

lifeline

FALL 2018

a forum for emergency physicians in california



2018 LEGISLATIVE SESSION UPDATE

Page 6



**2018
LEGISLATIVE
SESSION
UPDATE**



**2018
CHAPTER
AWARD**
Recipients

4	PRESIDENT'S MESSAGE
6	ADVOCACY UPDATE
10	GUEST ARTICLE
20	ANNOUNCEMENTS
21	UPCOMING MEETINGS & DEADLINES
22	CAREER OPPORTUNITIES

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FALL 2018 Index of Advertisers

<i>ADVANCED 2018 Sponsors and Exhibitors</i>	Page 18
<i>Emergency Medical Specialists of Orange County</i>	Page 22
<i>Independent Emergency Physicians Consortium</i>	Page 18
<i>Mission Hospital</i>	Page 22
<i>Philip Fagan, MD</i>	Page 22
<i>Ventura Emergency Physicians</i>	Page 22
<i>Vituity</i>	Page 5
<i>Yosemite</i>	Page 19

WELCOME new members!

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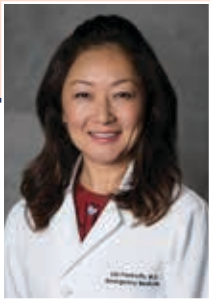
Napa Valley Emergency Medical Group

Newport Emergency Medical Group, Inc at Hoag Hospital

Pacific Emergency Providers, APC

Tri-City Emergency Medical Group

University of California, Irvine Medical Center Emergency Physicians



By Chi Perloth,
MD, FACEP

THE GREAT EQUALIZERS

If you can humor me for a second with this analogy:

On a hot day, droves of people arrive at the beach, with their families and beach chairs in tow, looking for a nice spot to lay down the kids and ice chests and start enjoying the sunny day. Regardless of the house you live in, the car you drive, and the job position you hold, anyone can come to enjoy the beach. This is where you can find a wide cross-section of society using a public and natural resource together to do the same thing—enjoy time outdoors with friends and family. I call the beach, the Great Equalizer.

I have viewed the Emergency Department (ED) similarly. No matter your background, your insurance plan, your status or wealth, you are welcomed into our doors and we are ready to take care of you with the best that medicine and technology has to offer. Sadly, the similarities end there. Depending on your insurance type or status, you may not be able to get prompt follow up with a specialist that is able to manage your complex medical problem. Depending on your social situation and the money in your pocket, you may not be able to get a ride to your doctors' appointments. Depending on your lot in life and the balance in your bank account, you may get the best health care in the world or one of the worst.

We have been talking about societal inequities for years. Because of, or regardless of, EMTALA, we have looked at ourselves as the white hat specialty - the one that takes care of the sick AND the poor. As the conversation continues to change to include terms like "social determinants of health," "care coordination," and "preventable visits or readmissions," some have replied with "that's a societal problem" or "that's the government's problem." When have we as a specialty ever stopped solving societal or governmental problems?

In my upcoming year as President of California ACEP, I feel so thankful to be surrounded by a group of incredibly diverse and experienced Board Members who are already hard at work tackling the issues that we all face through legislation, practice management, education, and research. Our new Member At-Large Dr. Harrison Alter joined our Board this year to help us answer some of the questions many of us have been asking, like "How can we, as emergency physicians, improve the health

and lives of our society and community beyond the doors of our ED?"

It is well understood and supported by research that if you are homeless you have worse health outcomes and four to nine times higher mortality than those who are not homeless. If you have a psychiatric illness, your median life expectancy decreases by 10.1 years while ED visits related to psychiatric illness have steadily risen. Well, no kidding, right? Every day we evaluate all of these patients, stabilize them, and then discharge, transfer, or admit them. But when do we take a moment to assess if you made a difference in their outcomes? How many times do we see these patients in our EDs and think we don't have the time to do something to change the course of their health outcomes? What do we do to intervene with the young drivers who arrive hurt or having hurt someone else by driving drunk or high? How do we care for the withdrawing narcotic-dependent patient who keeps coming to the ED because she has nowhere else to go when her symptoms get severe?

Many of us are lucky to have social workers and case managers in our EDs for several hours a day. They help provide resources for patients with unmet social needs and assist in getting the right level of follow up at the right place. However, during after-hours when those resources have gone home or if we never had those resources in our EDs in the first place, we excuse ourselves by thinking we are not primary care physicians or social workers - we did not train in life-saving Emergency Medicine to spend our own time doing this. I submit to you, we already are filling the roles of primary care and social work, meeting the needs where the

needs are not met otherwise. We are giving vaccinations such as Tdap to prevent tetanus (and diphtheria and pertussis). We are giving Medication Assisted Treatment to patients with narcotic addiction and coordinating their care and path to recovery. We are using Smart Medical Clearance forms to medically clear psychiatric patients in a safe, timely, and financially efficient manner. We implement Intervention Programs for drunk drivers seen in our EDs. As an organization we support ballot measures like Proposition 2 that increase mental health care and housing to ease homelessness in California.

Each community has a different set of social challenges. Even hospital executives agree that improving population health is critical in improving healthcare, but feel there are many barriers to successfully deploying population health programs. Here is where the science of Social Emergency Medicine comes in. It is a rapidly growing field. By using a three-prong approach—Research, Advocacy, and Education—we can use the perspective of the ED to find patterns of health inequities, identify social needs that contribute to disease, and find solutions to improve health disparities in vulnerable populations. Sound like soft science? There is abundant and rigorous research being done to help us understand what social needs affect the health of our patients and I and the California ACEP Board will help use advocacy and dissemination of this research to help all emergency physicians take better care of our patients in the near future.

We, emergency physicians, are our patients' best advocates because we see the wide variety of societal problems and we see the results of our systems' failures daily. Maybe in this way we become the Great Equalizers. Roy Spence, speaker at the 50th Anniversary of ACEP this month remarked, "Aristotle may have said it the best. 'Where your talents and the needs of the world cross, there lies your vocation.'" Thank you for all that you do every day. ■

In service and gratitude,

Chi Perloth, MD

President California ACEP



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2018 LEGISLATIVE SESSION UPDATE

By Tim Madden, Elena Lopez-Gusman, and Lauren Brown

On September 30, the 2017-18 Legislative Session officially came to a close. It seems that every year we say it was the busiest session in memory, and this year was no exception. We had an ambitious proactive agenda sponsoring a number of legislative proposals, including pursuing funding to place alcohol and drug counselors in emergency departments (EDs), securing GME funding for emergency medicine residency programs, and multiple bills to improve access to psychiatric care. In addition to our proactive agenda, we were also busy with hundreds of proposals which would have impacted your ability to provide care in the emergency department. While many of these bills were well-intended, some were poorly drafted and needed to be modified to avoid unintended consequences. Every effort to modify a bill takes a significant amount of work. Additionally, other bills were simply bad policy and we had to engage heavily in an attempt to defeat them. Below is a summary of those efforts. Because the two-year session has ended, any bill not signed into law by the Governor is dead.

California ACEP Backed Budget Items

\$20 Million for Alcohol and Drug Counselors

We sponsored a budget request to provide \$20 million for a grant program to place alcohol and drug counselors in EDs throughout the state. We were encouraged to have both the Senate and Assembly include the budget request in their versions of the budget. During the reconciliation portion of the budget process, where the Legislature is negotiating the final deal with the Governor, our request did not make the cut.

However, sometimes ideas floated in the public policy arena take shape in different ways. We are pleased to report this is the case with our proposal. Department of Healthcare Services just announced it has awarded a grant of \$9 million in funds received from the federal government for alcohol and drug counselors in targeted rural EDs of our selection.

\$40 Million of Proposition 56 Funds for GME

We also worked on ensuring the \$40 million in Proposition 56 funds for GME for emergency physicians and primary care physicians would be properly allocated. You may recall, last year the Governor stole the money by reducing the UC budget and filling it with the Proposition 56 funds intended for GME programs. This year we were successful in having the funds allocated correctly to GME programs even though the Governor once again tried to redirect the funds. This is a great victory for emergency medicine residency programs, enabling them to expand the number of residency slots in California. We are actively participating in a stakeholder group to determine allocation of these funds.

California ACEP Sponsored Bills

AB 2099 (Gloria) Mental health: detention and evaluation

This bill would allow a copy of the 5150 paperwork to be used instead of requiring the original. This addresses a problem we have heard from multiple counties where a psychiatric facility receiving a 5150 patient from an ED refused to accept the transfer because the original 5150 paperwork was not with the patient. **This bill has been signed by the Governor.** (For more information see February and September issues of Lifeline)

AB 2983 (Arambula) Health care facilities: voluntary psychiatric care

This bill would prohibit psychiatric facilities from requiring voluntary patients be placed on a 5150 prior to being transferred. **This bill was signed by the Governor.** (For more information see February and September issues of Lifeline)

AB 451 (Arambula) Health Facilities: psychiatric care

This bill would have required psychiatric facilities to accept all patients with psychiatric emergencies regardless of their ability to pay. **This bill was held in the Senate Appropriations Committee.**

California ACEP Priority Legislation

AB 1795 (Gipson) Community Paramedicine - Position – Oppose unless Amended

AB 1795 would have authorized alternate destination pilot programs to be done statewide by any county, without adequate patient safety protections. We asked for a number of amendments including requiring licensing standards for sobering centers, EMTALA requirements that all patients be treated equally, modeling of alternate destination programs after the pilot programs, and robust reporting requirements. The author and sponsors rejected these amendments. **The bill was held on the Assembly Appropriations Committee Suspense File.**

SB 944 (Hertzberg) Community Paramedicine - Position – Support

This bill would authorize a number of community paramedicine programs, including alternate destination programs, to be done statewide by any county. We worked closely with the author and the sponsor—to include the same as the amendments as we requested be included in AB 1795. Our amendments were accepted and which enabled us to Support this bill. **The bill was held on the**

Assembly Appropriations Committee Suspense File.

AB 3115 (Gipson) Community Paramedicine - Position – Support

This bill was amended late in the 2018 legislative session to include most of the language that was in SB 944 (Hertzberg). This bill would authorize community paramedicine programs, including alternate destination, hospice care, post-discharge care, and TB testing. **This bill was vetoed by the Governor.**

AB 1998 (Rodriguez) Opioids: prescription limitations - Position - Oppose

This bill would require physicians to develop a very specific opioid safe prescribing policy. While we have endorsed a safe prescribing policy which we encourage hospitals to adopt, the level of specificity required by this bill would have hindered evolution in this quickly-changing health care arena. The bill was amended a number of times but remained problematic. **This bill was held on the Senate Appropriations Committee Suspense File.**

SB 1152 (Hernandez) Hospital patient discharge process: homeless patients - Position - Oppose

When introduced, this bill would have made it nearly impossible to discharge a homeless patient from your ED. We worked extensively with the author's office and sponsors to amend the bill. We were able to obtain a number of amendments to soften the impact on EDs. Even with the amendments the bill still has an impact on your ability to discharge homeless patients on a timely basis. **This bill was signed by the Governor.** We are developing guidance for your EDs prior to implementation on January 1, 2019.

AB 2789 (Wood) Health care practitioners: prescriptions: electronic transmission - Position - Neutral

This bill would require physicians to e-prescribe by 2022. We had taken an Oppose unless Amended position due to the challenges e-prescribing raises in the ED. We worked extensively with the author's office on amendments to provide flexibility when prescribing in the ED. As a result we moved to a neutral position. **This bill was signed by the Governor.**

AB 2487 (McCarty) Physicians and surgeons: education: opiate-dependent patient treatment and management – Position - Support

When this bill was introduced it required physicians to take a CME course on the treatment and management of opioid dependent patients. We took an Oppose position and worked closely with the author's office to instead state that physicians who take a course to obtain their "x-license" can apply those CME credits toward their mandatory pain management CME. With that amendment we supported the bill. **This bill was signed by the Governor.**

AB 3087 (Kalra) Provider rate setting – Position - Oppose

This bill would have established a commission to set reimbursement rates paid by commercial insurers to healthcare providers, including physicians and hospitals. **This bill was held on the Assembly Appropriations Committee Suspense File.**

AB 1790 (Salas) Physician and surgeons: continuing education: Valley Fever - Position - Neutral

This bill would have required physicians to take CME classes on Valley Fever. We took an Oppose position and spoke with the author's office about why emergency physicians should be able to choose their CME courses. The author amended the bill to remove the mandatory CME requirement. We then moved to a neutral position. **This bill was signed by the Governor.**

AB 2741 (Burke) Prescription drugs: opioid medications: minors - Position - Neutral

This bill would have limited the amount of opioids that could be prescribed to a minor to a five day supply. We worked closely with the author and her office and she agreed to take amendments to exempt emergency physicians from the bill. As a result we removed our opposition. **This bill was defeated in the Senate Business and Professions Committee.**

AB 2760 (Wood D) Prescription drugs: naloxone hydrochloride - Position - Oppose

This bill requires prescribers to offer a naloxone prescription to patients:

- When prescription is 90 or more morphine milligram equivalents of an opioid medication per day; or
- When an opioid is prescribed concurrently with a prescription for benzodiazepine; or
- When patient presents with an increased risk for overdose, including a patient with a history of overdose, a patient with a history of substance use disorder, or a patient at risk for returning to a high dose of opioid medication to which the patient is no longer tolerant.

We met with the author numerous times to raise our concerns, but our amendments weren't adopted. **This bill was signed by the Governor.**

AB 2193 (Maienschein) Maternal mental health – Position - Neutral

This bill would have required physicians providing emergency medical services to screen patients for maternal health conditions. We took an Oppose unless Amended position and worked with the author to clarify the bill would not apply to physicians providing emergency medical services. The author agreed to take amendment and we removed our opposition. **This bill was signed by the Governor**

AB 3162 (Friedman) Alcoholism or drug abuse recovery or treatment facilities - Position - Neutral

This bill would have allowed the state to deny an application for an alcohol and drug rehabilitation facility based on overconcentration. We took an Oppose unless Amended position and raised concerns with the author on how this language may limit these needed facilities. The author agreed to remove that language and we moved to Neutral. **This bill was signed by the Governor.**

SB 1426 (Stone) Pharmacists: authority to prescribe and dispense dangerous drugs and devices – Position - Oppose

This bill would have established a commission to recommend the development of a formulary for drugs an advanced practice pharmacists may furnish to patients. **This bill died in the Senate Health Committee.**

SB 1254 (Stone) Hospital pharmacies: medication profiles for high-risk patients - Position - Neutral

This bill would require a pharmacist to obtain medication profiles for high-risk patients in hospitals. We took an Oppose unless Amended position and the author accepted our amendments to clarify that the medication profiles could be obtained by any healthcare practitioner, not only a pharmacist. **This bill was signed by the Governor.**

California ACEP Opposed Bills

AB 859 (Eggman) Elders and dependent adults: abuse or neglect

This bill would have lowered the standard of proof for elder abuse from “clear and convincing” to a “preponderance of evidence” threatening MICRA protections. **This bill was vetoed by the Governor.**

SB 562 (Lara) The Healthy California Act

This bill aimed to create a single-payer insurance system in California, but provided no insight or detail as to how that goal would be achieved. **This bill was held in the Assembly Rules Committee.**

SB 1240 (Stone) Prescription drugs: CURES database

This bill would have required physicians to include an ICD-10 Code or a statement of the diagnosis with each prescription. **This bill was defeated in the Senate Business, Professions, and Economic Development Committee.**

SB 1264 (Stone) Medi-Cal: hypertension medication management services

This bill, as introduced, would have allowed a pharmacist to receive Medi-Cal reimbursement for hypertension medication management services, but did not define hypertension medication management services. The bill was later amended to address our concerns and we moved to a neutral position. **This bill was held on the Assembly Appropriations Committee Suspend File.**

SB 1426 (Stone R) Pharmacists: authority to prescribe and dispense dangerous drugs and devices

SB 1426 would have allowed for an advanced practice pharmacist to furnish drugs and medical devices from a formulary without physician supervision. **This bill was defeated in the Senate Business, Professions and Economic Development Committee.**

California ACEP Opposed unless Amended Bills

AB 1250 (Jones-Sawyer) Counties: contracts for personal services

AB 1250 placed barriers on contracting for physician services at county hospitals, by establishing specific standards for the use of personal services contracts by counties. The bill was amended to exempt physicians and we moved to a neutral position. **This bill was held in the Senate Rules Committee.**

California ACEP Support Bills

AB 1968 (Low) Mental health: firearms

AB 1968 would extend the length of the ban on firearm purchase for a person who has been assessed and admitted as a danger to themselves or to others. The bill would also impose a lifetime ban on firearm purchase on patients who were admitted under the above circumstance more than once in a one-year period. **This bill was signed into law by the Governor.**

AB 2018 (Maienschein) Mental health workforce planning: loan forgiveness, loan repayment, and scholarship programs

AB 2018 would have amended the existing loan repayment program for psychiatrists to include trainees and psychiatry fellows. **This bill was held on the Senate Appropriations Committee Suspend File.**

AB 2058 (Chau) Vehicles: driving under the influence: cannabis

AB 2058 would have separated the offense of driving under the influence of cannabis from other similar offenses for the purposes of data collection. **This bill was vetoed by the Governor.**

AB 2086 (Gallagher) Controlled substances: CURES database

AB 2086 would enable physicians to request a list of patients for whom they are a prescriber within CURES. **This bill was signed into law by the Governor.**

AB 2112 (Santiago) Federal 21st Century Cures Act: community-based crisis response plan: grant

AB 2112 seeks to bring additional resources to California to improve crisis response by requiring the department to develop and submit an application for a federal grant to develop a community-based crisis response plan. **This bill was signed into law by the Governor.**

AB 2143 (Caballero) Mental health: Licensed Mental Health Service Provider Education Program

AB 2143 would have permitted a physician assistant or psychiatric mental health nurse practitioner to qualify for loan reimbursement through the Licensed Mental Health Service Provider Education Program if they agreed to practice in either of two settings: publicly funded facilities or in mental health professional shortage areas. **This bill was vetoed by the Governor.**

AB 2202 (Gray) University of California: school of medicine: San Joaquin Valley Regional Medical Education Endowment Fund

AB 2202 would establish an endowment fund for the creation of a branch of the University of California, San Francisco School of Medicine in partnership with the University of California, Merced. **This bill was signed into law by the Governor.**

AB 2256 (Santiago) Law enforcement agencies: opioid antagonist

AB 2256 would authorize a pharmacy, wholesaler, or manufacturer to furnish naloxone hydrochloride or other opioid antagonists to a law enforcement agency. **This bill was signed into law by the Governor.**

AB 2275 (Arambula) Medi-Cal managed care: quality assessment and performance improvement

AB 2275 would have required the Department of Health Care Services to establish a quality assessment and performance improvement program for Medi-Cal managed care plans. This program would include the establishment of quality improvement targets and a financial incentive program. **This bill was vetoed by the Governor.**

AB 2333 (Wood) Office of Emergency Services: behavioral health response

AB 2333 would establish a behavioral health deputy director within the Office of Emergency Services to ensure that these individuals have access to the necessary services in the event of a natural disaster or a state of emergency. **This bill was held on the Senate Appropriations Committee Suspense File.**

AB 2384 (Arambula) Medication-assisted treatment

AB 2384 would have required health plans and insurers to cover at least one of five drugs used for medication-assisted treatment of substance use disorders. **This bill was vetoed by the Governor.**

AB 2427 (Wood) Medi-Cal: anticompetitive conduct

AB 2427 would have mandated strict punitive measures for Medi-Cal managed care plans that engage in anticompetitive conduct or do not comply with medical loss ratio requirements. **This bill was vetoed by the Governor.**

AB 2499 (Arambula) Health care coverage: medical loss ratios

AB 2427 codifies medical loss ratio standards put in place by the Affordable Care Act, ensuring they remain in place regardless of changes to Federal law. **This bill was signed into law by the Governor.**

AB 2597 (Arambula) Programs in Medical Education

AB 2597 would have appropriated \$9.35 million from the General Fund to the Regents of the University of California for allocation to the University of California Program in Medical Education (PRIME) and would require the expansion of student enrollment in PRIME. **This bill was held on the Senate Appropriations Committee Suspense File.**

AB 2674 (Aguiar-Curry) Health care service plans: disciplinary actions

AB 2597 would require the Department of Managed Health Care (DMHC) to investigate claims that a health plan is engaging in an unfair payment pattern. **This bill was signed into law by the Governor.**

AB 2804 (Waldron) Substance use disorder treatment workforce expansion

AB 2597 would create one-year and five-year plans to expand the substance use disorder treatment workforce in California to aid in the treatment of alcohol and drug abuse. **This bill was held on the Assembly Appropriations Committee Suspense File.**

AB 2861 (Salas) Medi-Cal: telehealth: alcohol and drug use treatment

AB 2861 allows for certified substance use disorder counselors and other practitioners to receive Medi-Cal reimbursement for substance use disorder services provided via telehealth. **This bill was signed into law by the Governor.**

AB 2895 (Arambula) Primary Care Spending Transparency Act

AB 2895 would have required health plans to report the percentage spent on primary care annually and would have created a Primary Care Payment Reform Collaborative to review the data collected and propose best practices. **This bill was held on the Assembly Appropriations Committee Suspense File.**

AB 2961 (O'Donnell) Emergency medical services

AB 2961 would help address the problem of ambulance patient offload delay by requiring local emergency medical services agencies to collect and submit relevant data. **This bill was signed into law by the Governor.**

AB 2965 (Arambula) Medi-Cal: immigration status

AB 2965 would extend full Medi-Cal benefits to all Californians under 26 years of age, regardless of their

immigration status. **This bill was held on the Senate Appropriations Committee Suspense File.**

SB 906 (Beall) Mental health services and substance use disorder treatment: peer support specialist certification

SB 906 would have required the Department of Health Care Services to establish a peer provider certification program for support service providers in mental health and substance use settings. **This bill was vetoed by the Governor.**

SB 910 (Hernandez) Short-term limited duration health insurance

SB 910 would prohibit the issuance, sale, or renewal of short-term limited duration health insurance policies. **This bill was signed into law by the Governor.**

SB 974 (Lara) Medi-Cal: immigration status: adults

SB 974 would extend full Medi-Cal benefits to all Californians under 19 and over 65 years of age, regardless of their immigration status. **This bill was held on the Assembly Appropriations Committee Suspense File.**

SB 1004 (Weiner) Mental Health Services Act: prevention and early intervention

SB 1004 would increase state oversight of Mental Health Services Act spending by standardizing prevention and early intervention (PEI) efforts and requiring counties to spend a portion of their PEI funding on early diagnosis of psychosis and mood disorder, college mental health outreach, and services, or childhood trauma prevention and intervention. **This bill was signed into law by the Governor.**

SB 1108 (Hernandez) Medi-Cal: conditions of eligibility or coverage

As introduced, SB 1108 would prevent the Department of Health Care Services from requiring work or community engagement activities as a condition of Medi-Cal eligibility. **This bill was signed into law by the Governor.**

SB 1125 (Atkins) Federally qualified health center and rural health clinic services

SB 1125 would allow for the reimbursement of mental health services and other services at a federally qualified health center in a single day. **This bill was vetoed by the Governor.**

SB 1363 (Moorlach) Personal income taxes: voluntary contributions: National Alliance on Mental Illness California Voluntary Tax Contribution Fund

SB 1363 would allow for individuals to make donations through the Voluntary Tax Contribution Fund to the National Alliance on Mental Illness California's (NAMI-CA) Crisis Intervention Team program, which will assist peace officers in their training to deal with persons who are experiencing a mental health crisis. **This bill was signed into law by the Governor.**

California ACEP Support if Amended Bills

AB 1963 (Waldron) Medi-Cal: reimbursement: opioid addiction treatment

AB 1963 would increase the Medi-Cal reimbursement rate for medication-assisted treatment, including naloxone, methadone, and naltrexone treatment. We requested that the author amend the bill to expressly include treatment provided in the emergency department. **This bill was held on the Assembly Appropriations Committee Suspense File.**

No Legislation Introduced

Dynamex

The Dynamex decision dramatically changed employment law and raises questions for emergency physician groups and individual physicians who are organized as independent contractors. We are actively engaged in stakeholder meetings and are working toward legislative action that would provide clarity for emergency physicians. While no legislative fix was introduced in 2018, we continue to push for a solution during the next session. ■

2018
CHAPTER AWARD
Recipients



AWARD: **CAL/EMRA AWARD**

DESCRIPTION: 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 CAL/EMRA by a non-resident.

RECIPIENT: **Hannah Janeway, MD**

RECIPIENT BIO: Hannah Janeway, MD is currently a fourth year Emergency Medicine resident at Harbor-UCLA Medical Center. She received her MD from the Alpert Warren School of Medicine of Brown University and her BA from the University of Washington in International Studies and Comparative History of Ideas. She is currently the Committee of Interns and Residents (CIR) Regional Vice President for Southern California North and also the national Vice President for Women in Medicine. Her work focuses on educating students and residents on structural vulnerability, screening and intervening on social barriers to care in the Emergency Department, and emergency medicine capacity building in the developing world.

STATEMENT: *I want to thank California ACEP for this immense honor. I would also like to acknowledge the faculty at Harbor-UCLA who believed and supported me in all of my work and nominated me for this award. Most of all, I would like to express my highest gratitude to the patients at Harbor-*

2018 CHAPTER AWARD *Recipients*

UCLA medical center who I have been honored to serve over the last 3 years. Residency can be difficult at times and working at a county hospital is challenging. Yet, my daily frustrations have always been offset by the patients I am privileged to serve at Harbor and who have inspired me to not just continue to grow as a physician but also to engage with the community as a researcher and social activist. Indeed it is precisely this work that has provided me with the meaning and motivation that have sustained me in residency. As residents, we have a unique opportunity to bring in new ideas, to challenge the status quo and to push for improved care environments for our patients and each other. I hope that together we can continue to take risks and push Emergency Medicine beyond traditional platitudes in our respective hospitals, locally and nationally. Thank you.



AWARD:

CHAPTER SERVICE AWARD

DESCRIPTION:

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.

RECIPIENTS:

Reb JH Close, MD, FACEP; Casey Grover, MD, FACEP; Andrew Herring, MD; and Phillip Summers, MD, MPH

RECIPIENT BIO:

Summers: Phillip Summers, MD, MPH has been working in harm reduction for nearly a decade. He is currently a second year Emergency Medicine Resident at UC Davis. Prior to this he worked as a

STATEMENT:

buprenorphine provider at Transitions Clinic in Oak Park, an underserved area of Sacramento, where he has volunteered with Harm Reduction Service and conducted community-based research with people who use drugs for many years. He completed undergraduate studies at Columbia Community College and University of Arizona, medical school at UC Davis, masters in public health at Harvard, and surgical internship at University of Washington. He is currently working on qualitative-quantitative research regarding injection-related skin and soft tissue infections and the role of pain, withdrawal, and perceived stigma in care seeking behaviors of people who inject drugs, and implementing protocols to enhance care for people with substance use disorders at UC Davis, including ED-based buprenorphine.

Summers: I am humbled and honored by this acknowledgement. I would like to express my gratitude to my mentors in the harm reduction communities of Sacramento, Boston, and the SF bay area, as well as my colleagues, friends, and academic mentors at UC Davis and Harvard School of Public Health. I feel incredibly fortunate for the support of my department and the staff at Transitions Buprenorphine Clinic, including Dr. Neil Flynn. I would also like to thank the countless people living with and courageously confronting substance use disorders who have shared parts of their journeys and continually inspire me in this work. Finally, a big, and very special thank you to Dr. Aimee Moulin for her bold leadership and unwavering support in our endeavors to expand MAT treatment in our region and in our specialty.

RECIPIENT BIO:

Close and Grover: Reb Close, MD, FACEP and Casey Grover, MD, FACEP are Emergency Physicians at Community Hospital of the Monterey Peninsula, and two of the lead physicians for the Monterey County Prescribe Safe Initiative.

Reb Close attended medical school at UCLA, and completed residency in Emergency Medicine at UCLA-Olive View Medical Center in Los Angeles. She has been practicing Emergency Medicine at CHOMP since 2003. He is currently a Board Member of California ACEP. Casey Grover is a native of the Monterey Peninsula, and also attended medical school at UCLA. He completed residency in Emergency Medicine at the Stanford University/ Kaiser Permanente program. He has been practicing Emergency Medicine at CHOMP since 2013.

The Monterey County Prescribe Safe Initiative was established in 2014 in response to prescription drug addiction and deaths from drug overdoses in Monterey County. The initiative is a multi-organization collaborative with the goals of improving prescription drug safety, reducing inappropriate prescribing of pain medications and sedatives, increasing access to treatment for addiction, and increasing education of the public and medical providers on the dangers of prescription drugs.

STATEMENT:

Close and Grover: We are so grateful to receive this recognition for the work that is being done in California on the opiate crisis. For every success we've had, there are countless people that we've worked with to achieve it - from the California ACEP Board, to colleagues in other EDs in the state, to organizations in Monterey county helping to provide better treatment for addiction. We are so fortunate to be able to work with so many talented, dedicated, and inspiring people on this challenging topic of addiction and medication assisted treatment in the Emergency Department. We wish to express our gratitude to California ACEP for being so supportive of MAT in the ED in general, and for providing us the opportunity to participate in the development of programs and protocols to help Emergency Department patients throughout California.

2018 CHAPTER AWARD *Recipients*

RECIPIENT BIO: **Herring:** Andrew A. Herring, MD graduated from Harvard Medical School and completed residency in emergency medicine at Highland Hospital—Alameda Health System in Oakland, CA where he continues as an attending emergency physician and Associate Director of Research. Dr. Herring is Medical Director of the Highland Hospital Substance Use Disorder Treatment Program, and attending physician at the Highland Hospital Interdisciplinary Pain Medicine Program. Dr. Herring is the Principle Investigator of the California ED-BRIDGE | Emergency Buprenorphine Treatment Project. Dr. Herring is an Assistant Clinical Professor at the University of California, San Francisco and conducted health policy research as a Fulbright Scholar in Central America. His current research focuses on emergency department treatment of opioid use disorders and pain management. Dr. Herring is board-certified in Emergency Medicine, Addiction Medicine, and Pain Medicine.

STATEMENT: ***Herring:** It is a tremendous honor to be acknowledged by the California Chapter of the American College of Emergency Physicians with the Chapter Service Award. I have been humbled and moved by the dedication and commitment of so many emergency providers in California to take the leap and begin innovative treatment pathways for patients presenting in crisis due to opioid use disorders. As emergency physicians we are at the true front-lines of the opioid epidemic and the position to make a profound and lasting impact on the health of Californians. Through our efforts and those of our partners throughout the medical community, I hope to see the creation of a truly integrated and patient centered, system of care for opioid use disorder that will make a concrete and demonstrable reduction in opioid related morbidity and mortality.*



AWARD: **DISTINGUISHED SERVICE AWARD**

DESCRIPTION: 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.

RECIPIENT: **Peter G. Anderson, MD, FACEP, FAAEM**

RECIPIENT BIO: Peter Anderson, MD, FACEP, FAAEM attended Medical School at the University of Wisconsin-Madison and completed an Internship at LAC-

USC in 1973-1974. He began practice in the emergency department of Fountain Valley Regional Hospital in Orange County in 1974, which was just a few months after the newly constructed hospital was opened. He grandfathered into ABEM in 1981. He took over the contract for staffing the emergency department at Fountain Valley in 1976 and had the contract until December 1st of 2017. In December, he transitioned the contract to his physicians under the AAEM Practice Management group as an independent democratic group with all fourteen physicians being equal shareholders. He is in the process of doing the same with his last remaining contract at Placentia Linda Hospital. Dr. Anderson was president of the Orange County Medical Association in 1994. He was on the Founding Board of Directors of CalOptima, which is Orange County's Medi-Cal managed care system, from 1994-2002 and he was Chairman for two terms. CalOptima has been a success story, and now has 850,000 covered lives in Orange County. He was awarded the Orange County Medical Association "Physician of the Year" in 1999. He was on the Board of Directors of the Orange County Coalition of Community Clinics from 2001-2008 and was the Chair from 2006-2008. He continues to be involved with CalOptima, and is a representative of the OCMA and emergency physicians on committees dealing with indigent care, behavioral health problems, and homelessness in Orange County.

STATEMENT: *I have been blessed to be a part of the emergency medicine family for these 44 years that I have been in practice. I thank California ACEP for honoring me with the Chapter's Distinguished Service Award.*



AWARD: **EDUCATION AWARD**

DESCRIPTION: 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.

RECIPIENTS: **Jorge A. Fernandez, MD and Jan Marie Shoenberger, MD, FACEP**

RECIPIENT BIO: **Fernandez:** Jorge Fernandez, MD has served as the Chair of California ACEP's annual conference (now called AdvandED) for the last three years. During that time period he has helped change the focus of the conference to our future: EM residents and EM bound medical students; highlighted important issues facing all emergency physicians in California (including burnout, psych boarding, health policy/disparities); implemented high yield, rapid-fire lightning talks; and offered speaking opportunities for not just academic physicians, but also community physicians, residents, and medical students in order to increase engagement at all levels of training and experience. Dr. Fernandez is faculty for UC San Diego and was recently elected to the California ACEP Board of Directors.

STATEMENT: *Fernandez: I am honored and humbled to have been awarded this year's education award by the California Chapter of the American College of Emergency Physicians. It would not have been possible without the hard work and collaboration between so many talented, dedicated, and engaged physician educators, California ACEP staff, and California ACEP board members and leadership.*

It has been incredible to witness and guide the evolution of the Annual Assembly during the 3 years I served as Conference Chair. I would like to thank my colleague and good friend Dr. Leslie Oyama at UC San Diego, who dreamed up and planned this year's innovative Escape Room competition, which combined the best of simulation games and quiz shows into one action-packed adventure, as well as Dr. Lori Winston at Kaweah Delta for her idea of a wellness art exhibit. Finally, I am so pleased that Dr. Jessica Mason from UCSF-Fresno will serve as the future AdvanCED Conference Chair: She is an outstanding educator already with a career worth of educational experience. I am excited to see the growth of the conference in years ahead under her visionary leadership.

I did not appreciate the importance of the work of Cal ACEP until witnessing it first hand through my interactions with California ACEP staff/board members during the last three years. In today's volatile and unpredictable political environment, California ACEP allows us as emergency physicians to collectively advocate for our patients and our practices in a strategic, consistent, effective, respectful, and well-respected manner. I look forward to working with California ACEP leadership and staff in the years ahead.

Finally, I would like to thank my family, friends, colleagues, and the leadership at UC San Diego for all of their support and encouragement. I am so grateful to live and work in California, and to be part of this community.

RECIPIENT BIO: **Shoenberger:** Jan Marie Shoenberger, MD, FACEP grew up in Palm Springs, California. She graduated from Palm Springs High School and went on to graduate from UC San Diego (B.S. in Biochemistry and Cell Biology) in 1993. She graduated from USC School of Medicine in 1999, completed an internship in Internal Medicine at Santa Barbara Cottage Hospital 1999-2000, and completed her Emergency Medicine Residency at Los Angeles County + USC Medical Center from 2000-2003, where she served as Chief Resident from 2002-2003. She has been a Faculty Member at Keck School of Medicine of USC and Attending Staff at Los Angeles County + USC Medical Center, Department of Emergency Medicine, since 2003. She was the Associate Residency Program Director from 2003-2011 and the Residency Program Director from 2011-2018. Dr. Shoenberger is currently serving as Vice Chair of Operations and Clinical Education and is an Associate Professor of Clinical Emergency Medicine at the Keck School of Medicine.

STATEMENT: *Shoenberger: I am incredibly honored to be the recipient of the 2018 California ACEP Education award. We have so many talented EM educators in the state of California and I am proud to be a part of this community. I have been lucky enough to be a member of the Department of Emergency Medicine at the Keck School of Medicine of USC and the Los Angeles County + USC Medical Center for 15 years. The patients at LAC+USC are my everyday inspiration and it is a privilege to serve them. Over these years, I have done my best to teach EM to all types of learners - nurses, paramedics, PA students, medical students, and residents. I thank all of them for their patience and feedback. I have also been active in CME settings thanks to people like Drs. Rick Bukata and Mel Herbert and I appreciate the opportunities they have given me over the years. Finally,*

thank you to my family and to my partner, Billy Mallon. You have always been there to cheer me on. Thanks again California ACEP! I am humbled and grateful for this recognition!



AWARD: **EMS ACHIEVEMENT AWARD**

DESCRIPTION: 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.

RECIPIENT: **Kevin Mackey, MD, FACEP**

RECIPIENT BIO: With over 30 years of experience in prehospital care, Kevin Mackey, MD, FACEP is a board certified EMS physician and currently serves as the medical director for Sacramento Regional Fire Services, comprised of 4 fire departments and dispatch center that serve 1.6 million citizens with over 180,000 calls for service annually. He is also the associate medical director for a five-county regional EMS system in central California where he is the Principle Investigator for a Community Paramedicine project focusing on paramedic assessment and clearance of behavioral health patients in the field. He is a full time emergency physician, is the president of the Emergency Medical Directors Association of California, is the team physician for Urban Search and Rescue California Task Force 7, and serves on the executive board of directors for the National Registry of EMTs.

STATEMENT: *I am honored and deeply humbled to have been selected by California ACEP to receive this award. Many of our patients experience their first contact with professional care outside of the hospital from the men and women who stand in the gap, ready to respond to the call 24/7/365. It has been a privilege to spend my entire professional career working with EMS physicians, EMS nurses, paramedics, EMTs, and dispatchers, who I call heroes. The future of EMS is bright, ever evolving, and California ACEP's partnership in shaping that future is vital and important for our patients.*

AWARD: **HOUSE OF MEDICINE AWARD**

DESCRIPTION: This award is given to a member who has significantly improved the standing and influence of emergency medicine within the house of

2018 CHAPTER AWARD *Recipients*

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.

RECIPIENT: **Andrea Wagner, MD, FACEP**

RECIPIENT BIO: Andrea Wagner, MD, FACEP is a practicing ED Physician at Kaiser San Francisco and Director of Outside Hospital and Emergency Services for The Permanente Medical Group. In that role she is the Medical Director for EPRP in Northern California.

She is Board Certified in Internal Medicine, since 1981, and Board Certified in Emergency Medicine, since 1987. She has been a member of ACEP since 1987 and Fellow of the College since 1992.

She joined The Permanente Medical Group in 1981 and has been practicing Emergency Physician for 37 years. She served as the Assistant Chief and Chief of Kaiser Martinez and then Walnut Creek from 1989-1997 and Assistant Chief of Kaiser San Francisco from 2002-2009.

She was appointed Member at Large to the California ACEP Board in 2006, by Dr. Myles Riner, and served on the Board until 2012. She served on the EMREF Board during her tenure on the Board. She remains active in California ACEP, ACEP Council, and the California Medical Association House of Delegates.

STATEMENT: *Thank you, California ACEP for this award. I am very honored to have been chosen. I want to thank all the Board Members and Staff who have taught me so much about advocacy and the legislative process over the last 12 years. I hope all Medical Students, Residents, and young Emergency Physicians get involved with California ACEP and stay active in their specialty organization.*



AWARD: **HUMANITARIAN AWARD**

DESCRIPTION: 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.

RECIPIENT: **Dennis Hsieh, MD, JD**

RECIPIENT BIO: Dennis Hsieh, MD, JD is an assistant professor of emergency medicine at Harbor-UCLA Medical Center and the David Geffen School of Medicine and is dually appointed at the Los Angeles County Department of Health

Services where he focuses on access to care and the social determinants of health (SDOH), including SDOH screening and interventions across clinical settings, medical-legal community partnerships (MLCPs), and re-entry from jail, including enrollment into Medicaid, discharge with a 30-day supply of medications, and accessing primary and specialty care. He has a special interest in addressing SDOH such as food, housing, and financial strain to improve health.

He is a founding member of the UCLA Department of Emergency Medicine's Section on International and Domestic Health Equity (IdHEAL, www.idheal.org), ACEP's Social Emergency Medicine Section and is the section's Chair-Elect, and SAEM's Social Emergency Medicine and Population Health Interest Group. He earned his A.B. in Biochemical Sciences from Harvard, JD from Yale, and MD from UC San Francisco. He completed his residency in emergency medicine at the Alameda County Medical Center/Alameda Health System Highland General Hospital training program where he co-founded the Health Advocates of Alameda Health System, a program that brings together volunteers and lawyers with social workers to create a continuum of care for addressing SDOH.

STATEMENT: *I am honored to receive the California ACEP Humanitarian Award. I'd like to thank my parents, friends, colleagues, and family for their support that has allowed me to pursue my interests and focus on caring for patients holistically, moving beyond the traditional medical model to incorporate addressing the social determinants of health into my daily practice.*

As emergency medicine continues to evolve and grow as a field, I hope that we are able to maintain our humanity and remember that the emergency department remains the safety net for our most vulnerable patients, who often come to us because they have nowhere else to turn. Our patients may come to us complaining of chronic toe pain or years of chest pain, but these chief complaints are how patients have come to medicalize their cry for help within a broken safety net that does not recognize hunger and homelessness as valid concerns.

I often think back to the first patient I ever saw in the ED, a gentleman who had multiple visits, labs, CT scans, and hospitalizations for his shortness of breath. He hated being in the hospital but could not get to the pharmacy to fill his medications. His insurance would pay for his ED visits, his bloodwork, his imaging, and even his hospitalizations, but refused to pay for the bus token to get him to the pharmacy. What a crazy system we have.

As emergency medicine physicians witness the challenges and effects of social determinants in our daily practice, we must take the lead in addressing our patients' needs. Instead of being frustrated, we must partner with our colleagues, our patients, and our community to ensure proper resource allocation, so that our patients have safe, habitable housing instead of being housed in the ICU; so that our patients have access to healthy foods instead of ending up on TPN; so that our patients have safe neighborhoods to exercise in instead of getting cardiac bypass surgery.

Don't get me wrong. This is a daunting task, one that requires both leadership and partnership, and one that we cannot go at alone. We must reach out beyond our comfort zone and engage with the many who are already doing this work. Only then can we truly do right by our patients, treating them within the context of their lives and communities, instead of being frustrated in isolation at 3 AM by their chronic toe pain or years of chest pain.

Thank you again and I look forward to partnering with you and California ACEP to better care for our patients.



AWARD: **INJURY PREVENTION**

DESCRIPTION: 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.

RECIPIENT: **Kevin Jones, DO, FACEP**

RECIPIENT BIO: Kevin Jones, DO, FACEP is an emergency physician with Vituity at Sutter Medical Center Sacramento and Sutter Davis Hospital. After completing his residency in emergency medicine at Arrowhead Regional Medical Center in Southern California, he then served as the Health Policy & Advocacy Fellow with California ACEP and UCDCM. He served on the Board of Directors for California ACEP for the past 4 years and has been active on the Chapter's Mental Health Work Group and Workplace Violence Task Force, helping develop and promote improved care and best practices for patients and providers in the emergency department. In an effort to increase awareness, he designed and implemented a statewide poster campaign titled "Please care for us while we care for you" that has been adopted by several hospitals and departments throughout the state, with co-sponsorship by the CHP. He has also lectured on workplace violence issues for several local and state ENA chapters and, in 2015, worked directly with Asm. Freddie Rodriguez on AB 172 addressing penalties for assault and battery within the ED - a bill that made it to the Governor's desk, but was vetoed. He is also a member of the Sierra Sacramento Valley Medical Society Mental Health Task Force, where he is currently working to promote and implement the SMART medical clearance protocol.

STATEMENT: *It is a great honor to receive and be recognized for this award. Thank you to my California ACEP colleagues, the California ACEP staff, lobbyist Tim Madden, and fellow Board members for serving together to improve care in the Emergency Department. It is an honor to work alongside one another to make our departments safer for staff and our patients, and further the work of many colleagues that have come before me.*



AWARD: **MEDIA AWARD**

DESCRIPTION: 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.

RECIPIENT: **Mark Langdorf, MD, MHPE, FACEP, FAAEM, RDMS**

RECIPIENT BIO: Mark I. Langdorf, MD, MHPE, FACEP, FAAEM, RDMS is Professor of Clinical Emergency Medicine at the University of California, Irvine. After medical school at UC San Diego, he did an EM residency, a fellowship in medical education and the Master degree in Health Professions Education at the University of Illinois, Chicago. He served as Program Director for the emergency medicine residency for 10 years, Medical Director of the Level I Trauma Center Emergency Department for 18 years, and Division Chief and then Department Chair for 20 years. He served as Associate Dean for Faculty Development and CME, and Director of the Academy for Innovation in Medical Education at UC Irvine. He also served as Senior Associate Dean for Medical Education.

He consults and speaks nationally and internationally to promote optimum trauma, stroke, and emergency care. He is Regional Faculty for the Advanced Cardiac Life Support Course and also teaches Advanced Trauma Life Support. He is the Editor-in-Chief of the Western Journal of Emergency Medicine (WestJEM), an open-access peer review international journal, at www.westjem.com. He is the recipient of the Peter Rosen (renamed the Robert McNamara) Award for Academic Leadership from the American Academy of Emergency Medicine. He also serves as Vice President of the Medical Staff at UC Irvine Medical Center.

STATEMENT: *I would like to thank my partners in the UCI Department of Emergency Medicine for their continued encouragement and financial support in developing WestJEM. I would especially like to recognize the Managing Associate Editor, Dr. Shahram Lotfipour, our university librarian, Linda Murphy, and our interim Chair, Dr. J. Christian Fox. To the Advisory and Editorial Board members around the world, as well as Section Editors and reviewers, you have my eternal thanks. Finally, I recognize the founders of the journal, Dr. Amin Antoine Kazzi and Dr. Bob Derlet, without whose vision the journal never would have started.*

2018 CHAPTER AWARD *Recipients*



AWARD: **SENATOR KEN MADDY POLITICAL LEADERSHIP AWARD**

DESCRIPTION: 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.

RECIPIENT: **The Honorable Joaquin Arambula, MD and Aimee Moulin, MD, FACEP**

RECIPIENT BIO: **Arambula:** Joaquin Arambula, MD was elected in April 2016 in a special election to represent California's 31st Assembly District.

Dr. Arambula was born and raised in the San Joaquin Valley and later attended medical school with the intention of returning to his home community to practice medicine.

Prior to being elected to the State Assembly, he served in a senior position with CEP America at Adventist Hospital in Selma and was appointed Medical Director in early 2013. Under his leadership, the Selma Emergency Department won a number of awards. He also serves as a mentor for the UCSF Fresno Doctor's Academy, helping to encourage local students to enter the health care profession.

In the Assembly, he has focused on efforts to increase access to healthcare for low-income Californians and has authored multiple mental health bills for California ACEP.

RECIPIENT BIO: Moulin: Aimee Moulin, MD, FACEP completed medical school and emergency medicine at USC. She served as Health Policy and Advocacy Fellow for California ACEP in 2006 and served as the California ACEP Advocacy Fellowship Director from 2012-2017. During her time as Advocacy Fellowship Director and Board Member she has engaged in stakeholder meetings on key policy areas, testified in committee, and met one-on-one with Legislators to advance the Chapter's policy goals. She practices at UC Davis and has served as California ACEP President for the last year.



AWARD: **SPECIAL RECOGNITION AWARD**

DESCRIPTION: 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.

RECIPIENT: **Maria Raven, MD, MPH, MSc, FACEP**

RECIPIENT BIO: Maria Raven, MD, MPH, MSc, FACEP is a practicing emergency medicine physician, health services researcher, and is an Associate Professor of Emergency Medicine at UCSF. Prior to joining the UCSF faculty in 2011, she completed her residency and a research fellowship at NYU/Bellevue Hospital Center and oversaw one of six New York State Department of Health-funded Chronic Illness Demonstration Projects for the New York City Health and Hospitals Corporation and New York State Medicaid. She works clinically in the Emergency Department at Moffitt-Long and conducts research related to emergency medicine payment policy and frequent users of the health and social care system. She consults with the San Francisco Health Plan (SFHP) on program implementation and evaluation related to their highest cost health plan members and the Health Homes Program. She is co-PI for the San Francisco Whole Person Care Pilot evaluation, focused on improving care for chronically homeless high users of health and social care services. She is also the evaluator for a Santa Clara County Pay for Success program, which provides permanent supportive housing for chronically homeless frequent users of the County health system and jail. She is a course director for Program Evaluation in the UCSF Institute for Health Policy and Hastings Law School Health Policy and Law master's degree course.

STATEMENT: *I am so honored by this award. It was a pleasure to have served with such amazing emergency medicine colleagues to represent our specialty. Serving on the California ACEP Board of Directors has allowed me to see firsthand how we as practicing emergency medicine physicians – with the guidance of our executive director and staff – can positively impact emergency care in our state and nation. I am committed to continuing to conduct research and implement programs related to our patients' social determinants of health, using the ED as a "hub" to coordinate care across the health and social delivery system. I am so grateful for the support of both our Board and specialty.*



AWARD: **WALTER T. EDWARDS MERITORIOUS SERVICE AWARD**

DESCRIPTION: 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.

RECIPIENT: **Lawrence Stock, MD, FACEP**

RECIPIENT BIO: Larry Stock, MD, FACEP is an emergency medicine physician who completed the Harbor UCLA EM Residency program. He earned a BS in the Biomedical Sciences Program at UC Riverside and an MD at UCLA. He is the Vice Chairman of the Emergency Department and Chair of the Ethics Committee at Antelope Valley Hospital (AVH) in Lancaster, California. AVH is a public, district nonprofit center that serves as a Trauma Center, EMS Base Hospital, an Emergency Department Approved for Children, and cares for over 135,000 ED patients a year. AVH is a teaching site for the UCLA Ronald Reagan/Olive View Emergency Medicine Residency Program. He is a Clinical Professor at the Geffen School of Medicine at UCLA.

He served as the 2016-2017 President of California ACEP. He is a Diplomate and a Senior Examiner for the American Board of Emergency Medicine.

He has been involved in international emergency medicine for over 20 years. He has worked in conflict and disaster zones in Africa, Europe, Asia, and Latin America. He is the Trauma Director Emeritus for Community Partners International. Peak experiences include volunteering in Liberia (West Africa) in 2003 during their last civil war and in helping during the Ebola crisis in 2015.

STATEMENT: *I want to use this opportunity to thank the outstanding California ACEP Staff, led by Executive Director Elena Lopez-Gusman. Our staff is a professional, high performing team and the Board of Directors and Members owe you a debt of gratitude for your vigilance and effectiveness in advocating for our patients and emergency care in California.*

I want to thank the Members and my fellow Board members for giving me the chance to provide leadership during these challenging times. It has been my honor to work on protecting and improving the emergency care system, to further the work of those that preceded me, and hand off well to those that will follow me. Lastly I would like to thank my family and partners for supporting my work with California ACEP. My Friend and Chairman Dr. Mark Brown acted as my sounding board and editor on my Lifeline newsletters. Thank you for my job, your intellectual contribution to EM, and your friendship.

This award is a great honor. Thank you for recognizing my contribution to our great Chapter. ■

Congratulations to all the Recipients

CONGRATULATIONS! EMRA FALL 2018 AWARD RECIPIENTS FROM CALIFORNIA

ACEP18 TRAVEL SCHOLARSHIP
Dr. Allen Chang
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ACEP18 TRAVEL SCHOLARSHIP
Dr. Tiffany Abramson
LAC+USC EMS Fellowship

AUGUSTINE D'ORTA HUMANISM AWARD
Dr. Hannah Janeway
Harbor - UCLA Residency

BE THE CHANGE GRANT
Dr. Cindy Chang
Harbor - UCLA Residency

EDDA TRAVEL SCHOLARSHIP
Dr. Kian Preston-Suni
Harbor - UCLA Administration Fellowship

FACULTY TEACHING EXCELLENCE
Dr. Ryan Pedigo
Harbor - UCLA Clerkship Director/Assistant Professor

CALIFORNIA ACEP

GUIDE TO THE PROPOSITIONS!

2018 General Election
November 6th


Yes on Prop 2

Prop 2 amends the Mental Health Services Act to fund the No Place Like Home Program, which finances housing for individuals with mental illness.

No on Prop 8

Prop 8 caps the allowable reimbursement amounts by insurance companies for dialysis care. Arbitrary price caps on providers are not health care solutions.

*California ACEP does not take a position on every ballot proposition.




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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, organization 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 2017-18 contributors (in alphabetical order):**

- Alvarado Emergency Medical Associates
- Antelope Valley Emergency Medical Associates
- Beach Emergency Medical Associates
- Berkeley Emergency Medical Group
- Centinela Freeman Emergency Medical Associates
- Chino Emergency Medical Associates
- Coastline Emergency Physicians Medical Group
- Culver Emergency Medical Group
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April 23, 2019 | Sacramento, California

CALIFORNIA ACEP SPONSORED & CO-SPONSORED COURSES

41st Annual Emergency Medicine In Yosemite

January 16-19, 2019 | Yosemite, CA

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're 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.



CALIFORNIA ACEP UPCOMING MEETINGS & DEADLINES

For more information on upcoming meetings, please e-mail us at info@californiaacep.org; unless otherwise noted, all meetings are held via conference call.

OCTOBER 2018

1st – 4th	ACEP18 San Diego, CA
13th – 14th	CMA House of Delegates Sacramento, CA

NOVEMBER 2018

6th at 9am	Reimbursement Committee Conference Call
7th at 10am	Board of Directors Meeting Sacramento, CA
12th	Veteran's Day Office Closed
22nd – 23rd	Thanksgiving Office Closed

DECEMBER 2018

24th – 31st	Winter Holidays Office Closed
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OCTOBER 2018

SUN	MON	TUES	WED	THURS	FRI	SAT
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

NOVEMBER 2018

SUN	MON	TUES	WED	THURS	FRI	SAT
				1	2	3
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DECEMBER 2018

SUN	MON	TUES	WED	THURS	FRI	SAT
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2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

CAREER OPPORTUNITIES |



SOUTHERN CALIFORNIA – ORANGE COUNTY: Full time and part time independent contracting emergency physicians needed for high volume, high acuity practices. Chest Pain Center, Stroke Center, Pediatric Level II trauma center - large independent group with forty years of clinical excellence for two acute care facilities. Expanding group needs BC/BE emergency physicians and pediatric emergency physicians. Excellent compensation, malpractice paid, scribes, midlevel providers, 8 – 9 hour shifts, excellent call panel coverage.

Email CV and references to EMSOC@emsoc.net, fax to 714.543.8914

SOUTHERN CALIFORNIA OPPORTUNITIES:

- Tustin, CA - Orange County - 73-bed community hospital, 8-bed ER, paramedic receiving, low volume. 10 x 24hr = \$240,000/yr + incentive
- East Los Angeles - 120-bed community hospital urgent care (non paramedic receiving) volume 700/mo. Guarantee \$100/hr.
- Norwalk, CA - 60-bed hospital. 500-600 patient/mo. Paramedic receiving. \$110/hr.
- San Fernando Valley - 18000 visits \$350000 per year with incentives Med surg with psyche beds. Overlap or NP or PA for busy times.
- HOSPITALIST OPENINGS ALSO AVAILABLE

FAX CV to 213 482 0577 or call 213 482 0588 or email neubauerjanice@gmail.com

To advertise with *Lifeline* and to take advantage of our circulation of over 3,000 readers, including Emergency Physicians, Groups, and Administrators throughout California who are eager to learn about what your business has to offer them, please contact us at info@californiaacep.org or give us a call at (916) 325-5455.

SOUTH ORANGE COUNTY: Mission Hospital and Children's Hospital at Mission, a CMS 5-Star rated full service hospital. We are an established, independent, democratic group staffing this ED for 22 years. Excellent compensation; malpractice paid; scribes; midlevel providers.

We seek an EM residency trained physician for a partnership track. Excellent coverage and midlevel provider support allow for high job satisfaction. UC Irvine EM residents on rotation allow for teaching opportunities. Two full-time, dedicated nocturnists work 6 nights a week. All other physicians average 6 overnight shifts per year!

The department serves both a pediatric and adult base station hospital serving all of south OC. High acuity, 70,000 patients a year, comprehensive referral center, outstanding adult and pediatric sub specialty coverage, adult and pediatric trauma center, STEMI Center, and Stroke Center.

Send CV to: MaryAnn.Hubbard@StJoe.org

VENTURA CALIFORNIA: New hospital under construction and scheduled to open in the Spring of 2018. Central coast of California and 70 miles from LAX. Positions available in two facilities for BC/BE emergency physician. STEMI Center, Stroke Center with on-call coverage of all specialties. Teaching facility with residents in Family Practice, Surgery, Orthopedics and Internal Medicine. Admitting hospital teams for Medicine and Pediatrics. Twenty-four hour OB coverage in house and a well established NICU. Physician's shifts are 9 hrs and 12 hours of PA/NP coverage. All shifts and providers have scribe services 24/7. Affiliated hospital is a smaller rural facility 20 minutes from Ventura in Ojai. Malpractice and tail coverage is provided. New hires will work days, nights, weekends and weekdays.

Send resume to Alex Kowblansky MD FACEP at kowblansky@cox.net



Looking for an ITLS course?

EMREF offers the following California providers list:

American Health Education, Inc

Perry Hookey, EMT-P
7300B Amador Plaza Road, Dublin, CA 94568
Phone: (800) 483-3615
Email: info@americanhealtheducation.com
Web: www.americanhealtheducation.com

American Medical Response (AMR)

Ken Bradford, Operations
841 Latour Court, Ste D, Napa, CA 94558-6259
Phone: (707) 953-5795
Email: ken.bradford2@gmail.com

Compliance Training

Jason Manning, EMS Course Coordinator
3188 Verde Robles Drive, Camino, CA 95709
Phone: (916) 429-5895
Fax: (916) 256-4301
Email: Kurgan911@comcast.net

CSUS Prehospital Education Program

Thomas Oakes, Program Director
3000 State University Drive East, Napa Hall, Sacramento, CA 95819-6103
Office: (916) 278-4846
Mobile: (916) 316-7388
Email: thomasfp@sbcglobal.net
Web: www.cce.csus.edu

EMS Academy

Nancy Black, RN, Course Coordinator
1170 Foster City Blvd #107, Foster City, CA 94404
Phone: (866) 577-9197
Fax: (650) 701-1968
Email: nancy@caems-academy.com
Web: www.caems-academy.com

ETS – Emergency Training Services

Mike Thomas, Course Coordinator
3050 Paul Sweet Road, Santa Cruz, CA 95065
Phone: (831) 476-8813
Toll-Free: (800) 700-8444
Fax: (831) 477-4914
Email: mthomas@emergencytraining.com
Web: www.emergencytraining.com

Loma Linda University Medical Center

Lynne Jones, Administrative Assistant
Department of Emergency Medicine
11234 Anderson St., A108, Loma Linda, CA 92354
Phone: (909) 558-4344 x 0
Fax: (909) 558-0102
Email: LJones@ahs.llumc.edu
Web: www.llu.edu

Medic Ambulance

James Pierson, EMT-P
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) 256-4596
Email: grose@napavalley.edu
Web: www.winecountrycpr.com

NCTI – National College of Technical Instruction

Lena Rohrbaugh, Course Manager
333 Sunrise Ave Suite 500, Roseville, CA 95661
Phone: (916) 960-6284 x 105
Fax: (916) 960-6296
Email: jlcasa@catel.com
Web: www.ncti-online.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

Rocklin Fire Department

Chris Wade, Firefighter/Paramedic
3401 Crest Drive, Rocklin, CA 95765
Phone: (916) 625-5311
Fax: (209) 725-7044
Email: Chris.Wade@rocklin.ca.us
Web: www.rocklin.ca.us

Rural Metro Ambulance

Brian Green, EMT-P
1345 Vander Way, San Jose, CA 95112
Phone: (408) 645-7345
Fax: (408) 275-6744
Email: brian.green@rmetro.com
Web: www.rmetro.com

Defib This (ERT)

Brian Green, EMT-P
1543 Pacific Avenue, Suite 104, Capitol CA 95060
Phone: (831) 426-9111
Web: www.defibthis.com

Verihealth/Falck Northern California

Ken Bradford, Training Coordinator
2190 South McDowell Blvd, Petaluma, CA 94954
Phone: (707) 766-2400
Email: ken.bradford@falck.com
Web: www.verihealth.com

If you are an EMS Director and would like to provide chest, head shock-injury training to your team, contact California ACEP to get started!

ITLS is the only pre-hospital trauma program endorsed by ACEP, since 1986, and is accepted internationally as the standard training course for pre-hospital trauma care.

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

EMREF is a proud sponsor of California ITLS courses.

Please call **916.325.5455** or
E-mail **Lucia Romo: Iromo@californiaacep.org** for more information.

lifeline

California Chapter, American
College of Emergency Physicians

1121 L Street, Suite 407
Sacramento, CA 95814

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US POSTAGE
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CPS



Apply for Fellow Status!

This year's deadline to submit your
application to ACEP is December 15th.
Don't miss out on FACEP designation!