

ANNUAL REPORT

July 2021 - June 2022



www.MOCEP.org

President's Letter



Each year, I find myself asking: It can't get more stressful than last year, right? Since early 2020, it seems like practicing Emergency Medicine has been increasingly difficult. Maybe it's just me, but as I talk to ACEP members from across the state, it appears most of us are still dealing with the serious fallout of the COVID-19 pandemic. Perhaps the pandemic just exposed the fragile and precious balance required to successfully run an Emergency Department.

As we all continue to battle against nursing shortages, increased patient volumes, and exceedingly long boarding times, know that MOCEP is here to help in as many ways as possible to make practicing Emergency Medicine easier, better, and more satisfying. Can we help bring nurses back to Missouri? No. Can we divert patient volumes or create inpatient beds? No. But, together as MOCEP, through the time and dedication of your Board of

Directors, we can make palpable differences.

I continue to work, as my predecessor Dr. Sampson did, with national ACEP to understand the fallout for Emergency Physicians from the workforce report that raised so many concerned eyebrows last year. This year, one of the bigger issues is how to treat reproductive emergencies in the wake of the recent Supreme Court ruling. One of MOCEP's board members, Dr. Douglas Char, has been appointed to the ACEP EM Reproductive Rights – Patient Safety Taskforce and I am working closely with him to help us understand how this ruling, and specifically Missouri law, impacts our practice.

In addition, downcoding has been rearing its ugly head again. A recent bulletin from Anthem announced a new version of downcoding beginning July 1, 2022. We continue to lobby the Department of Insurance to enforce the Prompt Pay Law ([RSMO 376.383](#)) MOCEP supported in 2021. I'm happy to announce that after MOCEP brought our concern to Anthem, they have responded with an indefinite delay to implementing this policy. We will continue to fight this practice whenever it may be revived by a payor again. This is just one of the examples of how

we continue to fight for our specialty across the state.

We also had a very successful, in-person Emergency Medicine Symposium and joint Medical Student Symposium in late April at the Lake of the Ozarks. It was a great event that was enjoyed by all. It is wonderful to see people coming back together to celebrate our common bond, educate ourselves, and continue to push for the best possible emergency care statewide. We will also be hosting a happy hour at ACEP22 in San Francisco. Please watch your email for details. We would love to see every one of you there who is attending the ACEP Annual Scientific Assembly.

One last enduring appeal: join with me and the rest of those active in MOCEP! Together, we can accomplish great things. Only through participation can you ensure that your voice is heard, and action is taken.

Thank you for all you do day in and day out, and the sacrifices you have made for your patients, your families, and each other. Continue to prioritize your safety and well-being.

Sincerely
Brian J. Bausano, MD, MBA,
FACEP

Working for you



Advocacy

MOCEP has a lobbying team working for our members each day. Our lobbyists know the healthcare field and fight for physicians every day. Join us for our annual Advocacy Day to learn more about how to advocate for our specialty.



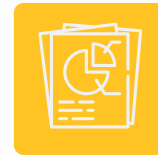
Grants and Awards

Every year MOCEP provides more than \$4,000 in grants to residents performing research. This is just one way we give back to our specialty. We also offer several awards, so nominate your peers that make the profession better!



Symposiums

MOCEP holds the Emergency Medicine Symposium each year in the spring for residents and attendings. The following day we hold the Student Symposium on Emergency Medicine. These are great educational and networking opportunities that we hope you will attend.



EPIC Newsletter

The EPIC Newsletter has been around for many years, but this fall it's getting an update. Each issue will now be a specific theme for Emergency Medicine. We are looking for contributors, so go online to find the publication calendar and submit your article ideas!



Representing You

MOCEP represents and fights for Emergency Medicine on a daily basis. Our members and leaders are involved in task forces, we continue to fight for fair payment outside the legislative process, and we work with other medical organizations to make sure you are represented!



Informed

MOCEP works hard to keep our members informed across multiple platforms. We regularly provide updates and resources on our social media accounts, information is shared on our MOCEP EngagED platform and in our weekly e-newsletter. Make sure you have access to both!

The Year in Review

MOCEP works hard for our members and we realize with everything going on, sometimes that message doesn't get to our members. For that reason, we have created a quick summary of our accomplishments, current activities and more below.

	Succeeded	Defeated	Battling
Compromise on hospital visitation rules	<input checked="" type="checkbox"/>		
APRN advancement to independent practice		<input checked="" type="checkbox"/>	
Updated TCD CME requirements	<input checked="" type="checkbox"/>		
Downcoding of claims			<input checked="" type="checkbox"/>
Assistant Physician practice expansion		<input checked="" type="checkbox"/>	
Easing of childhood immunization mandates		<input checked="" type="checkbox"/>	
Promote physician-led teams	<input checked="" type="checkbox"/>		
Temporary Nursing Agencies	<input checked="" type="checkbox"/>		

2022 Legislative Session is over...or is it?

The 2022 legislative session is in the books...well not so fast. While the regular session has concluded and the budget is complete, the Governor vetoed two bills of significance that appear to need attention before the 2023 session, which begins in January. These bills were an extension of several agriculture tax credits and a one-time tax cut with a price tag of approximately \$500M. The Governor's proposal on the ag tax credits is to extend it for a longer term than the legislature sent to him, which he vetoed; and the one-time tax cut he is making broader to include a rebate for more taxpayers and an on-going tax cut instead of a one-time cut. These will be discussed in mid-September, when everyone now believes the Governor will call a special session.

What will not be discussed is further definition of when an abortion is allowed under the new Missouri law that took effect when the Dobbs decision was handed down by the US Supreme Court. There were requests for such clarification, but having a special session when there is no clear language agreed to by either side is not advisable. This issue will get a lot of attention next year, during the regular legislative session.

The theme in previous reports was the degradation of the Senate, and certainly the lack of civility. While there are 34 Senators, four of them wreaked havoc on the process, and due to the rules in the Senate, they took full advantage of their right to be divisive and chaotic. Unfortunately, that overshadowed the good of the remaining Senators who remained respectful and focused on their policy objectives.

The regular session which concluded in May, perhaps will be remembered as one of the most difficult sessions due to a group of a few Senators. Led by Sen. Bob Onder, a physician, the group worked to block progress on simple housekeeping items like approving the Journal – which is the official record of what transpired the previous day.

Those interested in a well-operating government hope to not see that type of behavior repeated.

In fact, the Senate quit a day early after finally completing the new boundaries for the Congressional Districts, which will be in effect after the November election. That exercise was the source of so much friction throughout the session, and not until they knew there was a threat that the courts would draw the lines, did they reach an agreement with most. Sen. Onder once again stood and used procedural attempts to block the measure, however, it passed and was signed by the Governor.

The budget was the marquee accomplishment. It reached a record amount, just short of \$50 billion, due mostly to the federal stimulus funding, but also a state revenue growth from the resurgence of spending as COVID-19 restrictions loosened. The stream of payments from DC are not done yet. The state will receive its first infrastructure installment later this calendar year, which will prompt triple the requests than funding can satisfy. The number of new projects in this budget are unprecedented, however, they were trimmed a bit by the Governor before he eventually signed the bill.

The Federal Public Health emergency was just extended, and with that comes more federal funds to the state, further shoring up Missouri's budget for at least another year – perhaps as many as four years.

Numerous social issues, including restricting transgender students from playing school sports, additional abortion restrictions (which now are moot), and extension of post-partum health benefits for near poverty women did not pass. It is unusual in an election year that no significant social issue passed, nor did a gun bill.

It's two weeks before the August Primary Election, where 99% of the races will be decided. Do you know who your legislator is? The legislators will now focus on a re-election term, where a record number of incumbent legislators have primary races. That is the result of two issues: first, a small group of republican senators actively recruited primary opponents for their peers in the senate – unheard of, but that is the new normal. Second, for the primaries this is a redistricting year, and new districts for House, Senate and Congress pit incumbents against one another. August primary results may determine the leader of the Senate next year. There are 17 Senate seats up for election and 14 of them have primary challengers. We have never seen this before.

The House has already pre-selected Dean Plocher (R-St. Louis) as the 2023 Speaker of the House, and the Floor Leader's race is a barn burner between Jon Patterson (physician in KC), Mike Haffner (retired Military – lives in Harrisonville) and Hannah Kelly, a realtor in Mountain Grove.

The Senate will also have changes in their top two spots of leadership as Sen. Dave Schatz (candidate for U.S. Senate) is termed out, and therefore, the belief is Sen. Caleb Rowden will ascend to Pro-Tem. This leaves several republicans to duke it out for floor leader, including Senators Bernskoetter (Jefferson City), Koenig (St. Louis County), Cindy O'Loughlin (Shelbina), and Bill White (Joplin).

Budget

Medicaid has released its new rate schedules for FY23. The hope is that this attracts more providers into the Medicaid program. While many of the rates are set by MCO's, as they cover the bulk of the Medicaid enrollees, they must pay for physician services at a minimum of the fee for service rate. A huge thank you to the Governor for leading this issue and boosting very low Medicaid rates to a level that are enticing practitioners to take a second look at becoming a Medicaid provider. The committee, led by Chairmen Rep. Cody Smith and Sen. Dan Hegeman never questioned the need for higher rates, nor the amount needed to fund this item.

The Budget includes a one-time grant opportunity for "emergency medical service providers" of up to \$20,000 per recipient. We are not certain how "per recipient" will be defined, and have inquired of the Department of Public Safety on their process of establishing the application process for these funds. No decisions have been made. MOCEP will meet further with the Department as they begin establishing the criteria for awarding these grants.

TCD Education Requirements Passes

HB2331 the TCD revision bill passed and contained our key CME provision which states "the department shall not have authority to establish additional education requirements for physicians who are emergency medicine board certified or board eligible through the ABEM or AOBEM and practice in an ED of a trauma, STEMI, or stroke center."

Visitation Requirements

The visitation/essential caregiver bill passed, and in the end a deal was agreed to between the House and Senate that preserved our exemptions and ability to restrict visitors in the ED when necessary for all the reasons noted below. This language was passed in SB710 and HB2116 – both with identical versions. The exact text is below with the language we added in orange.

As you heard from us throughout the session, a group of legislators were determined to dictate long term policy on health care providers because they did not like how providers were handling the COVID-19 pandemic. We were stunned at some of the proposals, and fortunately those negotiating this issue were very interested in ensuring a middle ground was reached. Those who did not like the way physicians provided services never asked, "where would we be without those health care providers...?" The language in the bill is as follows:

A hospital "shall allow a spouse or legal guardian, and at least one essential support person to be present with the patient at all times in the emergency department". However....

5. This section shall not affect any obligation of a health care facility to:

(1) Provide patients or residents with effective communication supports or other reasonable accommodations in accordance with federal and state laws to assist in remote personal contact; and

(2) Comply with the provisions of the Americans with Disabilities Act of 1990, 42 U.S.C. Section 12101 et seq.

6. A health care facility may limit:

(1) The number of visitors per patient or resident at one time based on the size of the building and physical space;

(2) Movement of visitors within the health care facility, including restricting access to operating rooms, isolation rooms or units, behavioral health units, or other commonly restricted areas; and

(3) Access of any person to a patient:

(a) At the request of the patient or resident, or the legal guardian of such;

(b) At the request of a law enforcement agency for a person in custody;

(c) Due to a court order;

(d) To prevent substantial disruption to the care of a patient or resident or the operation of the facility;

(e) During the administration of emergency care in critical situations;

(f) If the person has measurable signs and symptoms of a transmissible infection; except that, the health care facility shall allow access through telephone or other means of telecommunication that ensure the protection of the patient or resident;

(g) If the health care facility has reasonable cause to suspect the person of being a danger or otherwise contrary to the health or welfare of the patient or resident, other patients or residents, or facility staff; or

(h) If, in the clinical judgment of the patient's or resident's attending physician, the presence of visitors would be medically or therapeutically contraindicated to the health or life of the patient or resident, and the physician attests to such in the patient's or resident's chart.

Neglect of a Patient Fails

A bill related to increased penalties for "neglect" HB2601 failed to pass. We never really liked the way this bill was structured, and the sponsor eventually understood the issue we had with the broad definition of neglect, coupled with the increased

penalty of a felony. While we all support punishing "neglect" of a patient, unless very carefully defined, leaving to a jury the complexities of what standard of care should have been rendered is far too risky for physicians to practice in this state.

Temp Agency Legislation

A deal was hatched, and passed on numerous bills. We believe this will help ensure those temp agencies that placed "irresponsible" nurses into health care facilities to be more responsible and accountable for the practitioners they send to such facilities. The newest version states that a person who operates a supplemental health care services agency shall annually register with the Department of Health and Senior Services, as a condition of registration, meet licensure and certification of health care personnel, background checks, proof of insurance, not restrict the employment opportunities of the health care personnel, reporting requirements, record maintenance, and liability.

APRN

A deal was near but never materialized and no bill passed. After much interaction with the nurses, the APRN bill failed to make progress, and ultimately failed to pass. I do believe we will work with them over the interim to get to an agreement and not let good discussions during the session go to waste.

Assistant Physicians Reform Fails

Sen. Bob Onder defended the Assistant Physicians position on this issue and blocked the legislation.

The Assistant Physician (AP) bill failed, but we will certainly push for changes again next year. This bill has growing support, and now that Sen. Onder is out of the Senate, we may have an opportunity to pass a bill that restricts the duration of their license. Our goal is to bring the bill back to its original purpose of bridging the gap between medical school and matching in a residency program. The bills both contained dramatic improvements from the current law. One required graduation from a U.S. school accredited by the Liaison Committee on Medical Education or the Commission on Osteopathic College

Accreditation. The APs will only be able to see patients if they have a collaborative agreement with a physician (current law) and only be able to hold the license for 5 years – after that time, it expires and there is no renewal option, nor a track to become a PA or physician.

The House bill only allows graduates of Missouri medical schools to be licensed as an AP, and has no definite time a person can remain a licensed AP, however they must have a collaborating agreement to renew their license. This is similar to the other five states that have this law.

Some Vaccine Legislation Passed

Vaccine legislation was rampant throughout session, but in the end, the only two items that passed related to; (1) State workers not being required to be vaccinated as a condition of continued employment, and (2) a provision fought by many, and eventually forced it to be watered down to a recipient of a transplant, excluding lungs, would not be screened out due to their COVID-19 vaccine status.

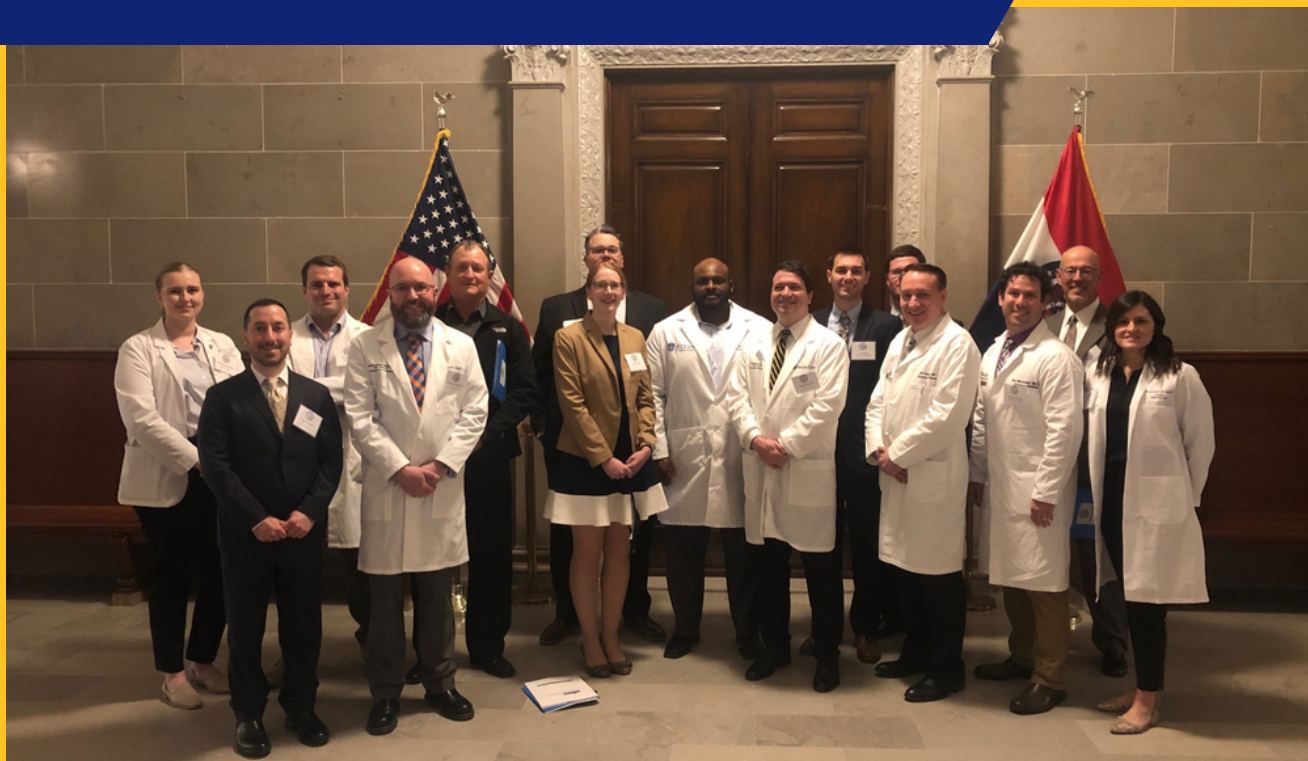
Peer Review Committee Legislation

HB 2109 provides ambulance operators and other emergency service personnel pursuant to Section 190.001-190.245, RSMO, to be considered health care professionals for purposes of participating in and being subject to peer review committees pursuant to Section 537.035. This law is allowed for physicians, and other health care providers, but when we attempted to extend this very good process to improve emergency services care, Sen. Bob Onder blocked the bill.

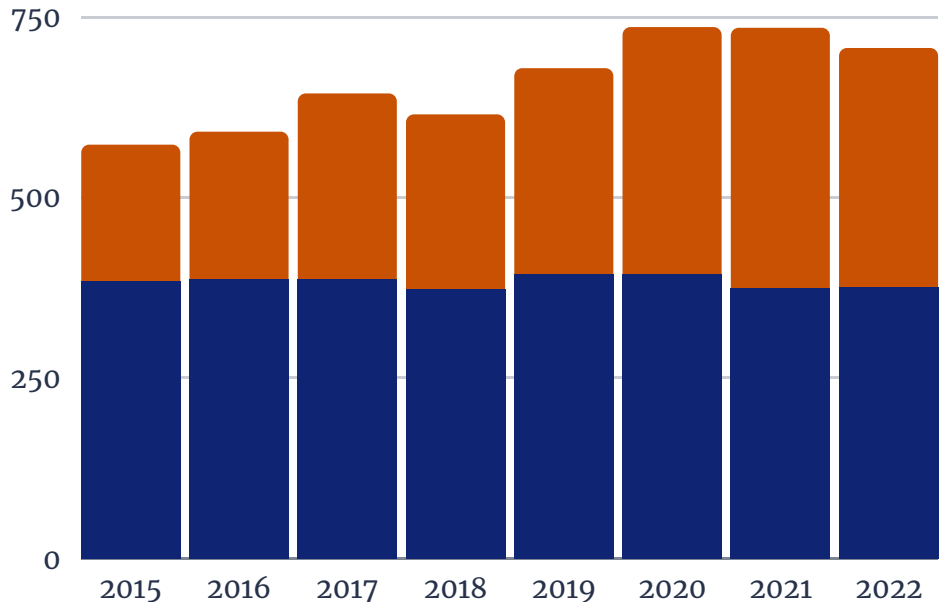
Any quality improvement or quality assurance activity required by persons licensed as an ambulance operators or other emergency service personnel shall be considered an activity of a peer review committee.

While the 2022 legislative session concluded in May, issues are piling up already that need to be addressed in 2023. Stay tuned, and thank you for your advocacy.

2022 Advocacy Day



Membership Report

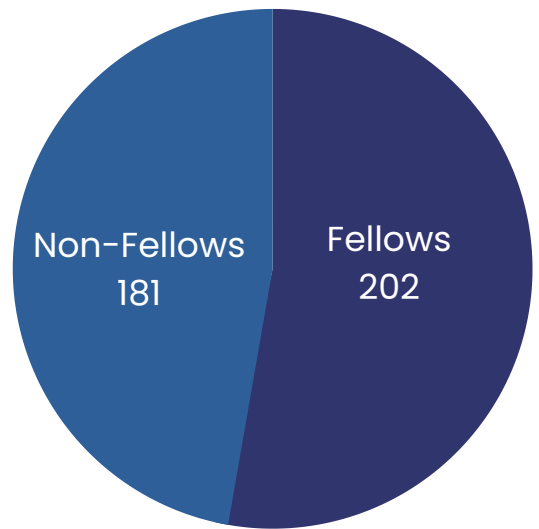


8-YEAR MEMBERSHIP OVERVIEW

MOCEP is comprised of regular and candidate members. Candidate members are residents and medical students and are featured in the upper orange color. Regular members are attending physicians and are featured in dark blue.

MOCEP FELLOW MEMBERS

Becoming a Fellow of ACEP is a distinction, point of pride, and a badge of honor. Established almost 40 years ago, the FACEP designation is earned by those committed to the preservation and growth of emergency medicine. Find out more about becoming a fellow at <https://www.acep.org/membership/membership/join-acep/fellow-status/>



2022 Membership Numbers

114

Student Members

200

Resident Members

400

Regular Members

FINANCIALS

July 1, 2021 - June 30, 2022

	Actual	Budget	Difference
Income			
Dues Income	\$74,213.48	\$72,000.00	\$2,213.48
Event Income	\$11,056.30	\$10,850.00	\$206.30
Advertising & Member Services	\$71.00	\$2,000.00	(\$1,929.00)
Other Income	\$7,179.08	\$6,500.00	\$679.08
Total Income	\$92,519.86	\$91,350.00	\$1,169.86
Expenses			
Legislative & Administrative	\$67,094.30	\$64,150.00	\$2,944.30
Awards & Grants	\$2,377.04	\$8,960.00	(\$6,582.96)
Residents	\$1,732.50	\$8,000.00	(\$6,267.50)
Board and Travel Expenses	\$15,540.26	\$26,310.00	(\$10,769.74)
Events & Member Outreach	\$10,113.32	\$14,050.00	(\$3,936.68)
Website	\$1,284.00	\$2,500.00	(\$1,216.00)
Other	\$507.58	\$940.00	(\$432.42)
Total Expense	\$98,649.00	\$124,910.00	(\$26,261.00)
Net Income	(\$6,129.14)	(\$33,560.00)	\$27,430.86
International Trauma Life Support (ITLS)			
ITLS Income	\$4,624.00	\$5,000.00	(\$376.00)
ITLS Expense	\$3,493.00	\$7,200.00	(\$3,707.00)
Net Income	\$1,131.00	(\$2,200.00)	\$3,331.00
Net Income			
MOCEP Net Income	(\$4,998.14)	(\$35,760.00)	\$30,761.86

MOCEP LEADERSHIP

The MOCEP Board of Directors works hard for our members year-round. Many of the board members serve on national and state workgroups, ACEP committees, lead MOCEP committees, and much more.

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