

JULY 1, 2020 - JUNE 30, 2021

2021 Annual Report



Message from the President



A phrase often used to describe the last year “light at the end of the tunnel” seems to have eluded us. We lived the past year discussing when that would occur and it appears to have moved on us yet again to a later date. As EM physicians we are used to the unknown and ready to meet the continued challenge.

Who would have ever guessed our own state would be the epicenter of the fourth wave. Sadly, it appears some have learned very little over the past 18 months, and unfortunately, at a cost of many more deaths in our state and country.

Despite the pandemic, MOCEP leadership worked very hard for its members over the past year. I hope this annual report provides a nice summary of our work for you, its members. We advocated, often virtually, on issues important to our members. We finally saw the passage of a statewide PDMP, worked on preventing downcoding and protecting physicians from Covid liability.

Perhaps the biggest news in Emergency Medicine next to the pandemic was the release of the work force report. One’s first reaction was to panic especially our younger members with a long career in EM ahead of them. I feel confident in our national leadership team that the best interests of EM are in their minds as they seek solutions to this impending problem. As leader of the state chapter I promise to work closely with national leadership on this ever so important issue that affects the future of Emergency Medicine.

For those who could attend it, we had a successful in-person Missouri Emergency Medicine Symposium in Columbia in May. We also held our first in-person medical student event to provide new ways to engage future EM physicians. It was so nice to see people in person again. We hope for similar reunions at ACEP in Boston in October. MOCEP is planning to hold a Missouri reception and we will provide more details in the coming weeks.

Lastly, MOCEP is about you, our more than 700 members. Not only do we represent you and work for you, but we need your help. Please consider becoming more involved. There are numerous committees that can use your help. Each member brings unique perspective and can play an important role in success of our organization.

Be safe and thank you for your daily work on the front lines,

Christopher Sampson, MD, FACEP

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Washington University, St. Louis
Jared Lammert, MD

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University of Missouri – Kansas City

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Sarah Luebbert, APR
Executive Director

Jorgen Schlemeier
Legislative Liaison

LEGISLATIVE UPDATE



Jorgen Schlemeier, MOCEP Legislative Liaison

What a session! Oh, wait, we had two sessions, and perhaps another one brewing before the end of the calendar year. The legislature and Governor have taken the long way at times to pass their priorities, but as clunky as it appeared from the outside, it was even more clunky watching it from the halls of the State Capitol (which as a little historic note, can be spelled “ol” or “al” – that is a fact that I looked up at 1 am when they are debating nothingness).

The next possible special session would relate to passing a new congressional map, as this is a year in which redistricting must be conducted so the candidates that file for office in March of 2022 will know in which district they reside. The other hot topic is how to allocate the federal funds that are flowing through a spicket that is broken in the “on” position. I do believe that discretionary funds will not be spent until the 2022 session, and the flow through funds, those that are required to go to local jurisdictions or school districts with little to no strings attached by the state, may be passed on during a late fall special session.

The regular session (January – May) brought victories and disappointments with PDMP and some resolution to downcoding filling the “victory” column, while defeat of Medicaid expansion and non-renewal of the FRA-was clearly in the “loss” column. A special session was called by the Governor right before the July 4 weekend to pass the FRA renewal, a bill ALL legislators knew during regular session would require a return visit to Jefferson City for an abbreviated session if they did not pass it.

Without this funding source, the dump truck loads of federal money the state has received and is on its way for stimulus projects, would be for naught because a \$4 billion hole caused by the expiration of the FRA would swallow up all those federal funds.

Why go through all this trouble to renew the FRA bill? Abortion! A few legislators were willing to risk the passage of the FRA renewal to talk about blocking payment of contraceptives and defunding Planned Parenthood, which regardless of how you feel about the topic, jeopardizing payments to ER docs and nursing homes and all other providers in the Medicaid system has absolutely nothing to do with abortion. Zero abortions were reported as being conducted in nursing homes last year.

MOCEP joined with a coalition of other providers to push back against a handful of legislators that wanted to assert their agenda over the certainty of this funding. Eventually, the many outweighed the few, and defeated the “abortion” amendment being added to the FRA bill, and at 1 am on Saturday morning, passed the bill. I explain all this in details because an interim committee was formed as a result of the discussion surrounding abortions.

The Senate Pro Tem appointed the Senate Interim Committee on Medicaid Accountability and Taxpayer Protection, to be chaired by Senator Bill White, from Joplin, to review the Medicaid program, including blocking funds from flowing to Planned Parenthood. This committee will not only discuss Planned Parenthood but will take on the mammoth task of making Medicaid Managed Care

LEGISLATIVE UPDATE - CONTINUED

better. A theme I suspect that will be well received by many provider groups. Their first meeting was July 13 in Jefferson City. The members include; Senators Eslinger (West Plains region), Bill Eigel (St. Charles City and portions of St. Charles County); Justin Brown (Rolla and Lake Ozark area), Lincoln Hough (City of Springfield), Mike Cierpiot (Eastern Jackson County), Lauren Arthur (Clay county), Mike Bernskoetter (Cole, Gasconade, Maries, Miller, Moniteau, Morgan, and Osage counties), Elaine Gannon (Southern Jefferson County, Iron, Reynolds, St. Francois, Ste. Genevieve, Washington), Karla May (Western part of St. Louis City – west of Kingshighway -, Clayton, Brentwood and Richmond Heights) and Jill Schupp (Ladue, Creve Couer, out to Maryland Heights and St. Ann – Central St. Louis county corridor).

While we are on Medicaid Managed Care reforms, our downcoding initiatives did not pass, however, conversations have been had between Centene and hospitals/groups to come up with a resolution (for Medicaid claims – have not seen this yet in the private paid claims). United Healthcare remains committed to not starting this practice in Missouri. The one piece still needing resolution is Anthem, and we are still working on them.

Just to finish up on Medicaid, the expansion is in the hands of the court. The legislature did not fund the constitutional amendment but did recognize that the courts may require the implementation, and therefore set money aside to pay for the claims if the courts decide to reverse the legislature's decision. Stay tuned.

The tort agenda had success again this year. The Covid liability bill, once believed to be a bit too late to be useful, is now being enacted just in time for this very unfortunate second round brought to us by the Delta Variant. The Covid liability protection bill covers health care practitioners for med mal issues, ALL business for exposure cases and manufacturers of products that were trying to

help with the pandemic – HOWEVER it does not cover vaccine manufacturers. That really became the hot topic in the end, with the anti vax groups strongly opposing any protections for the pharmaceutical companies. Because the feds cover vaccines already, we removed all protections for vaccines under this bill. Quickly, several attacks were made on the efficacy of vaccines, all vaccines, not just those related to Covid. The House, after a long debate, defeated a proposal to preclude any entity from requiring ANY vaccine (specifically kids attending school).

The bill will increase the plaintiff's standard of proof needed to prevail in med mal cases. We have not yet seen a dramatic increase in cases, but the statute of limitations is still running, so we will see the litigation uptick – if any - in a couple of years. One additional item that impacted med mal insurance was the fix for the fix of the collateral source that previously passed. A few sessions back we passed a bill that allowed a judgement to be based on the amount actually paid to settle a health care charge and not the amount billed. As you can imagine, if your insurer had to reimburse a plaintiff for billed charges, the award would be far higher than if based on the actual payment in full. The court decided that both billed and paid amounts could be entered by the attorneys, which defeats the purpose, as juries tend to lean toward the higher number. We will introduce that legislation again next year.

On to other issues, perineal and new, mostly perineal. The king of perineal? PDMP! Passed and has been signed by the Governor! Way to go to everyone that stuck around long enough to see the end of this movie.

Speaking of movies, have you seen the thriller about the assistant physician. The assistant physician issue brought some unanticipated drama, as the sponsor of their bill, Rep. Trisha Derges, was indicted by the federal district attorney on a 20-count charge. She has been stripped of her committee

LEGISLATIVE UPDATE - CONTINUED

assignments and the Speaker has called for her resignation. She has invoked the endorsement of Patch Adams, however that box office middle of the roader won't divert the feds from their quest to prosecute Derges. Prior to being elected, she testified for several years prior on the independence of APs. This bill actually went a step further than past years allowing Aps, after 5 years of practical experience, to become licensed as a physician. Wow. Nope. That bill died.

As many of you know, Covid forced reruns and delayed new season releases. The rerun of the APRN show didn't surprise us with a different ending. Nurses sent forth several proposals, but they had a hard time corralling their various organizations to cut loose the elimination of the collaborative agreement and try to go for the reasonable reforms. They will be back next session – we will see if they offer a “new show”. A couple of the reasonable reforms introduced this year included that under current law, a collaborating physician working with an advanced practice registered nurse (APRN) subject to a collaborative practice arrangement shall document a one-month period of time during which the APRN practices with the physician continuously present. This act repeals the requirement that such supervised practice occur for one month of time and allows the physician to make the length of time determination. Another was modifying the distance an APRN could utilize telehealth to provide care.

Senator White filed Senate Bill 121, which adds MO HealthNet managed care organizations to the definition of a "health maintenance organization". Additionally, it includes that plans offered to MO HealthNet participants by such managed care organizations to the definition of "health maintenance organization plans" in the statutes regulating health maintenance organization operations in the state. This would ensure all managed care reforms apply to the Medicaid MCO's as well, such as the downcoding and prior

authorization issues. This bill did not make it through, and I believe many of these items will be discussed during the interim committee that I mentioned above. The application of these laws to Medicaid Managed Care plans can be done via incorporating those into the RFP the state will soon release for the future vendors of the program.

Further regulation of Powdered Alcohol did not make the cut. The legislature has passed some regulation on this product in the past, but this proposal included the product in the definition of “alcohol”, thereby requiring it to adhere to all laws applied to alcohol.

Truth in Licensing bill (Senate Bill 8) is a proposal to ensure practitioners do not infer they are licensed as something they are not. This always runs into opposition as some non-physician practitioners want to refer to themselves as “doctor”. I don't understand the need for a practitioner to do this. They all tout their education, experience and abilities, but then do not want to be clear of their licensure level with patients

The issue of Maintenance of Certification came up again this year. Under this act, hospitals, health care facilities, and institutions owned, operated, or licensed by the state are prohibited from conditioning employment or the granting of medical staff privileges of a physician, or health carrier on participation in a network, based on his or her maintenance of certification or maintenance of licensure. Hospitals are strongly opposed to this bill. The medical community is mixed on this bill as they want criteria that ensures physicians maintain a high level of clinical knowledge, but do not like the current certification process.

A successful session, and perhaps even more so if the court rules in favor of expanding Medicaid. We always appreciate feedback, especially on issues you are facing that we do not have on our list.

Enjoy the summer, it is going fast.

MOCEP BY THE NUMBERS

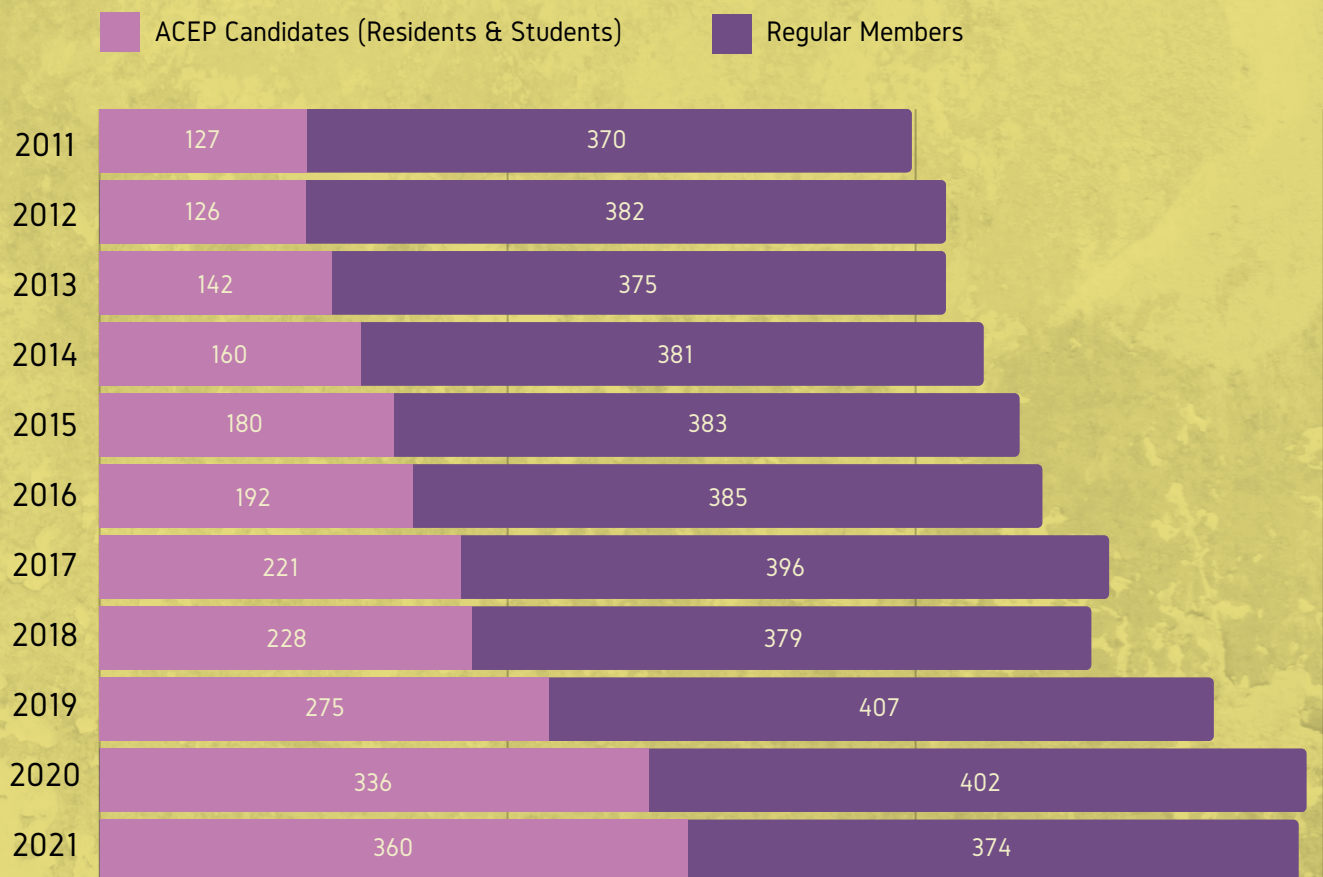
TOTAL MEMBERSHIP

as of June 30, 2021

734 members

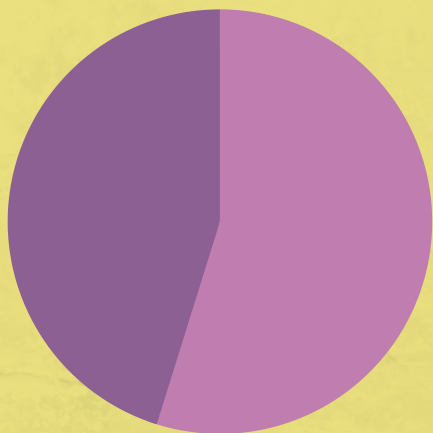
- 374 REGULAR MEMBERS
- 179 RESIDENT/FELLOW MEMBERS
- 181 STUDENT MEMBERS

HISTORICAL MEMBERSHIP NUMBERS - 10 YEARS



ACEP FELLOWS

Non-
FACEP
45.2%



FACEP
54.8%

Want to become a Fellow of ACEP (FACEP)? Find out more at <https://www.acep.org/membership/membership/join-acep/fellow-status/>

FINANCIALS

	Actual	Budget	Difference
Income			
Dues Income	\$70,324.18	\$72,000.00	(\$1,675.80)
Event Income	\$18,983.52	\$10,000.00	\$8,983.50
Advertising & Member Services	\$3,529.60	\$1,000.00	\$2,529.60
Other Income	\$2,661.64	\$4,120.00	(\$1,458.40)
Total Income	\$95,498.94	\$87,120.00	\$8,378.94
Expenses			
Legislative & Administrative	\$60,814.84	\$65,100.00	(\$4,285.16)
Awards & Grants	\$6,001.13	\$8,960.00	(\$2,957.87)
Residents	\$1,732.50	\$8,000.00	(\$6,264.50)
Board and Travel Expenses	\$2,441.52	\$19,800.00	(\$17,358.48)
Events & Member Outreach	\$4,840.28	\$13,850.00	(\$9,009.72)
Website	\$2,601.80	\$3,000.00	(\$377.69)
Other	\$1,227.15	\$1,450.00	(\$391.20)
Total Expense	\$79,659.22	\$120,160.00	(\$40,500.78)
Net Income	\$15,839.72	(\$33,040.00)	(\$48,879.72)
International Trauma Life Support (ITLS)			
ITLS Income	\$5,984.00	\$5,000	\$5,000
ITLS Expense	\$7,861.00	\$7,600.00	\$7,600.00
Net Income	(\$1,877.00)	(\$2,600.00)	(\$2,600.00)
Net Income			
MOCEP Net Income	\$13,962.72	(\$35,640.00)	\$49,602.72

GRANTS & AWARDS

MOCEP awards numerous grants each year to residents and students, and recognizes outstanding members through awards to all member types for their leadership and dedication to MOCEP and Emergency Medicine. This year MOCEP awarded more than \$4,750 in grant funding to residents for research projects that will have an impact on Emergency Medicine. In most years, MOCEP awards grants for residents and students to attend MOCEP and ACEP events. Due to the pandemic, MOCEP was unable to provide those grants.

RR Hannas Physician of the Year Award

Chandra Aubin, MD

Our 2021 recipient is an associate professor at Washington University School of Medicine and has been instrumental in getting Point of Care Ultrasound in everyday emergency medicine care and bringing the first Emergency Medicine Ultrasound Fellowship to Missouri. Her nominator noted she serves as the residency mother and looks after the human side of each resident and colleague. She is known to push trainees to be better than they thought they could be with a combination of tough love and homespun wisdom.



RR Hannas Resident of the Year Award

Theodore Harper, III, MD

The 2021 recipient is a resident at Saint Louis University who is known for his compassionate patient care, approachability, attention to detail, and camaraderie with his peers. One trait that made him stand out to the awards committee is his involvement with MediQUES, an organization with a mission to mentor and facilitate educational opportunities for minority students interested in pursuing careers in medicine, dentistry and veterinary medicine. The recipient is also known for his generosity, outstanding bedside manner, and his positive interactions with other residents and medical students.



Lifetime Achievement Award - *Barry Spoon, DO, FACEP*

Dr. Spoon spent most of his career in Southwest Missouri, served as a MOCEP board member for nearly two decades, including two terms as President. He was very active in the Missouri International Trauma Life Support program and served as the medical director for many years. He was also active on the Missouri Board of Healing Arts where he served two terms as chair.

Lifetime Achievement Award - *Michael Szewczyk, MD, FACEP*

Dr. Michael Szewczyk is the Medical Director of Employee Health at Boone Hospital and has been involved in MOCEP for many years. Dr. Szewczyk helped develop MOCEP, has served in all capacities on the MOCEP board, and was the treasurer for 12 years. He is still active with MOCEP serving on several committees.