

PACEP NEWS

WINTER 2025



Jennifer L. Savino, DO, FACEP
PACEP President 2024-2025

EXECUTIVE PRIVILEGE

PACEP: Reflecting on 2024 and Looking Forward to 2025!

By Jennifer L. Savino, DO, FACEP

As we enter the new year, PACEP is excited to share upcoming opportunities!

But first, here is a look back at our accomplishments in the final quarter of 2024:

- Hosted our first-ever virtual Coffee Club featuring Senator Argall and Representative Arvind Venkat.
- Conducted a successful PEP-PAC Fall Campaign to replenish funds that were distributed ahead of the election.
- Supported PA Physicians impacted NES Health bankruptcy.
- Created a new PACEP scholarship for Increasing Diversity Experience of Emergency Medicine.

A dedicated task force is now refocusing PACEP's social media content on member and physician interests. Follow us on your preferred platform for exciting updates and improved content tailored to you!

PACEP leaders actively participated in multiple virtual meetings with the Department of Health this fall to discuss proposed language for their hospital regulations update. We are pleased that many of our suggestions were well-received, and we eagerly await the release of the draft regulations this spring to provide further input.

PACEP has been a key voice in discussions about ED overcrowding in another series of meetings in conjunction with the Department of Health (DOH), Hospital and Healthsystem Association of Pennsylvania (HAP), and the Pennsylvania Medical Society (PAMED). Our members contributed significantly to each subgroup and led two of them. A draft of proposed solutions will be shared this spring before being submitted to the governor.

We are working with B&B to plan our first PACEP Lobbying Day for October 2025. This important event will allow us to advocate directly with legislators on issues affecting emergency medicine in Pennsylvania. Stay tuned for more details as the legislative calendar is finalized!

Thank you, as always, for everything you do to take care of patients across the state of Pennsylvania. Together, we're making a real difference in the future of emergency medicine! ■



Mark your calendars for the PACEP 25 Scientific Assembly at Kalahari Resorts in the Poconos, April 24–26!

This year's theme, "Trauma in EM," will bring together emergency physicians from across the state for three days of learning, collaboration, and connection. Registration is now open, so secure your spot and book your hotel today!

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WELCOME NEW PACEP MEMBERS

Alisha Agarwal

Alisha Arora

Derek Barnett

Story Brooke Bernstein

Quentin Boose

Annalise Charlotte Cheshire

Kailee Ann Coonan Ricks

Vivian Deng

Caitlin Julia Doughton

Matthew Robert Dziama

Jacob Elmore

Edidiong Ekpo

Jacob James Frank

Carlos Alberto Gomez

Christopher Patrick Haddad

Alexis Haring

Alan Holder

Jessica Huang

Trenton John Husick

Samuel Iovine

Sarah Jenkins

Kristen Marie Lichtner

Navneet Kaur

Michael Bailey Kell

Benita Dola Kiabilua

Kirsten Emmi Mendez

Aaron Nelson

Rayce Allen Newswanger

Lily Nong

Elaine Qian

David Joshua Reas

Patrick Saraullo

Gavin Mark Schaefer-Hood

Purnima Shakya

Jeremy Shapiro

Andrea Shehaj

Taylor Smith

Stella Talamo

Tinna Osk Thrastardottir

Fan Zhang

PENNSYLVANIA COLLEGE
of **EMERGENCY PHYSICIANS**
ADVANCING EMERGENCY CARE

PACEP 25

SCIENTIFIC ASSEMBLY

April 24-26, 2025

Kalahari Resorts & Conventions, Pocono Manor, PA

"Trauma in EM"

TOXICOLOGY • RESUSCITATION • ACTIVISM
UNDERREPRESENTED • MASS CASUALTY
AGE-SPECIFIC CARE • DEI
SECONDARY VICTIMS • EMS • FIREARMS

Register here: registration.pacep.net/pacep25 >>

2024–2025 PACEP Board of Directors

Executive Committee

President	Jennifer L. Savino, DO, FACEP
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Vice President	Blake Bailey, DO, MBA, FACEP
Treasurer	Theresa A. Walls, MD, MPH
Secretary	Holly Stankewicz, DO, FACEP
Immediate	Richard J. Hamilton, MD, MBA, FACEP
Past President	

Board Members

Christopher L. Berry, MD, FACEP
Monisha Bindra, DO, MPH, FACEP
Annahieta Kalantari, DO, FACEP
Erik I. Kochert, MD, CPE, FACEP
Eric Melnychuk, DO, FACEP
Meaghan Reid, DO, FACEP

Resident Representatives

Lauren Altomare, DO (Lehigh Valley Health Network)
Kyle Hughes, MD (Jefferson)
George Koshy, DO (Geisinger)
Zeenah Mansour, MD (Geisinger)

Executive Director

Jan Reisinger, MBA, CAE

Leadership Fellows

Christine Aspiotes, DO, MS
Brian Kelly, DO

PACEP Committee Chairs/Co-Chairs

Education

Chair	Christopher J. Wilson, MD, FACEP
Co-Chair	Alexandra Amaducci, DO, FACEP
Board Liaison	Monisha Bindra, DO, MPH, FACEP

EMS Disaster and Terrorism Preparedness (DTP)

Co-Chair	Avram Flamm, DO, FACEP
Co-Chair	Bryan Wexler, MD, FACEP
Board Liaison	Christopher L. Berry, MD, FACEP

Government Affairs/Medical Economics

Co-Chair	Catherine Marco, MD, FACEP
Co-Chair	Angela Cai, MD, MBA
PEP-PAC Chair	Michael Boyd, MD
PEP-PAC Treasurer	T. Douglas Sallade, DO
Board Liaison	Annahieta Kalantari, DO, FACEP

Research

Co-Chair	Joseph Herres, DO, FACEP
Co-Chair	Adam Sigal, MD, FACEP
Board Liaison	Eric Melnychuk, DO, FACEP

Wellness/Young Physicians

Chair	Michelle Appel, MD
Co-Chair	Jennifer Spinozzi, MD, FACEP
Board Liaison	Meaghan Reid, DO, FACEP

► If you are interested in joining a committee, [visit here.](#)



Congratulations to PACEP Vice President Blake Bailey, DO, MBA, FACEP

who was selected to serve on the Board of Directors of the Pennsylvania Trauma Systems Foundation (PTSF) to represent PACEP.



Penn State Health Emergency Medicine

About Us:

Penn State Health is a multi-hospital health system serving patients and communities across central Pennsylvania. We are the only medical facility in Pennsylvania to be accredited as a Level I pediatric trauma center and Level I adult trauma center. The system includes Penn State Health Milton S. Hershey Medical Center, Penn State Health Children's Hospital, and Penn State Cancer Institute based in Hershey, Pa.; Penn State Health Hampden Medical Center in Enola, Pa.; Penn State Health Holy Spirit Medical Center in Camp Hill, Pa.; Penn State Health St. Joseph Medical Center in Reading, Pa.; Penn State Health Lancaster Pediatric Center in Lancaster, Pa.; Penn State Health Lancaster Medical Center (opening fall 2022); and more than 3,000 physicians and direct care providers at more than 126 outpatient practices in 94 locations. Additionally, the system jointly operates various health care providers, including Penn State Health Rehabilitation Hospital, Hershey Outpatient Surgery Center, Hershey Endoscopy Center, Horizon Home Healthcare and the Pennsylvania Psychiatric Institute.



We foster a collaborative environment rich with diversity, share a passion for patient care, and have a space for those who share our spark of innovative research interests. Our health system is expanding and we have opportunities in both academic hospital as well community hospital settings.

Benefit highlights include:

- Competitive salary with sign-on bonus
- Comprehensive benefits and retirement package
- Relocation assistance & CME allowance
- Attractive neighborhoods in scenic Central Pennsylvania



PennState Health

FOR MORE INFORMATION PLEASE CONTACT:

Heather Peffley, PHR CPRP - Penn State Health Lead Physician Recruiter
hpeffley@pennstatehealth.psu.edu

Penn State Health is fundamentally committed to the diversity of our faculty and staff. We believe diversity is unapologetically expressing itself through every person's perspectives and lived experiences. We are an equal opportunity and affirmative action employer. All qualified applicants will receive consideration for employment without regard to age, color, disability, gender identity or expression, marital status, national or ethnic origin, political affiliation, race, religion, sex (including pregnancy), sexual orientation, veteran status, and family medical or genetic information.

Lobbyist Update

By Bigley and Blikle, LLC



Jonathan Bigley
Partner, Bigley & Blikle



PACEP ADVOCATES FOR PATIENT-CENTERED HOSPITAL REGULATIONS AND ED BOARDING REMEDIES IN PENNSYLVANIA DEPARTMENT OF HEALTH WORKGROUPS

Since August 2024, PACEP leaders have actively engaged in the Pennsylvania Department of Health (DOH)-led hospital regulation update initiative. This comprehensive process aims to enhance patient care, operational efficiency, and compliance with state and federal standards and will result in proposed regulations that are expected to be unveiled in the Spring of 2025.

Throughout the stakeholders' process, PACEP leaders diligently worked to represent the interests of patients and emergency physicians and to ensure that any regulatory modifications would support high-quality emergency care.

Key Highlights from the Engagement

- **Commitment to Physician-Staffed Hospital Departments:** DOH affirmed its dedication to maintaining physician-staffed hospital departments, including emergency departments, a priority advocated by PACEP.
- **Nurse Staffing Ratios:** The inclusion of nurse staffing ratios in the proposed regulations garnered intense scrutiny. President-Elect Elizabeth Werley, MD, representing PACEP at this meeting, emphasized the unique challenges of patient flow in emergency departments. She advocated for excluding rigid staffing ratios in the ED

setting, a recommendation that was well-received by DOH.

- **Section 135.5 (Surgical Emergency Care):** PACEP highlighted the critical need for surgeons and anesthesiologists to be available on-call to prevent patient abandonment. This concern was incorporated into the discussions to strengthen patient care standards.
- **Private Equity Ownership and Financial Transparency:** During discussions on hospital ownership and financial reporting, PACEP advocated for including physician staffing agencies in these requirements. This recommendation was influenced by the NES Health case, ensuring accountability across all entities involved in patient care.

Concurrently, PACEP is leading another DOH workgroup focused on the problems that cause and are associated with emergency department overcrowding. The workgroup is comprised of seven subgroups:

- **EMS / Prehospital Care** – led by Board Member Christopher Berry, MD
- **Transfer to External Facilities** – led by PACEP Vice President Blake Bailey, MD
- **Healthcare Workforce**
- **In-Hospital Barriers / Challenges**
- **Pediatrics**
- **Primary Care**
- **Social Determinants of Health**

Each subgroup will provide three to four recommendations, and the Governor will submit his report by mid-2025.

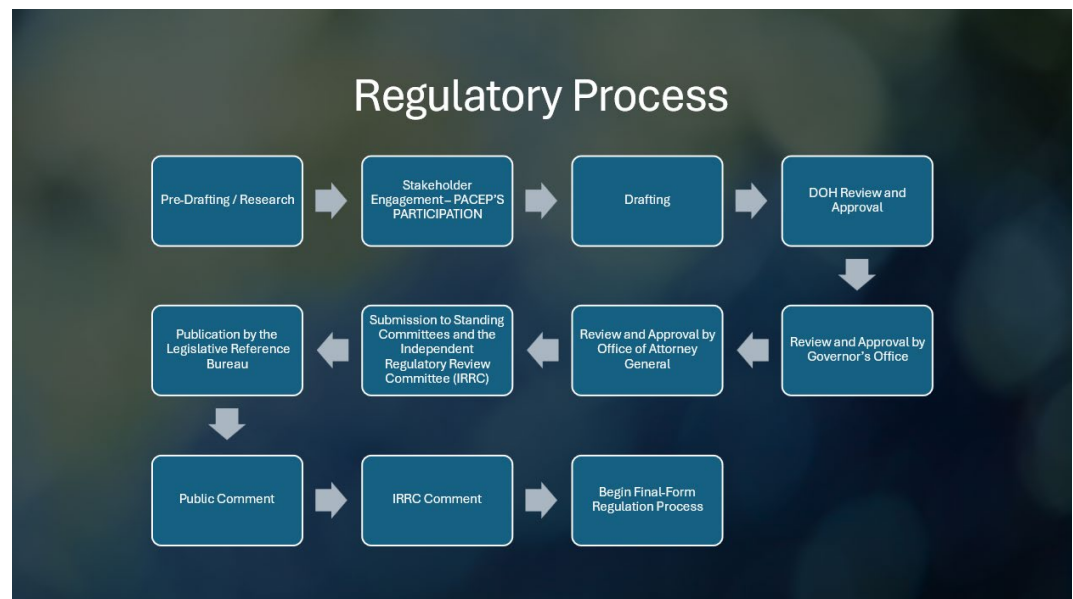
PACEP extends its deepest gratitude to President Jennifer Savino, DO, President-Elect Elizabeth Werley, MD, Vice President Blake Bailey, DO, Treasurer Theresa Walls, MD, Secretary Holly Stankewicz, DO, Board Member Monisha Bindra, DO Board Member Erik Kochert, MD, Board Member Christopher Berry, MD, EMS Committee Co-Chair Bryan Wexler, MD, and Government Affairs Committee Co-Chair Angela Cai, MD for their invaluable contributions throughout these processes. Their dedication and expertise were instrumental in advocating for patients and emergency physicians, thus improving healthcare regulations.

PACEP's active participation in this process underscores

its commitment to shaping healthcare policies that prioritize patient outcomes and operational excellence. By representing the perspectives of emergency physicians, PACEP has played a pivotal role in ensuring that

the forthcoming regulations address the complexities of emergency care delivery.

Stay tuned for updates as the DOH prepares to release the proposed regulations in the coming months.



2025 – 2026 LEGISLATIVE SESSION: GENERAL ASSEMBLY RETURNS TUESDAY, JANUARY 7, 2025

The General Assembly convenes for Opening Day on January 7, 2025. The largely ceremonial event will feature the election of the Senate President Pro Tempore and the Speaker of the House. Both should be uncontested tallies with Senator Kim Ward (R, Westmoreland) and Representative Joanna McClinton (D, Philadelphia) returning to the top leadership posts for the second consecutive session. Committee chairs and members will likely also be announced that day.

The political divide between the parties remains the same with 28 Senate Republicans facing 22 Senate Democrats. Although the Senate Democrats captured a Dauphin County senatorial district held by a retiring Senate Republican, they lost a Democratically held seat in Philadelphia. So, while there will be new faces in the Pennsylvania Senate, politically at least, much will be the same.

On the House side of the Capitol, Democrats will again hold a slim 102 majority over the House GOP's 101 members. In a rare electoral occurrence, every House member who ran for re-election won and all seats of

retiring members were retained by the predecessors' party. This is yet another example of Pennsylvania's nearly even political divide.

The Senate and House leadership teams will feature new faces. The Senate Republican Caucus re-elected their entire 2023 – 2024 leadership team, but on Opening Day, they will need to replace Majority Whip Ryan Aument (Lancaster) who retired from the Senate in December to join US Senator Dave McCormick's staff as State Director. Physician champion Senator David Argall (Schuylkill) joins the leadership as Policy Committee Chair.

[continue reading on page 8](#)

Lobbyist Update

continued...

The Senate Democrats elevated two new senators to leadership posts. Senator Steven Santarsiero (Bucks) will be their Caucus Secretary, and Senator Nick Miller (Lehigh) will become the Policy Committee Chair.

The majority House Democrats likewise elected two new leaders. Representative Mike Schlossberg (Lehigh) will be their new Whip, and Representative Rob Matzie (Beaver) was elected Caucus Chair.

The House Republicans will see the most dramatic changes in leadership. Representative Jesse Topper (Bedford) will succeed Representative Bryan Cutler (Lancaster) as Floor Leader. Representative Cutler did not seek a return to the post. Representative Jim Struzzi (Indiana) was elected Appropriations Committee Chair in a three-way race. Other new leaders include Representative Clint Owlett (Bradford) as Caucus Secretary and

Representative David Rowe (Union) as Policy Committee Chair.

With bills being reintroduced and Governor Josh Shapiro's budget address on Tuesday, February 4, 2025, we anticipate a slow start to the session with significant action not occurring until April and May. ■

SENATE LEADERSHIP – PRESIDENT PRO TEMPORE - DESIGNATE KIM WARD

	Majority	Minority
Floor Leader	Joe Pittman	Jay Costa
Whip	VACANT	Christine M. Tartaglione
Caucus Chair	Kristin Phillips-Hill	Maria Collett
Caucus Secretary	Camera Bartolotta	Steven J. Santarsiero
Appropriations Committee Chair	Scott Martin	Vincent J. Hughes
Caucus Administrator	Lisa Baker	Judith L. Schwank
Policy Committee Chair	David G. Argall	Nick Miller

HOUSE LEADERSHIP – PRESUMPTIVE SPEAKER OF THE HOUSE-DESIGNATE JOANNA MCCLINTON

	Majority	Minority
Floor Leader	Matt Bradford	Jesse Topper
Whip	Mike Schlossberg	Tim O'Neal
Caucus Chair	Rob Matzie	Martina White
Caucus Secretary	Tina Davis	Clint Owlett
Appropriations Committee Chair	Jordan Harris	Jim Struzzi
Caucus Administrator	Leanne Krueger	Sheryl DeLozier
Policy Committee Chair	Ryan Bizzarro	David Rowe

PACEP Education Committee Update

By Christopher J. Wilson, MD, FACEP



Christopher J. Wilson, MD, FACEP
PACEP Education Committee Chair

This is a particularly exciting time for PACEP and the Education Committee. Registration is now open for our PACEP Scientific Assembly 2025 at Kahlari resort April 24th - 26th 2025. I would like to highlight that we will be featuring a presentation from ABEM on the new certifying examination the same day as the PACEP Olympics Thursday April 24th. This is a great opportunity for our resident and student members from throughout the state to attend for this informational presentation and participate in the fun of competition. January 8th is the deadline for all submissions for research proposals, clinical cases, and images for this year's scientific assembly. This is a great opportunity for students, residents and faculty from throughout the state to showcase their scholarship efforts.

We will continue this year with our #traininpa campaign for recruitment of talented students to Pennsylvania and its residencies. We will utilize PACEP's social media to highlight programs throughout Pennsylvania in January and February. We would ask programs that wish to participate submit 15 sec video clips highlighting their program as soon as possible to exec@pacep.net.

Your membership and support of PACEP has allowed the Board of Directors to announce 2 scholarships for perspective medical students interested in pursuing clerkship rotations at a Pennsylvania residency program.

Information regarding the scholarships may be found at www.pacep.net > PACEP Education > DEI scholarship. Students may also apply at <https://form.jotform.com/243031779131048>. ■

PACEP ACCOMPLISHMENTS

(11/21/24 – 01/13/25)

FALL
2024

ADVOCACY

- Continued work on ACEP public policy grant on pediatric boarding
- Continued work on LCB grant on prevention of underage drinking
- Continued participation as key stakeholder in ED Overcrowding Work Groups along with DOH/PAMED/HAP
- Continued participation as key stakeholder in DOH Work Groups addressing revisions to PA Hospital Regulations

ENGAGEMENT

- Transition of MSC Leadership
- Engagement with ACEP re: NES and sharing of resources with PACEP members
- Continued quarterly calls with PA ENA Leadership
- Received two DEI Scholarship applications
- Revitalization of PACEP Social media focus

EDUCATION

- Successful collection of Spivey (33 submissions), CPC/Keystone Case (22 submissions), and Images (61 submissions)
- Continued planning for PACEP25 Scientific Assembly

GOVERNANCE

- Successful Awards solicitation
- Maintained balanced budget

Advocating for More Ground Critical Care Transport in Pennsylvania

By Avram Flamm, DO, FACEP



Avram Flamm, DO, FACEP
PACEP EMS Committee Chair

As the landscape of healthcare continues to evolve, one critical aspect that demands our attention is the accessibility and availability of ground critical care transport (GCCT) in Pennsylvania. While air medical services are abundantly available and often dominate the conversation, ground transport can be an essential, cost-effective, and reliable option for critically ill or injured patients. Many patient who require Critical Care Transport (CCT) level of care could be safely transported by ground if that resource was available timely and not necessarily require air medical transport. Despite its significance, Pennsylvania faces a pressing need to expand and enhance its GCCT infrastructure to better serve its population.

THE CRITICAL NEED FOR GROUND TRANSPORT

Pennsylvania's diverse geography, from rural areas in the north and west to urban centers like Philadelphia and Pittsburgh, presents unique challenges for emergency medical care. Rural communities, in particular, often lack immediate access to advanced healthcare facilities, creating a reliance on timely and capable transport services. Ground critical care transport fills a vital gap in these areas, providing an essential bridge between community hospitals and tertiary care centers equipped to handle complex

medical needs. GCCT also provides an important resource for patients requiring CCT when weather does not permit transport by air.

ADDRESSING GAPS IN CURRENT SERVICES

- 1. Geographic Disparities:** Rural regions often lack the necessary resources to support adequate GCCT services. This results in delayed transport times and compromised outcomes for patients requiring specialized care.
- 2. Cost Efficiency:** While air medical services are invaluable for certain scenarios, they are significantly more expensive. Ground transport provides a more cost-effective alternative for non-time-sensitive yet critical transfers, ensuring healthcare dollars are utilized efficiently.
- 3. Workforce and Training:** Pennsylvania's GCCT teams require a robust framework for training and retention. Investing in paramedics and nurses who specialize in critical care transport can elevate the quality of service and address current workforce shortages.

THE ROLE OF EMERGENCY PHYSICIANS

Emergency and EMS physicians are uniquely positioned to advocate for and influence the expansion of

GCCT services. By collaborating with healthcare systems, policymakers, and transport agencies, we can:

- Highlight the clinical scenarios where GCCT provides optimal care.
- Advocate for funding to support the expansion of ground transport fleets and the training of specialized personnel.
- Foster partnerships between rural hospitals and urban tertiary centers to streamline patient transfer processes.

POTENTIAL SOLUTIONS

To address these challenges and improve access to GCCT, Pennsylvania should:

1. Expand Funding and Resources:

Allocate state and federal funding to

develop and maintain GCCT programs, especially in underserved areas.

2. Standardize Training and Protocols:

Further establish statewide standards for critical care transport teams, ensuring consistency and quality of care.

3. Leverage Technology:

Consider incorporation of telemedicine capabilities into ground transport units to enable real-time consultation with accepting specialists during transit.

4. Enhance Public Awareness:

Educate communities and stakeholders about the importance of GCCT and its role in improving patient outcomes and reducing costs.

CONCLUSION

Ground critical care transport is an indispensable component of Pennsylvania's healthcare system, yet it remains underdeveloped in many regions. By addressing the existing gaps and investing in this vital service, we can ensure timely, effective, and equitable care for all Pennsylvanians. As emergency physicians, our advocacy can drive the changes needed to expand GCCT capabilities, ultimately saving lives and improving outcomes across the state. ■

Psychiatric Transfer Best Practice Recommendations

When transferring psychiatric patients to psychiatric facilities equipped to provide a higher level of psychiatric care, ensuring safety and dignity is paramount. The Pennsylvania College of Emergency Physicians (PACEP) EMS committee has identified some challenges in this area. Therefore, the EMS committee convened and through multiple iterations and consensus meetings developed best practice recommendations to guide physicians through these complex decisions.

This document outlines key considerations, including patient safety, transport logistics, and the balance between respecting patient dignity and addressing

security concerns. It also emphasizes the importance of timely transfers, appropriate use of resources, and reducing the need for interfacility transfers through enhanced psychiatric care availability. These guidelines aim to support emergency physicians in making informed, patient-centered decisions while navigating the logistical and ethical challenges of psychiatric transfers.

[VIEW BEST PRACTICES](#)

Pet Wellness



Over two-thirds of American households have some type of animal companion; dogs, cats and fish make up the three most common pets. There's even a term for the positive impact animals can have on human health – zooeyia. The PACEP Wellness/Young Physicians Section members have several furry companions that add wholesomeness to their lives. Dog Indy enjoyed some time on the boat at the Jersey Shore with Monisha Bindra and her family – fishing for flounder in the Bay! Michael Galuska has a cat named Winter and chihuahuas Holmes and Watson. Adventure buddy Gus loves joining Jenn Spinozzi for any thrill! Michelle Appel has Lucy, an all-American mutt who loves peanut butter.

Check out this article to learn more about pet wellness:

["Pets' Impact on Your Patients' Health: Leveraging Benefits and Mitigating Risk."](#)



Jenn Spinozzi
adventuring with
buddy, Gus





Monisha Bindra's dog, Indy, fishing for flounder



Michelle Appel's peanut butter-loving dog, Lucy

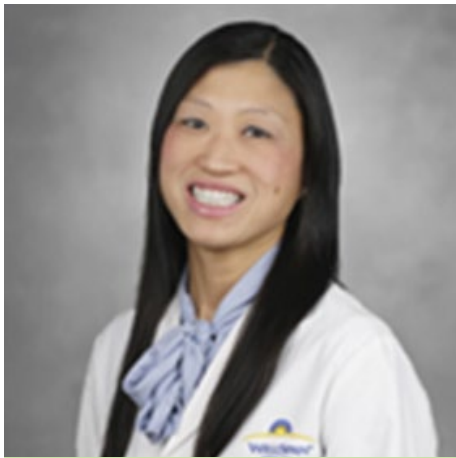


Michael Galuska's cat, Winter and chihuahuas, Holmes and Watson



WellSpan York Hospital's Emergency Medicine Residency

By Amber Billet, MD, FACEP



Amber Billet, MD, FACEP
Program Director

PROGRAM DETAILS:

Program Length: 3 years

Number of residents: 39

Location: York, PA

Website: yhemresidency.com

Instagram: @yhemresidency,
@yhemultrasound, @yhemtox

The WellSpan York Hospital Emergency Medicine Residency Program is in its 36th year!

We are a high volume, high acuity level 1 trauma center, comprehensive stroke center with neurointervention, STEMI center and resuscitate patients being placed on ECMO. Last year our annual ED volume was over 93,000! Being a community academic hybrid training program, with very few subspecialty fellows and no anesthesia residency program, our residents are very unopposed. They have a large amount of autonomy clinically and procedurally. Residents will be not just competent but confident when they graduate. Our graduates can work in any setting they choose after residency: university, community based or attain competitive fellowships. We have over 330 alumni practicing in 48 states!

WHAT TYPES OF PATIENTS WILL I SEE AT YORK?

We have a very large catchment area and serve a unique urban, suburban and rural patient population. We see everything from farm injuries to penetrating trauma. We have many non-English speaking patients with Spanish and Haitian Creole being the 2nd and 3rd most common languages being spoken. In addition to the culturally diverse patient population we serve, there is a large amount of socioeconomic diversity which allows our residents to identify various social determinants of health factors and help patients find solutions.

WHAT MAKES OUR PROGRAM UNIQUE?

- Our large number of fellowship trained attendings allows residents to learn a wide breadth of the various subspecialties of Emergency Medicine including Forensics, Critical Care, Ultrasound, Simulation, EMS, Disaster Medicine, Medical Education, and Global Health. Residents are able to sign up voluntarily for interest tracks to obtain focused mentorship in these areas to help them develop a niche during residency which is great for building CVs and for those interested in applying for fellowships.
- Community academic hybrid: Being a community academic hybrid, you get top notch hands on clinical and procedural training. We have no subspecialty trauma, critical care, urology, ENT, or thoracic fellows so residents have a large amount of autonomy of their patients. Additionally, we have all of the academic resources available including a robust research department and simulation center.
- We have a longitudinal pediatric experience. We do not have a separate pediatric ED so residents will see pediatric patients every shift. Additionally, we do not have a Pediatric ICU so our residents are the ones actively resuscitating and intubating our pediatric patients.

WHAT IS LIFE LIKE IN YORK?

York is a very comfortable and awesome place to live! Residents can choose to live in a more urban setting in downtown York which has a bunch of local restaurants, a theater, baseball stadium-WellSpan Park, market, etc. or live in a more suburban or rural setting. There is something for everyone! The cost of living is very affordable and it is very family friendly for those who have children or want to start families during residency. There are many parks to explore if you enjoy biking, hiking, running, and exploring. The larger cities

(Baltimore, Philadelphia, New York, Washington, DC) are very accessible by car or Amtrak. There is a strong sense of community in York County which mirrors the comraderie and support in our residency family! ■



UPCOMING EVENTS

3/12/2025

PACEP Board of Directors
(Harrisburg)

4/23/2025

PACEP Board of Directors –
Kalahari Resorts, Pocono Manor

4/24 – 4/26/2025

PACEP25 Scientific Assembly –
Kalahari Resorts, Pocono Manor

4/27 – 4/29/2025

**ACEP Leadership & Advocacy
Conference (LAC) –**
Washington, DC

9/5 – 9/6/2025

ACEP Council
Salt Lake City, Utah

9/7 – 9/10/2025

ACEP25 Scientific Assembly
Salt Lake City, Utah

PEP-PAC Update

By Michael Boyd, MD



Michael Boyd, MD
PEP-PAC Chair

The Pennsylvania Emergency Physicians Political Action Committee (PEP-PAC) is the lobbying arm of PACEP. In 2025, PEP-PAC looks forward to building upon on 2024 success.

In 2024, PEP-PAC advocated for banning non-compete agreements and mandating insurance companies cover tele-medicine services. HB 1633, sponsored by House former PACEP president Rep. Arvind Venkat, banned noncompete agreements and passed the PA House. Gov. Josh Shapiro signed into law SB 739, requiring health insurers and managed care plans to pay for covered health care services provided through telemedicine. These were big wins for our specialty and our patients.

PEP-PAC also waged a successful lobbying campaign against Nurse Ratios HB 106 in the PA Senate. This bill mandated strict inpatient nurse ratios, which would have severely exacerbated our ED boarding situation. PACEP members engaged in successful grassroots advocacy against this bill, and it died in the senate.

These 2024 successes highlight the importance of PEP-PAC, and show that your contributions are effective.

In 2025, PEP-PAC will focus on nurse practitioner scope of practice, medical malpractice reform, and mental health initiatives.

At its core, lobbying is a means of educating legislators about issues affecting us.

These issues have a real, tangible impact on our profession and livelihood. Thanks to PEP-PAC, we have stopped bad bills from being signed into law and promoted successful legislation, such as reimbursing for tele-medicine and banning non-compete contracts. ■

PEP-PAC needs your contributions so that our voices can be heard. Without lobbying dollars, it is difficult to share our knowledge. We are the experts uniquely positioned to present real solutions. Remember: you either have a seat at the dinner table or you are on the dinner plate.

DONATE NOW



Football & Free Clinics

By Grace VanGorder



Grace VanGorder

MSII; MSC Liaison for Penn State
COM University Park

As a medical student at Penn State, football Saturday has quickly become my favorite day of the week. However, probably not for the reason you'd think. At every home game, medical students, residents, attending physicians, nurses, EMTs and Paramedics come together to volunteer their time and create a miniature emergency room in Beaver Stadium itself. In an arena with 110,000 attendees in the same place at the same time, the likelihood of someone experiencing a medical emergency is quite high. The normalization of drinking culture associated with college football increases that risk exponentially. In the emergency clinic, we see many patients with substance use emergencies, but also with allergic reactions, lacerations, musculoskeletal injuries, cardiovascular events and more. We treat and release or treat and transfer patients, using paper documents and never requesting insurance information or payment.

The benefit of this system is two-fold: providing a free service where everyone can receive care without the need to

show or have insurance coverage. This then decreases the health care burden on our local emergency department given the large influx of out-of-town visitors for the day. Like many of your own departments, our local 62 bed emergency department is often overflowing on a normal day. This free-clinic system provides care for many people with simple acute medical issues without overwhelming the local emergency system and allows an opportunity for medical students to be introduced to event based patient care.

I have found it to be such an incredible experience to use the competencies I have developed so far as a second-year medical student to provide care to those in need. There is a place for learners at any part of the medical



At the end of the day, I believe free clinics represent the core values within emergency medicine. The ability to jump into action when the flight attendant gets on the loudspeaker to ask, "is there a doctor on board?"

journey to play a role in patient care and it is done well within this model. It is inspiring to me as a future EM physician to use the knowledge I have the privilege of learning to benefit of my community.

Many students across the nation participate in free health clinics. There is such a push to participate in community service activities in undergraduate and medical school education, but why should that stop after you've reached the "end goal" of being a paid physician. At the end of the day, I believe free clinics represent the core values within emergency medicine. The ability to jump into action when the flight attendant gets on the loudspeaker to ask, "is there a doctor on board?" Using the resources available to provide care for patients quickly and efficiently is what Emergency Medicine Physicians do day in and day out.

I feel lucky to be able to combine my love for sporting events with my passion for medicine, which ultimately makes volunteering fun. While also focusing on patient care, I can cheer for my favorite team alongside my inspiring medical colleagues. The education and the training we receive is a privilege. As we embark on this new year, I encourage you to seek ways to use your skillset to give back to your community. Volunteering leaves

me feeling fulfilled and inspired, as it allows me to connect with others and contribute to something greater than myself. ■

Are you ready to become a Fellow?

You'll need:

- Three continuous years of ACEP membership
- Board Certification in EM via the ABEM or AOBEM or Pediatric EM by ABP
- Three years of active involvement in EM (exclusive of residency training)
- Proven, active involvement in three or more areas of leadership



To learn more visit:

<https://www.acep.org/membership/membership/join-acep/fellow-status/>

If you are not a Fellow...

I would personally like to invite you to apply for fellow status in the American College of Emergency Physicians. If you've graduated from residency three years ago or more and you've been active in Emergency Medicine – it's time to consider being recognized as FACEP. Active involvement in the specialty at your hospital, involvement in three areas of leadership (such as membership on hospital committees, teaching, research, administrative, EMS, or PACEP), and board-certification is all you need to become a fellow of the College. Why bother you say? FACEP

shows your colleagues in Emergency Medicine, and more importantly, in other specialties that you interact with, that Emergency Medicine is more than just a job for you - it shows that you're a highly trained specialist with a skill set second to none. Apply by August 15 and you will be able to use the FACEP designation following your induction at the Convocation during ACEP's Scientific Assembly (SA) the last weekend of September. All newly elected FACEPs will also receive an official Fellow certificate after ACEP's Scientific Assembly.

[APPLY NOW](#) and take full advantage of your ACEP membership and receive the recognition you deserve!

Richard J. Hamilton, MD, MBA, FACEP
*PACEP Immediate Past President,
Pennsylvania College of Emergency Physicians*

PACEP HAS A STORE!

Get the latest in PACEP gear – Jackets and Vests embroidered with the PACEP Logo. Personalization is also available.

► Visit doc-mom.com/collections/pacep-apparel



What is the Diagnosis?

A special thank you to Alexandra Amaducci DO, FACEP for organizing the CPC competition during Scientific Assembly, to Samuel Steinman MD from Lehigh Valley Health Network for submitting the case and being the resident presenter, and Matthew Dougherty MD from UPMC for being the discussant.



CPC CASE STUDY

THE CASE

EMS brings an elderly woman who is a “frequent flier” from a nursing home with recurrent sepsis. “She smells like a UTI”.

PMhx: GERD, DM2, HTN, SVT, CHF, dementia, meningioma, suprapubic catheter, HLD

Meds: acetaminophen, atorvastatin, Dulcolax, calcium multivitamin, famotidine, metformin, gabapentin, miconazole powder, pramipexole

PE: VS: HR 98bpm, BP 108/58, RR 34, temp 37.4C, Spo2 95%RA

General: NAD

Cardiac: RRR, no murmur

Lungs: tachypnea, clear to auscultation b/l

Abdomen: nontender, foley catheter in place

Neuro: at baseline

Remainder of examination WNL

Labs:

- Glucose 86
- BUN 72
- Cr 6.15
- Na 137
- K 7.9
- Cl 96
- AG 39

- Hb 12.8
- Hct 41.8
- WBC 32.3
- Plt 445
- Abs neutrophils 28.7
- Bands 1

- GFR 7
- Lactate 17.9
- BNP 1123
- pH <7
- Pco2 2
- UA negative

What test will make the diagnosis?

What is the final diagnosis?

see conclusion on page 22

ACEP Updates

By Chadd K. Kraus, DO, DrPH, FACEP



Chadd K. Kraus, DO, DrPH, FACEP

ACEP Board of Directors
PACEP Past President

PACEP Colleagues,

I hope 2025 is off to a great start for you!

I'm excited to share some updates from the ACEP Board of Directors and the College with you.

DECEMBER 2024 ACEP BOARD OF DIRECTORS MEETING AND RETREAT

- The ACEP Board of Directors met in Utah in December 2024 for the annual Board retreat and Board meeting. In addition to dedicated time for Board and organizational development activities, the Board was able to see downtown Salt Lake City, the site of ACEP25.
- The Board made significant progress in preparing for the Executive Director search that is now officially underway. The Board solicited feedback from members, Chapters, and ACEP staff to inform the development of a job

description. A group of ACEP leaders, past and present, as well as multiple Board members are serving on the search committee for the new Executive Director. I have the honor to be a member of the Executive Director search committee, led by ACEP Past President, Gillian Schmitz, MD, FACEP.

- The Executive Director job description and application information were posted on January 6, 2025, and application reviews will begin by early February.
- The Board anticipates having a new Executive Director selected later this year.

Other highlights...

GOVERNANCE

- ACEP continues to partner, on an interim basis, with a financial services firm, "Your Part-Time Controller," to optimize the College's financial operations. Finances continue to improve, including ACEP24 in Las Vegas exceeding budget projections.
- Nominations for ACEP Board of Directors, Council Speaker and Vice Speaker open in March for interested candidates. Elections will be held during the ACEP Council 2025 meeting.

EDUCATION

ACEP Accelerate 2025 – All in one education

- OMNI Orlando Resort at Champions Gate

- Friday 1/17/2025 through Thursday 1/23/2025
 - Reimbursement & Coding, Monday 1/20/2025 – Wednesday 1/22/2025
 - Pediatric Emergency Medicine, Monday 1/20/2025 – Wednesday 1/22/2025
 - ED Director's Academy, Sunday 1/19/2025 – Thursday 1/23/2025
 - ACEP Teaching Fellowship, Saturday 1/18/2025 – Thursday 1/23/2025

ACEP25

- September 7-10, 2025
- Salt Lake City, Utah
- Hotel block is now open, book early! – visit acep.org/acep25

ACEP/EMBC Independent EM Group Master Class

February 10-13, 2025

The ACEP/Emergency Medicine Business Coalition (EMBC) *Independent EM Group Master Class* is sold out with a waiting list and will take place in February 2025 at ACEP Headquarters in Dallas. This event offers the opportunity for learning about how to join, create, and grow an independent emergency physician group. Learn more about this fantastic educational opportunity at: <https://www.acep.org/indyclass>

ADVOCACY

- The 2024 Congressional year-end Continuing Resolution (CR) that kept the federal government funded left the house of medicine without a fix to the Medicare Physician Fee Schedule (PFS) reimbursement cuts. ACEP's

DC office continues to work tirelessly with Congressional staff and officials to negate these cuts as part of an anticipated March 2025 funding bill.

- ACEP continues to advocate Congress to reauthorize the Dr. Lorna Breen Health Care Provider Protection Act. ACEP played a central role in the initial passage of this critical legislation to improve mental and behavioral health among health care professionals.
- The ACEP-supported, bipartisan, Emergency Medical Services for Children (EMSC) Reauthorization Act was signed into law on December 23, 2024. This legislation continues funding for the EMSC through 2029 and helps support programs such as pediatric readiness in emergency departments.
- ACEP sent a letter to NES Health-affiliated hospital executives, ED directors, and employers assuming NES contracts. In this letter, ACEP reaffirmed its policies surrounding emergency physician employment protections. This letter is being distributed widely through ACEP

communication channels. The letter can be found here: https://www.acep.org/siteassets/sites/acep/media/latest-news/acep-letter-regarding-nes-health_121324.pdf

- ACEP continues to take the lead on ED Boarding and participated in the AHRQ Summit on Boarding in October 2024.
- On December 12, 2024, ACEP sent a letter to the Leapfrog Group requesting inclusion of mandatory and meaningful measures and evaluation of ED boarding in the 2025 Leapfrog Hospital Survey. The letter can be found here: <https://www.acep.org/siteassets/new-pdfs/advocacy/12.11-leapfrog-group-hospital-survey-proposed-changes-acep-comments.pdf>.
- ACEP continues to advocate for fair reimbursement for emergency physicians. In December 2024, ACEP joined with Anesthesiology and Radiology specialty societies to send HHS a letter about ghost rates – the practice of setting artificially low Qualifying Payment Amounts (QPAs).

ENGAGEMENT

Residency Visits

- Residency visits by ACEP and Chapter leaders are ongoing. If you know of a residency program that would like to schedule an ACEP visit
- ACEP24 in Las Vegas was a success with high turnout numbers. Feedback has been positive about new formats and programs including the Section Hall Crawl. We're looking forward to ACEP25 in Salt Lake City.

WHAT'S NEXT...

The ACEP Board meets in January 2025 during ACEP Accelerate.

Your continued PACEP and ACEP membership and engagement are appreciated! ■

As always, please reach out with questions, comments, or other feedback to me at ckraus@acep.org. Your input matters and the Board is listening to you! Thank you for the opportunity to represent you on the ACEP Board.

Future PACEP Scientific Assemblies at Kalahari Resorts & Conventions, Pocono Manor, PA

2025: April 24–26

2026: April 29–May 3

2027: May 6–8

**SAVE
THE
DATES**

The Resolution:

CPC CASE STUDY

RESULTS

EMS brings an elderly woman who is a “frequent flier” from a nursing home with recurrent sepsis. “She smells like a UTI”.

Test to order: metformin level, blood gas, patient history

Diagnosis: Metformin-associated Lactic acidosis (MALA)

Patient course: patient was admitted to ICU and a sodium bicarbonate infusion was started. Patient also received HD/CRRT. The patient ultimately did well and was discharged back to SNF.

Relevance to EM: This is a diagnosis that could be easily missed in a patient that cannot report a reliable history. Always review the patient’s medication list and consider MALA in patients with low bicarbonate levels, HAGMA and elevated lactate levels as MALA carries a high morbidity and mortality.

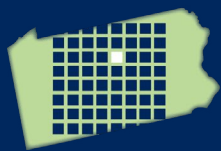
Did You Know PACEP Has a Job Bank?



To learn more about [open positions](#) or to learn more about advertising a position, visit the [PACEP Website](#).

CURRENT POSTINGS INCLUDE:

- [NEW - Emergency Medicine Physician – Penn Highlands DuBois](#)
- [NEW - Emergency Medicine System Quality Director in Pittsburgh, PA](#)
- [NEW - Emergency Medicine Medical Director in Monroeville, PA](#)
- [NEW - Emergency Medicine Physician - \\$80,000 Signing Bonus](#)
- [New - Neighborhood Hospitals Emergency Medicine](#)
- [NEW - Physician Executive - Chair, Department of Emergency Medicine, and Service Line Leader](#)
- [NEW - Emergency Medicine Physician - Hazleton](#)



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