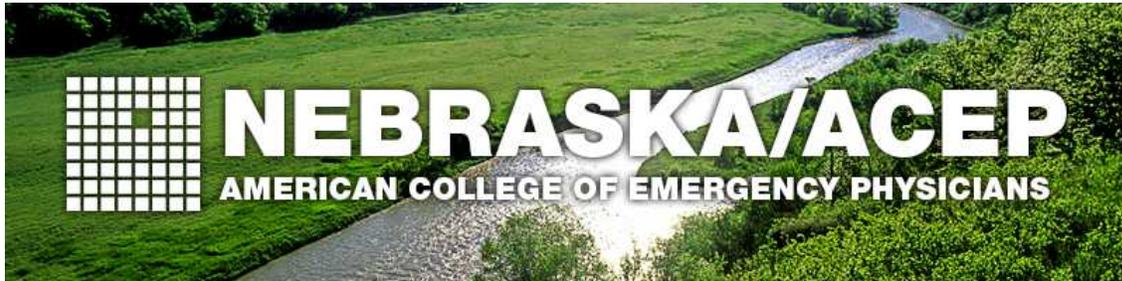


A Newsletter for the Members of the Nebraska Chapter

December 2017



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President's Message

We anticipate 2018 to be a year of expansion for our chapter activities. Beginning January 1, 2018 we will be contracting with National for management services which will allow us access to many more services. The first major change you will see is in our website. It will have a fresh new look which will hopefully attract new members. In addition, we plan to increase the use of social media, again to attract more members and to engage our current membership.

As we move into the first few months of 2018, we will concentrate on following the Nebraska legislative activities. Even though new bills will not be introduced until the end of January, listed below is a summary of 4 of the bills we have been following in the last year. You can monitor all 2018 activity by checking the [State website](#).

LB 223 – Change Provisions relating to Prescription Drug Monitoring

This bill did pass and it allows prescribers to use a trained and credentialed healthcare provider designee to access the prescription drug monitoring system. *This means we are able to use a nurse or other staff member to access the Prescription Drug Monitoring Program [PDMP] which we hope will increase its use.*

LB 368 – Change Helmet Provisions, Change Passenger Age Limits and Require Eye Protection

As is, the bill sets a limit on the age it requires that you wear eye protection and helmets. This bill comes back every year and Senator Lowe has taken up the bill. The bill is still alive and could be on the agenda this year. *NEACEP continues to support the mandate for motorcyclists to wear helmets.*

LB 622 - Adopt the Medical Cannabis Act

This bill was introduced by Senator Wishart. There has been some talk about putting this on the ballot but unsure if steps are being taken to pursue this. *NEACEP continues to monitor this law as it most definitely will impact care in the ED if in fact it passes.*

LB 428 - Tobacco Tax Increase

This bill increases the tax on cigarettes and tobacco productions from \$.49 to \$1.24 and creates the Behavioral Health Provider Rate Stabilization Fund. The fund shall be used for reimbursement of behavioral health services to providers and designated specific funds to specific programs. *This bill in one form or another has been introduced for the past 5 years with no success but we anticipate some form of the bill will be introduced again in 2018.*

I am excited about the New Year and would appreciate input from all members as we moved forward.

Happy Holiday to you and your families.

Change in Excess Liability Fund Surcharge

On November 3, 2017, the Director of the Department of Insurance approved the recommendation to increase the surcharge to the Excess Liability fund to 40% for 2018, up from 26% in 2017. This change was necessary due to an increase in the number of claims reported to the fund the past 12 months, along with an increase in the severity of cases closed. This is obviously a significant increase, however Nebraska is one of the few States that have this type of fund, and it protects all of us from major malpractice liability costs.

The Nebraska Medical Association [NMA] works closely with the Department of Insurance to maintain the integrity of this fund. If you have any questions or would like additional information you are encouraged to contact NMA at 402-474-4472.

State Legislative Issues for 2018

by Harry J. Monroe, Jr.

ACEP Director, Chapter and State Relations

Two years after the nearly miraculous successful retreat by the British army from Dunkirk, Prime Minister Winston Churchill remarked on the first actual British victory of the war by declaring, "Now this is not the end. It is not even the beginning of the end. But it is, perhaps, the end of the beginning."

We may be at a similar point in our legislative battles over balance billing and out of network reimbursement. In many states, policymakers that have been considering the issue for multiple sessions will look to address the issue once and for all. Thus, it will be important that we stand ready to engage an issue that continues to pose a threat to our specialty and most importantly, access to care for our patients. Certainly, we want to be paid fairly, but we also want to focus on making sure that insurer practices are not causing patients to delay receiving emergency care out of uncertainty as to what the insurer will pay.

ACEP has developed, and is continuing to refine, resources to help states engaging this issue. On [our website](#) you will find numerous documents that will be of help in working on this issue, including talking points, copies of written testimony produced in a number of states, information on why Medicare is not a sound benchmark for determining reimbursement, and many other materials. I would encourage you to take a look.

Additionally, we have worked hard over the last two years to build relationships with other specialty societies and the AMA, based on shared consensus principles and solutions documents that are included on the website, that have helped us collaborate on these issues. In most states that we have engaged, the national collaboration has helped with building alliances at the state level, with the result that the house of medicine has been largely united in our response to legislation. In addition to fighting off bad legislation, we have looked for opportunities to promote positive legislation on the issue, and model legislation has been developed to that end. In addition, to our collaboration with other specialties, another outside

organization, Physicians for Fair Coverage, has been formed and has helped to provide and coordinate resources in this fight.

At the time of this writing, we are also working on developing regional teams of experts that can help provide assistance in terms of legislative interpretation, understanding financial impacts, and advocacy. These should be in place by the time 2018 sessions begin.

We believe that as many as 25 states will see significant efforts by legislatures to address balance billing and out of network legislation this year. If you are facing it in your state, reach out to me [via email](#) or at 972-550-0911, ext. 3204.

In addition to balance billing and out of network issues, there will be many other important issues to address in the coming year. The prudent layperson standard remains under attack in many places by both Medicaid and commercial payers. The opioid epidemic continues to be a critical public policy concern. Of course, what the federal government does about health care, and how that filters down to the state level, promises to require our attention. This will be a busy year at the state house!



ACEP – You make 50 look good!

As we wind down 2017, we kick off a year-long celebration of ACEP's 50th anniversary starting January 2018. Plan to participate in social media campaigns that highlight the highs, lows and life-changing moments in EM. Get hyped for a historical timeline following the history of our specialty as well as anniversary-themed podcasts. Watch for anniversary editions of ACEP Now and Medicine's Frontline in addition to proclamations from members of Congress and sister medical societies. Don't forget to order copy of our commemorative coffee table book

featuring the breath-taking photographs that capture a day in the life of emergency physicians collected by famed photographer Eugene Richards. [Book tickets now to ACEP18](#) and our blow-out anniversary celebration in San Diego featuring an interactive history museum showcasing the journey of emergency medicine from battlefield to inner city to rural America to every spot in between.

As we enter 2018, we begin the celebration of 50 years of life saving and boundary pushing. Are you on call for 50 more?

Show Your Commitment to High Standards for Clinical Ultrasound

You have the highest standards when it comes to your clinical ultrasound program. Show that commitment to your patients, your hospital, and your payers with ACEP's Clinical Ultrasound Accreditation Program (CUAP). ACEP's [CUAP](#) is the only accreditation program specifically for the bedside, clinician-performed and interpreted ultrasound. Now also available - accreditation for non-ED clinical settings, including freestanding EDs, urgent care centers and clinics. [Apply Today!](#)

Ensure safety and efficacy of patient care

Meet ACEP's high standards for point-of-care delivery

Use your own policies or draw from expert-reviewed sample documents

Geriatric Emergency Department Accreditation Program

ACEP is gearing up to accredit geriatric emergency departments. The [Geriatric Emergency Department Accreditation Program](#) will be accepting applications after the first of the year. There will be 3 levels of accreditation ranging from a minimal commitment to better elder care to a comprehensive well-rounded robust program. Accreditation shows your patients, your institution and your payers that your ED is ready to provide care to seniors and is a quality program that meets the high standards of the American College of Emergency Physicians. [Find out more.](#)

Articles of Interest in *Annals of Emergency Medicine*

by Sandy Schneider, MD, FACEP

ACEP Associate Executive Director, Practice, Policy and Academic Affairs

ACEP would like to provide you with very brief synopses of the latest articles in *Annals of Emergency Medicine*. Some of these have not appeared in print. These synopses are not meant to be thorough analyses of the articles, simply brief introductions. Before incorporating into your practice, you should read the entire articles and interpret them for your specific patient population. [Read More](#)

Policy Statements and PREPs Approved by the ACEP Board

The following policy statements and PREPs were approved by the ACEP Board of Directors at their October 2017 meeting.

Policy Statements

[Medical Transport Advertising, Marketing, and Brokering](#) – revised

[Clinical Emergency Data Registry Quality Measures](#) – new

[Mechanical Ventilation](#) – new

[Hospital Disaster Physician Privileging](#) – revised

[Unsolicited Medical Personnel Volunteering at Disaster Scenes](#) – revised

[Sub-dissociative Dose Ketamine for Analgesia](#) – new

Writing Admission and Transition Orders – revised

[The Clinical Practice of Emergency Medical Services Medicine](#) – new

[The Role of the Physician Medical Director in EMS Leadership](#) – new

[State Medical Board Peer Review](#) – new

Pediatric Medication Safety in the Emergency Department – new

[Distracted and Impaired Driving](#) – revised

PREPs

Sub-dissociative Dose Ketamine - new

Writing Admission and Transition Orders – new

Welcome New Members

Ryan L Krempels

Sylwia A Rychtarczyk

Dain D Finke

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