues I thought I was prepared to address then shrank as unexpected new ones no one had ever seen before sprang up and took top priority.

Ironically, with about 45 days left in my term as chapter president, only now are clear signs appearing that point the direction that our chapter should take, though other leaders will be the ones taking us there. The present is tough for all of us, but the future is brighter (though still daunting) with some key battles ahead of us. Read on for a summary of those battles.

The battle to acknowledge the absurdity of your practice situation. Minnesota has now seen cases where emergency department patients have suffered and even died in a (usually smaller) hospital for want of a resource (ICU bed, dialysis, trauma care, nursing

care) that would have been easily obtained prior to 2020 via transfer to a bigger, better-equipped hospital. Hundreds more emergency department patients are getting care but waiting longer for it, sometimes days. And you are the ones feeling the moral injury of that. At a recent Minnesota ACEP board of directors meeting, we had a somber conversation about how our emergency physicians are getting brutalized by the crush of patients, many of them not Covid patients, during this “fourth wave” that has hit Minnesota harder than any of the events of the past, with far fewer resources to properly care for them. There is virtually nothing we can do to make the unwilling get vaccinated or return to work. We have been unable so far to get the governor to establish crisis standards of care, as has been done in a few other states. The one thing that we CAN do is to tell our story to the press, the public, and those in power. We can, among ourselves, define what a real-world standard of care looks like right now given our severe constraints. We can broadcast it, and we can support it by pledging to act as fair and unpaid expert witnesses when our colleagues are sued for outcomes that they were powerless to improve. Shining light on these issues may even motivate those in power to help fix them. This project is in the very beginning stages of creation: please contact me if you are willing to help create this much-needed resource.

The battle for your pay. As a reward for all your hard work, the CMS Physician fee schedule for 2022 (which virtually *all* your payer contracts are based on, directly or indirectly) is slated to deliver you a pay cut of 9.7%. Here is the breakdown: 2% for “the sequestration”, 4% for “pay-go”, or the congressional rule that all laws that cost money need to have a funding source built in, and 3.7% from across-the-board decreases in the conversion factor to fund individual increases in a few codes that CMS felt needed to be increased. Government can act to ease some of that pain, but they won’t unless they hear you. ACEP advocacy on both national and state levels could use your help. [Read more about it here](#) and contact them or me if you have questions.

The battle for health equity. This one was not on my radar until about a dozen high-profile incidents, including the murder of George Floyd, put it there. Since then, members I never heard from before started asking how Minnesota ACEP was going to respond. I hope you tuned into our excellent eye-opening Zoom conference on health equity. This work feels unfinished: we are looking for people with an interest in this to move this work forward. Contact me if that sounds like you.

Our board has a couple of open seats. You can self-nominate, and I encourage you to serve, particularly if your voice is diverse in some way: BIPOC, LGBTQ, women, and any other underrepresented minority are encouraged of course, but also if you practice in a geographical area or occupy a niche of emergency medicine that is thinly represented on our board. My email and cell, as always, are at the end of this message. Thanks for all you do. We all need you.

Tim Johnson

CALL FOR NOMINATIONS TO THE MNACEP BOARD OF DIRECTORS

MNACEP Members:

The MNACEP Nominating Committee is accepting nominations for the MNACEP Board of Directors. Terms of office are two years beginning January 2022. If you are interested in

serving on the MNACEP Board of Directors or would like to nominate someone, please email the Chapter Office at mnacep@gmail.com to request a nomination form and for additional information. Nominations will be accepted until December 15, 2021.

We encourage you and your colleagues to consider a nomination to the MNACEP Board. Feel free to contact Shari Augustin, Executive Director, via email or phone with any questions.

Legislative Update

Buck McAlpin, Legislative Consultant

The Advocacy Committee has been actively communicating with legislators and the Governor's office on issues impacting your profession. Over the last 6 weeks, as volumes have surged in hospitals from both Covid and other patients needing care, MNACEP felt it was important to address a few key issues and provide a letter to legislative leaders and the Governor's office.

The topic of Crisis Standards of Care has been discussed by MNACEP for the last few months as emergency department volumes have surged along with staffing issues. Below is a letter that was sent by MNACEP President, Tim Johnson, on behalf of our membership. Without the Governor's ability to act under his Emergency Powers, which were removed by the Legislature in June, the legislature would need to call a Special Session.

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Governor Walz and Legislative Leaders,

Emergency departments in Minnesota are facing crisis at a level never seen before now. We are coping with record high patient loads, dwindling facility resources, and constant pressure to absorb the problems of the entire healthcare system. Our waiting rooms are over full. Admitted patients clog up the emergency department, taking up precious attention and space, because there is no hospital bed available for them. Ancillary staff remain unhired, and health systems prioritize their resources from a wide-angle perspective that ignores the crisis festering in the emergency department. For years, Minnesota has been woefully lacking in resources to accommodate the acute (and exploding) mental and chemical health needs of our population. Now we are also lacking basic resources to manage severely injured or ill patients. These realities are not temporary unless we unite to face them head-on. We must do what has not been done before to cope better with these realities.

As we continue to serve Minnesotans under dire circumstances, the optimal standard of care becomes less and less possible to achieve. It is both fair and necessary that we all prospectively adjust expectations, not only of ourselves, but also anyone asked to retrospectively scrutinize decisions made under compromised conditions. We need help to address the realities and risks of impossible environmental conditions. While we aspire for perfection, after-the-fact reviews often do not fairly judge, because they are based on fictitiously ideal circumstances that assume unlimited resources and standard options available. For example, when a department lacks beds and nurses, but still faces a growing waiting room of patients with acute and worrisome symptoms, an emergency

clinician must choose: do I focus my care on the patients lucky enough to have a gurney in the emergency department or do I attempt to begin sorely needed but suboptimal evaluation and treatment—even in a waiting room or hallway—of patients who cannot otherwise be seen? We need your help to clearly define crisis standards of care, applicable to this crisis and any future ones, forged in partnership with us and other key stakeholders.

In addition, the 800 emergency physicians of the Minnesota chapter of the American College of Emergency Physicians respectfully request you work together and call a Special Session with the Governor to address some short-term relief.

Ideas where MDH/DHS/Administration could help without legislation:

1. Speed up MDH process of bringing “on-line” new beds that have been approved by legislature.
2. Assist, however possible, to keep all current Transitional Care Units (TCU beds) in operation.
3. Encourage the Boards of Nursing and Medical Practice to process license applications in a timelier manner
4. Need much improved communication with providers and efficiencies with the background check and fingerprinting processes -- required for individual health care providers in order for them to start working.

Ideas that would likely need legislative action:

1. Minnesota law allows for nurses to work for 60-days under a temporary license. Given the current state of background checks and slow licensing process, this needs to be changed to a date of December 31, 2021. On an on-going basis, 90 days or 120 days would be more helpful.
2. During the emergency powers, organizations had flexibility in using various beds to serve patients due to high volumes. We have been told this requires a legislative change.
3. During the emergency powers, EMS providers could get Medical Assistance reimbursement when moving patients to other health care facilities, for reasons other than needing a higher level of care. This is still the case for Medicare under the federal health care emergency but is no longer the case for Medical Assistance. This would require a legislative change.
4. Minnesota currently has a reciprocity law, allowing licensed nurses in good standing from our 4 neighboring states (WI, IA, SD & ND) to practice in MN, without getting a new separate state license. Would MDH/the State support a policy of temporarily allowing a broader reciprocity policy during the Presidential emergency powers? (A fast background check process could help reduce the need for this approach.)
5. Support a legislative fix or Executive order addressing liability protections for providers as we have outlined below in regard to “Crisis Standards of Care”
6. Legislative support of prior waivers that allowed patients to receive healthcare in the most convenient manner

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Looking ahead to the 2022 legislative session: The next legislative session is set to begin on January 31, 2022 at noon. This is considered the short legislative session in that the legislature usually deals with policy issues and a Capital Bonding bill.

Although I would anticipate a supplemental budget bill of some sorts to address some

funding for Covid related issues and to address the \$250 million-dollar pot of hero pay money set aside last session. As I sit and write this report, the House and Senate have not decided on how to distribute the money. They have two different proposals that will be hard fought during the 2022 session.

2022 will be an election year for the Governor, House, and the Senate. Usually on these election years we see very little done at the State Capital in terms of substantive reform. With that in mind we still need to work on with our Advocacy Committee to assure we have a solid agenda for the up-coming session. That work will begin in the next few weeks under the direction of our Committee Chair Dr. Nate Scott.

Welcome New MN ACEP Members!

Erin Michelle Batdorff, MD
Fernanda Bellolio, MD, FACEP
Jason M Block, MD
Jeahan Colletti, MD
Justin Robert Dunnell
Friederike Froke, DO
Danielle E Hart, MD
Shaun P Harty, MD
Madeleine Amy Howard
Daria Denise Hunter, MD
Kavita John-Pierce, MD
Thomas Lim, MD
Emily Marie Poels, MD
Timothy Schulz
Jesse Spencer Smith, MS
Jamie L Stang
Emily M Thompson, MD
Richard D Voigt, MD

FROM NATIONAL ACEP



ADVANCING EMERGENCY CARE 

Featured News

"We cannot solve the challenges of our time unless we solve them together"

In her address to the ACEP Council on Oct. 24, 2021, ACEP President Dr. Gillian Schmitz outlined her vision and approach as the College's new leader. [Watch her speech.](#)

EM Physician Workforce of the Future:

- [Emergency Physicians Explore the Future of the Emergency Medicine Workforce](#) (ACEP Now, 10/25/21)
- [2021 Survey of the Emergency Medicine Job Market](#) (ACEP Now, 10/18/21)
- Get the latest workforce updates at www.acep.org/workforce.
- Visit [ACEP's Career Center](#)

Regulatory News:

- [Status Update: ACEP Actions to Push Back Against Flawed No Surprises Act Regulation](#) (11/18/21)
- [Breaking down the Biden Administration's new vaccine mandates: How do they impact you?](#) (11/11/21)
- [Emergency Physicians Call on Biden Administration to Amend Interim Final Rule on Surprise Billing](#) (11/9/21)
- [The 2022 Physician Fee Schedule Final Reg: Highlights and Perspective](#) (11/4/21)

EM Physicians Join Forces to Create Award-Winning COVID-19 Field Guide

[In this video](#), ACEP members tell the origin story of the award-winning [COVID-19 Field Guide](#), a valuable resource that has been utilized by emergency clinicians in more than 160 countries.

Rescue Team Doctor at the Surfside Condo Collapse Shares Experience

In this [ACEP Now article](#), Dr. Benjamin Abo gives a firsthand account of what it was like for the urban search and rescue teams that responded to the Surfside condo collapse. (Plus, get bonus content from Dr. Abo on this month's [ACEP Nowcast](#).)

ACEP Member Benefits

A Checklist to Help You Negotiate The Best Employment Contract

Employment contracts are complex and often difficult to navigate. [This checklist](#) is designed to help you consider all the right questions when reviewing any employment contract you receive.

Legal and Financial Support Services

For just \$15 per year, ACEP members can access Mines & Associates' [legal and financial support assistance](#). This service includes unlimited 30-minute in-person consultation for each individual legal matter, unlimited telephonic 30-minute consultation per financial matter, and 25% discount on select legal and financial services all with MINES network legal and financial professionals.

For more employment contract & job hunt resources, visit [ACEP's Career Center](#)

Upcoming ACEP Events and Deadlines

Nov. 29-Dec. 4: [EM Basic Research Skills \(EMBRs\) Workshop](#)

Dec. 4: Last day to submit your videos for the [TikDoc Challenge](#)

Dec. 16: [Alleviating the Pain: Managing Sickle Cell Patients](#)

Jan. 17-19: [Reimbursement & Coding Conference](#)

Jan. 18: [Advanced EM Ultrasonography Exam Review Course](#)

Contact Us

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