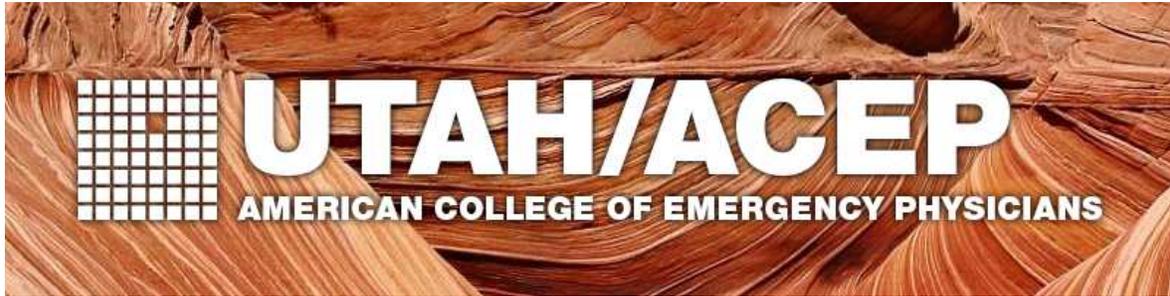


A Newsletter for the Members of the Utah Chapter

Winter 2018



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Report on the 2018 Utah Legislative Session **By Jim Antinori, MD, FACEP** **Chair, Utah Medical Association Legislative Committee**

On January 22, 2018, the Utah Legislature opened for its 45-day annual session. The Utah Medical Association Legislative Committee is tasked with reviewing all proposed legislation that may impact physicians, our patients, and the environment. The Committee will review over a hundred bills before the end of the legislative session.

By the time you read this, many of the following bills will have been passed, defeated, modified or may still be pending. Here is a brief list of some of the proposed 2018 legislation that could potentially impact emergency medicine, or be of interest to emergency physicians.

House Bill 43 - Would require that a peace officer obtain a patient's permission, or obtain a

warrant, before blood (as evidence) could be drawn. This was in response to the situation that occurred at the University of Utah. The Legislative Committee voted to support.

House Bill 56 - Would designate any audio recordings made by EMS during an emergency resuscitation is a protected record (i.e., not subject to discovery by attorneys). The Committee voted to support.

House Bill 87 - Would require all physicians to complete a course on suicide prevention in order to obtain or renew a medical license in Utah. This would be in addition to the opiate course and other CME that we are already required to take. The Legislative Committee voted to oppose this as an additional requirement for medical licensure.

House Bill 125 - Would make it a class B misdemeanor for anyone (not just physicians) to fail to stop and assist at the scene of an emergency. The Legislative Committee voted to oppose.

House Bill 127 - This bill would modify the requirements of checking the Controlled Substance Database the first time a physician prescribes a controlled substance for a patient. The good news is that the bill would have exempted patients being treated in a hospital (i.e., emergency physicians). The bad news is that it would require checking the database for just about every other physician, regardless of the medical situation. For that reason, the Legislative Committee felt it was best to oppose.

House Bill 152 - Would provide immunity if you break into a locked car to rescue a child who is inside. Someone who did this must have been sued for the damage to the car. This bill would eliminate that liability.

House Bill 163 - This would make it legal to import wholesale medications from Canada, and sell them to patients in Utah for the Canadian retail price. The UMA is in support, but the drug companies (not surprisingly) are fighting this vigorously.

House Bill 173 - This bill would allow DOPL to grant a license to someone in Utah if they have a similar license in another state, and DOPL determines that the other state has license requirements similar to Utah's. The Legislative Committee felt this was too vague, and could make it easier for an out-of-state individual to obtain a Utah license than it is for someone who trained here. The Committee therefore voted to oppose.

House Bill 181 - Would allow individuals to sell certain home-made food products at farmer's markets and out of their homes. The problem is that these products would be exempt from regulations, as long as they displayed a sign notifying the consumer that the "preparation, serving, use, consumption or storage" of the food product had not been subject to state inspection or regulation. Sounds like food poisoning just waiting to happen. The Legislative Committee voted to oppose.

House Bill 195 - Medical Cannabis Policy. Would lay out the procedure for an individual to

obtain medical cannabis, and the rules that their physician would have to follow to provide medical cannabis. The Legislative Committee tabled this bill for the time being because it is complex and the UMA wants to clarify some issues with the sponsor.

House Bill 205 - Would make it a felony for a physician to perform an abortion on a pregnant woman if the unborn fetus has Down's Syndrome. This bill was in response to an article that was published last summer, describing how all Down's Syndrome pregnancies are now being aborted in Iceland. Because the UMA recognizes that our membership is as divided as the general public on the issue of elective abortion, it is the policy of the Legislative Committee to take no position on abortion bills, with very rare exceptions. The Legislative General Council advised the legislature that this bill, if it becomes law, has a "high likelihood" of being overturned by the courts.

House Bill 209 - This bill would allow "first responders" such as EMS, firefighters, law enforcement, etc. to make claims against their worker's compensation insurance for mental stress or PTSD that they felt was the result of their jobs. Unfortunately there is no stipulation in this bill for persons working in emergency departments to make a similar claim. The Legislative Committee still chose to recommend support.

House Bill 210 - Would provide for physician-assisted suicide in cases of terminal illness, with lots of rules and regulations that would have to be satisfied first. The bill has the potential to cause multiple problems for physicians, and the Committee felt that the UMA could not support it as currently written. (I personally felt that this bill could result in a number of unsuccessful barbiturate overdoses ending up in the ED.)

Senate Bill 31 - Would create a license for Mobile Crisis Outreach Teams, mental health providers who could be called to the scene of persons in crisis. The Committee voted to support this concept.

Senate Bill 48 - Would require a five-year waiting period for legal immigrants and their children to become eligible for Medicaid, or the Children's Health Insurance Program. This would undoubtedly increase the burden of uninsured patients on the ED. The Legislative Committee voted to oppose this change.

Senate Bill 68 - Would allow Physician's Assistants, in certain circumstances, to sign death certificates. This can be a significant issue, especially in rural areas. The Committee voted to support this change.

There is no doubt that more bills will be introduced that could significantly impact emergency medicine. The Legislative Committee will continue to meet until the legislative session is completed.

If you have any questions of these or other legislative issues, please feel free to contact me and I will try to answer your questions or concerns. Doctor's Day at the Legislature this year is

Monday, February 12 from 0800 until 1300. It would be nice to have a strong emergency physician presence at this annual event. Come and speak to your senator and representative about issues that are important to us.

Utah DMAT is Recruiting!

The Utah Disaster Medical Assistance Team (DMAT) is recruiting physicians until February 14th. If you know, or can recommend an MD/DO for the team, please forward [this posting](#) to them.

I am one of the docs currently on the team and we have a chance to recruit several others. Please reach out to me with any questions.

Appreciate the consideration,
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American College of Emergency Physicians - ACEP
Sponsored (demo)

Jaw pain or heart attack? Anthem insurance company expects you to know the difference.

Guess wrong - you pay!

Learn More

ACEP's Viral Video Campaign to Expose Anthem Policy

ACEP recently launched a video campaign to expose Anthem Blue Cross Blue Shield for denying coverage to emergency patients, based on an undisclosed list of diagnoses, for conditions the insurance giant considers non-urgent. For a copy of the full press release, please contact [Michael Baldyga](#), ACEP Senior Public Relations Manager. This policy is active in six states - Georgia, Indiana, Kentucky, Missouri, New Hampshire and Ohio - but more Anthem states will follow, and more health insurance companies, if this effort isn't stopped. Anthem's policy is unlawful, because it violates the prudent layperson standard that is in federal law and 47 state laws.

Special thanks to ACEP video cast members Dr. Jay Kaplan, Dr. Alison Haddock, Dr. Ryan Stanton and Dr. Supid Bose - and ACEP staffers Mike Baldyga, Elaine Salter, Darrin Scheid and Rekia Speight!

Help us make [the video](#) go viral and top last year's that generated nearly 300,000 views on YouTube and Facebook! Please post it to Facebook pages, e-mail it to colleagues and Tweet about it using [#FairCoverage](#) and [#StopAnthemBCBS](#).



Help Us Celebrate ACEP's 50th Anniversary

You can help us ensure we have the most diverse, and most complete, historical collection of everything!

Follow us on [Twitter](#) and [Facebook](#) to see our weekly Tues/Thurs 50th Anniversary posts

Talking 50th Anniversary on social media? Use [#EMeverymoment](#)

Show your EM pride with ACEP's [new "Anyone. Anything. Anytime." Facebook profile frame](#)

Visit our 50th Anniversary site [here](#) for year-round updates

Got something cool to share about the college's history, or your own with EM? [Click here!](#)

Want to Know More About Reporting MIPS?

This is for you - an in-depth review of the steps and process involved using CEDR for Group or Individual 2018 MIPS Reporting. Learn about a selection of reportable measures, Advancing Care Information data entry, and Improvement Activity reporting through CEDR. The webinar is scheduled for **March 13, 1 PM CDT**. [Register now.](#)



New ACEP Tool Helps you Keep Track of Ultrasound Scans

Emergency physicians regularly apply for hospital credentials to perform emergency procedures including emergency ultrasound. Theoretically, ultrasound training, credentialing and billing should be no different than other emergency procedures where training occurs in residency and an attestation letter from the residency is sufficient for local credentialing. When such training occurs outside of residency, "proctored pathways" often serve to assure competency. There is still a lack of understanding and awareness in the general medical community that emergency physicians routinely train in and perform point-of-care ultrasound.

The [ACEP Emergency Ultrasound Tracker](#) was created to assist members in achieving official recognition of ultrasound skills. This tool allows you to easily keep track of ultrasound scans you have performed over the course of your career in emergency medicine. It also allows you to upload

relevant documents that attest to your training. After inputting and self-attesting to your ultrasound information you may download a letter of recognition from ACEP so long as you have attested to meeting the recommendations for emergency ultrasound training put forth in the [ACEP Ultrasound Guidelines \(PDF\)](#). We hope you find this tracker tool helpful and useful in your practice.

ACEP Awards Nominations Now Open

Recognize leadership & excellence in significant professional contributions, as well as service to the College, through the ACEP Awards Program. Know someone who deserves a prestigious ACEP award? [Send entries by April 2 to the Awards Committee](#).

New ACEP Award

Community Emergency Medicine Excellence Award

We are pleased to announce that the ACEP Board of Directors approved a new award to recognize individuals who have made a significant contribution in advancing emergency care and/or health care within the community in which they practice. While the College currently has a number of awards to recognize excellence in emergency medicine this award is focused on the emergency physician who has made a significant contribution to the practice of emergency medicine in their community. Examples of significant contributions to the specialty and community may include, but are not limited to, community outreach, public health initiatives, or exemplary bedside clinical care.

Nominees must be an ACEP member for a minimum of five years and not received a national ACEP award previously. **Entries are due no later than May 14, 2018.** The nomination form and additional information can be found [here](#).

Articles of Interest in *Annals of Emergency Medicine*

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.

Babi FE, Oakley E, Dalziel SR, et al.

Accuracy of Physician Practice Compared to Three Head Injury Decision Rules in Children: A Prospective Cohort Study.

This study looks at the application of common decision rule regarding head injury in children and compare this to clinical judgement of experienced physicians. The authors did a prospective observational study of children presenting with mild closed head injuries (GCS 13-15). They found their group of clinicians were very accurate at identifying children who had a clinically important traumatic brain injury (sensitivity 98.8%, specificity of 92.4%). This was better than the decision rules also applied to these children which included PECARN, CATCH and CHALICE.

April MD, Oliver JJ, Davis WT, et al.

Aromatherapy versus Oral Ondansetron for Antiemetic Therapy Among Adult Emergency Department Patients: A Randomized Controlled Trial.

Inhaled isopropyl alcohol as an aroma therapy has been described as effective in treating post-operative nausea. In this study, the authors compared inhaled isopropyl alcohol to placebo, alone or with oral ondansetron. They found that the aromatherapy with or without ondansetron had greater nausea relief than placebo or ondansetron alone. They recommend a trial of aromatherapy for patients with nausea who do not require immediate IV treatment.

e Silva LOJ, Scherber K, Cabrera d, et al.

Safety and Efficacy of Intravenous Lidocaine for Pain Management in the Emergency Department: A Systematic Review.

This is a systematic review of the literature on IV lidocaine for pain. There were only 6 randomized control trials of lidocaine for renal colic. The results were variable. Lidocaine did not appear to be effective for migraine headache but there were only 2 studies of this. The authors concluded that we do not have enough data at this time to definitively comment on the use of lidocaine for pain in the ED.

White DAE, Giordano TP, Pasalar S, et al.

Acute HIV Discovered During Routine HIV Screening with HIV Antigen/Antibody Combination Tests in 9 U.S. Emergency Departments

This study looked at HIV screening programs in 9 EDs located in 6 different cities over a 3 year period. There were 214,524 patients screened of which 839 (0.4%) were newly diagnosed. Of the newly diagnosed 14.5% were acute HIV (detectable virus but negative antibody) and 85.5% were established HIV (positive antibody test). This study reminds us that many patients with acute HIV will have a negative screening test that relies strictly on antibody. Many of these patients present with flu like illness as their initial presentation.

Axeem S, Seabury SA, Menchine M, et al.

Emergency Department Contribution to the Prescription Opioid Epidemic.

There has been much discussion of the opioid epidemic in both the professional and lay press. Emergency physicians tend to write a lot of prescriptions but for very small amounts. This study examined prescriptions for opioids from 1996-2012. During this period opioid prescription rates

rose in private office settings and declined in the ED. For patients receiving high numbers of opioids, only 2.4% received opioids from the ED.

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