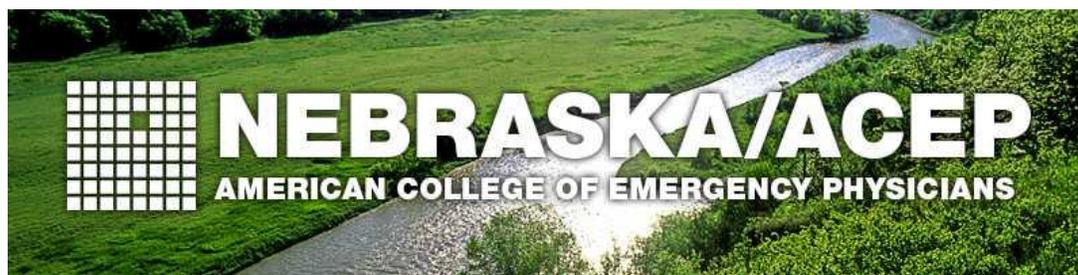


A Newsletter for the Members of the Nebraska Chapter - Fall 2021



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LAC 2021 | Washington, DC
James E. Quinn, MD FACEP

I would first like to thank the Nebraska Chapter for allowing me the opportunity to go represent our NEACEP in Washington in May. It is very important that we are represented and present at the discussions at all levels of politics. It is important to have our voices heard. If we do not have our voices heard, we will be yoked with political mandates and policies which make no sense and will be scratching our heads as to how this flawed policy was implemented.

Furthermore, some of these policies have little to do with enhancing patient care or the patient experience. Some of the policies implemented with no good medical insight and experience can be detrimental to patient health and to a healthy physician patient relationship.

The National Board and policy makers at ACEP have done a very good job of advocating for our patients and physicians in a bipartisan manner. As you know, if you follow the news, there is gridlock in the national legislative system. Everything whether beneficial to everyone or nonpartisan have become political hotcakes and used to polarize rather than come together in mutually beneficial policies. The leaders of ACEP have been very wise to not try to take sides and strongly advocate for issues and policies that will benefit our patients and improve health outcomes.

There is great hope in the system as there is a bipartisan group of Legislatures both

Republican and Democrats who have banded together to move forward legislation that is truly nonpolitical and bipartisan. They strongly feel that they were elected to legislate and work to create laws and bills which are nonpartisan and in the best interest of their constituents across the political spectrum. This is a very brave group of legislators as they are receiving red hot pressure from the leaders of their parties to tow the party line. Fortunately for us, this group is growing every day and becoming stronger. They particularly like ACEP because we advocate for policies and patients in a nonpolitical manner. We can make them see the wisdom of these policies because they benefit patients and patients' health no matter the patients' political affiliation.

Before I will get into what we were tasked with advocating for this year I would like to celebrate the recent successes of ACEP advocacy. After two years of hard work and advocacy, ACEP was able to rightly and justifiably move forward the No Surprises Act and rules on "surprise billing". This piece of legislation was a huge victory for all patients no matter what their political affiliation. It was truly a monumental task and certainly in itself justifies the importance of National Advocacy with ACEP.

This year we were tasked with advocating for three legislative agendas. First and foremost was the Lorna Breen Act. Hopefully everyone is familiar with the story of Lorna as she was one of our own who succumbed to the pressure of Emergency Medicine and to the added stress of the Covid Pandemic. She was suicidally depressed but would not seek treatment because she feared for her Licensure and her hospital privileges if she sought help. The Act was passed right after LAC this year on August 6th. The Act will provide 140 million dollars to study and hopefully provide a consequence free environment for Emergency Physicians seeking psychological help and care. It will help identify and address barriers to this care and hopefully implement policies to help save lives and careers for Emergency Physicians. This was unusual to have something occur this quickly but with the Covid Pandemic the problem was focused and amplified to bring about quicker than normal legislation.

The second Act is the MAT Act or the "Mainstreaming Addiction Treatment" Act. This is an act that would eliminate the X-waiver for prescribing buprenorphine. It would allow us to treat opiate users with buprenorphine for an extended period or long enough to get into an opiate treatment program. As you know, it sometimes takes several weeks to obtain access to an opiate treatment program. The reason most opiate addicts do not seek treatment is because they fear the withdrawal symptoms. Many start using again even if they want to become sober because the withdrawal symptoms are so unpleasant that they do not wish to endure them. In this day and age, they go to the street to obtain opiates and are probably getting fentanyl instead of a Lortab. They subsequently will overdose and die. We know that it is not the withdrawal that kills most addicts but it is the overdose. France who implemented restriction free buprenorphine prescriptions saw an 80% drop in overdose deaths. Furthermore, buprenorphine is safe and is almost impossible to overdose on it. It is not euphoric so has no real street value. The opiate epidemic patient covers the entire socioeconomic spectrum and also knows no political affiliation. This bill is supported by the Attorney General's Association and almost all of Law Enforcement. I see this bill being passed soon. It is truly bipartisan and will cause immediate relief for the opiate crisis which saw over 93,000 overdose deaths last year.

The Last issue is just a bandaid every year and needs a real and permanent solution. It is the Medicare payments system. At the end of the year every year we manage to avoid the pay cuts for seeing our Senior patients. However, these pay cuts are passed along to future years every year. This is a thorny issue as it has many moving parts and is considered the third rail of politics. No one wants to dare electrocution trying to touch it.

There are basically three cost tiers of the system. It involves the Hospitals and Insurance Industry, the Medicare Beneficiaries, and last the physicians or direct health care providers. They have a hard time cutting the hospitals and insurance costs as they have a strong, large and well funded lobby. It is hard to fight them. The second tier which no one can touch would be to raise the premiums or cut benefits for our Senior Citizens to save money. It is political suicide anytime one would suggest premium increases or benefit cuts for our Senior patients. The easy tier and simple area to save money is to cut physician fees. If we don't advocate against these cuts and for a long term fee solution we may be the easiest branch to trim to control costs. You may feel that it is not a big deal as no one is getting rich off of Medicare anyway. However, Medicare fees set the rate schedule for all payers in the healthcare system. The Medicare fee to physicians was set for an 8% reduction this year which would drastically effect our ability to provide care for our elderly and all our other patients. We were able to get a last minute bandaid again avoiding a cut but putting it off until future years. We have to annually advocate against these draconian cuts or they will happen to us because we are the easiest branch of cost saving. It however makes little sense as Fee cuts to physicians will do little to lower the cost to the Medicare system. Physician fees are overall not a large part of a cost of care, but we are the easiest to cut and control.

Again, I think advocacy is very important as we all know the frustrations of patient care with policies which are put in place without physician input and experience. You may feel as I that it is a tiresome and unpleasant system and advocacy is a waste of time. I would argue that no matter how unpleasant you see it. Advocacy is a very necessary evil. We need to have our voices heard so that we can effect meaningful change for the benefit of our patients. As you can see in spite of the frustrations of dealing with our current legislative systems we have, because of advocacy, been able to enjoy great success politically. In an off year we had something like 394 Emergency Physician Advocates attend 287 meetings with Legislators from 44 different States. We are able to advocate for patient care issues that have no political party and benefit patients equivocally. Emergency Physicians at this point in time, have great influence because of the rather prominent role that we played in the pandemic. Our opinions have greater impact at this time than at any time in the past. I would encourage all our physicians to advocate for our profession and ultimately our patients at any level of politics from the city, state, or national level. Speak up and be heard and be an advocate for your patients and patient care. Lend your experience and expertise to the health policy legislative specialists. They appreciate and value your experience and working knowledge of patient care and the health system. I would also encourage our state to send an advocate to Washington every year. We can only make an impact if we are there and have our voices heard. If you have not done LAC ever now is the time. I would encourage everyone to experience it at some time. It is interesting to see how the system works and how you can influence it just by being present and involved.

In conclusion I had some great meetings with the Health Policy Experts from Representative Don Bacon's, Senator Deb Fischer's and Senator Ben Sasse's offices. If you would like specifics or would be interested in more specific details of these meetings, corner me at the next NEACEP meeting. Once again thanks for sponsoring me and allowing me to advocate on your and our patients' behalf.

Welcome New NE ACEP Members!

Erin Jeananne Bertone
Ryan David Bither
Benjamin Tyler Brooke
Margaret Driscoll
Nathan Hogenmiller
Kalika Mahato
Dalton Joseph Nelsen
Thomas R Perry

FROM NATIONAL ACEP



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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