# Table of Contents

**Section I: Introduction**

Section II: Membership  
- Code of Ethics  
- Equal Opportunity  
- Membership Renewal  
- Discount for International EMRA Membership

Section III: Administration  
- Governance  
- Membership Mailing List  
- Survey Policy  
- Email Survey Policy  
- Member E-mails  
- Sponsorship Guidelines  
- Conference Calls  
- Candidate Policy  
- Lobbying  
- Executive Director Performance Evaluation Policy  
- Project Proposals  
- Paperless EMRA Representative Council  
- Disaster Rapid Response Strategy

Section IV: Finances  
- Financial Compendium  
- Operating and Short-Term Investment Policy Statement  
- Dues Structure  
- Finance Committee  
- Corporate Credit Card  
- Leadership Travel  
- Travel Guidelines

Section V: Committees and Divisions

October 2017
Division Sunset Policy
Taskforce Guidelines
Representative Council Committees
Medical Student Committees

Section VI: Publication and Technology ........................................36
Advertising Guidelines
Website Links
Letters to the Editor Policy
Distribution of EMRA Publications

Section VII: Awards and Scholarships ........................................40
Nominations
Selection
Presentation

Section VIII: Relations with External Organizations ....................42
Communications with Organizations
External Policy Procedure
Liaison Reports

Section IX: Healthcare ............................................................43
Access to Healthcare
Boarding and Diversion
Child Car Safety Carriers
Code of Ethics for Emergency Physicians
Emergency Department Pain Protocols
Emergency Medicine and Physical Fitness in Children
Gun Violence Research
Opposition to the Cap
Palliative Care in the Emergency Department Setting
Scribes in the Emergency Department
Use of the Title “Doctor” in the Clinical Setting
Support of Comprehensive Access to Quality Medical Care
Health Disparities
Coverage for Vulnerable Populations
Pharmaceutical strengthening: Improving Delivery in the ED
Support for Infrastructure and Regulations Related to Freestanding ED’s and Care Coordination
Systems-Building for Critical Illness and Injury: Improving Bystander Intervention in Out-of-Hospital Critical Illness and Injury
The Value of Electronic Health Information Exchange and Interoperability
Emergency Medicine Training to Address Social Determinants of Health

October 2017
Emergency Medicine to Support Evidence-Based Policy Reforms of the Criminal Justice System
Protecting access to Women’s Health, Reproductive Health, and Organizations That Provide Increased Health Access to Women
Mental Health and Emergency Medicine
Mental Health and Emergency Medicine Providers

Section X: Education and Professional Development

ACGME Fellowship Entrance Requirements
Administrative Education
Advocacy and Emergency Medicine Training
Approved/Accredited Residencies
Certification Courses
Child Abuse and Neglect
Clinical Informatics
Creation of Domestic Emergency Medicine Exchanges
Critical Care Training
Debt Relief
Disaster Preparedness and Training Curricula
Diversity and Inclusion
Education in Ethics
Education in Practice Opportunities
Education on Human Trafficking
Emergency Department Pain Protocols
Emergency Department’s Role in Public Health and Social Welfare Policy
Emergency Department Staffing and its Impact on Resident Education
Emergency Medicine Certifications
Emergency Medicine Fellowships
Enhancing Patient Sign-Out Supervision and Safety
Family Leave Policy
GME Funding and the Match Process
High-Fidelity Simulation
Insurance
International Emergency Medicine
Medical Licensure
Medical Student Education in Emergency Medicine
Moonlighting
Paramedic Licensure
Privacy of Emergency Department Physician Information
Preventive Health and Universal Precaution
Protected Time Prior to Didactics
Relationship with the Biomedical Industry
Replacement of Live Animal Use in Emergency Medicine Residency Programs
Residency and Malpractice Claims
Residency Closure
Section XI: Attachments

EMRA Articles of Incorporation
EMRA Representative Council Procedures

Appendix A

EMRA Expense Reimbursement Policy
Section I – Introduction

This document is the summation of all policies adopted by the Emergency Medicine Residents’ Association Representative Council and/or Board of Directors. This document has been completely reviewed and approved by the EMRA Representative Council and Board of Directors.

Legend:
BOD = EMRA Board of Directors
RC = EMRA Representative Council
Section II – Membership

I. Code of Ethics for the Leadership
EMRA leadership is considered any elected or appointed member of the Board of Directors (BOD), council, committees, or liaisons. This Code is intended to focus the Board and each leader on the duties and responsibilities of leaders of the Association, provide guidance to leaders to help them recognize and deal with ethical issues, provide mechanisms to report unethical conduct, and help foster a culture of honesty and accountability. Each leader must comply with the letter and spirit of this Code.

A. Conflicts of interest

1. Board members have a paramount interest in promoting and preserving the best interests of the Association. Leaders should avoid any real or apparent conflicts of interest between themselves and the Association. Any situation that involves, or may reasonably be inferred to involve, a conflict between a leader's personal interests and the interests of the Association should be disclosed to the President or President-Elect. Leaders must disclose information on their financial interests in organizations doing business with EMRA.

2. It is imperative that all leaders, whether appointed or elected, exercise good faith by disclosing information relating to conflicts or potential conflicts of interests and excusing themselves from voting on any issue before the Board that could result in a conflict, self-dealing, or any other circumstances wherein their privileged position as leaders would result in a detriment to EMRA or in a noncompetitive, favored, or unfair advantage to either themselves or their associates.

3. Leaders may not engage in any conduct or activities that are inconsistent with the Association's best interests or that disrupt or impair the Association's relationship with any person or entity with which the Association has or proposes to enter into a business or contractual relationship.

4. A leader, or any member of his or her immediate family, should avoid the acceptance of gifts where a gift is being made in order to influence the leader's actions as a member of EMRA, or where acceptance of such gift gives the appearance of a conflict of interests.

5. Leaders should not accept compensation for services performed for the Association.

6. Leaders may not use EMRA assets, labor, or information for personal use unless approved by the President or President-Elect or as part of an expense reimbursement program available to all leaders.

7. Leaders cannot hold an officer position if the individual holds any elected or appointed positions at other national organizations that primarily serve the same or similar constituencies (i.e. emergency medicine residents and students) as does EMRA. Leaders who hold an officer position in state or local organizations are exempt.
B. Association opportunities

Leaders are prohibited from: (a) taking for themselves personally opportunities related to the Association's business; (b) using the Association's property, information, or position for personal gain; or (c) competing with the Association for business opportunities, provided, however, if the Association will not pursue an opportunity that relates to the Association's business, a leader may do so with the consent of the board of directors.

C. Confidentiality

Leaders should maintain the confidentiality of information entrusted to them by the Association and any other confidential information about the Association that comes to them, from whatever source, in their capacity as a leader, except when disclosure is authorized or legally mandated. For purposes of this Code, "confidential information" includes all non-public information relating to the Association.

D. Compliance with laws, rules and regulations; fair dealing

Leaders shall comply, and oversee compliance by employees, officers, and other leaders, with laws, rules and regulations applicable to the Association. Leaders shall oversee fair dealing by employees and officers with the Association's customers, suppliers, competitors and employees.

E. Encourage the reporting of any illegal or unethical behavior

Leaders should promote ethical behavior and take steps to ensure the Association: (a) encourages the leadership to talk to the Board of Directors, staff, and other appropriate personnel when in doubt about the best course of action in a particular situation; (b) encourages leaders to report violations of laws or rules; and (c) inform leaders that the Association will not allow retaliation for reports made in good faith.

F. Compliance procedures

Leaders should communicate any suspected violations of this Code promptly to the President or President-Elect. Violations will be investigated by the Board or by a person or persons designated by the President.

II. Equal Opportunity

EMRA activities shall be open to all members, with participation defined only by category of membership. Activities conducted by other organizations are eligible for EMRA co-sponsorship or

October 2017
financial support only if the activity is open to all EMRA members of the defined category of membership.

Original policy adopted BOD, 3/92
Amended and Reaffirmed, 1/97
Reaffirmed BOD, 01
Amended and Reaffirmed BOD, 1/06
Amended and Reaffirmed BOD, 10/06
Reaffirmed RC, 6/10
Reaffirmed RC, 5/12

III. Membership Renewal
EMRA will honor a common renewal date of July 1. Membership services for new and renewing members will be in effect until July 1 of the following calendar year.

Original policy adopted BOD, 3/96
Amended and Reaffirmed BOD, 2/06
Reaffirmed RC, 6/11
Amended and Reaffirmed BOD, 6/17
Section III – Administration

I. Governance
The purpose of the EMRA Board is to (1) achieve appropriate results for appropriate persons at an appropriate cost and (2) avoid unacceptable actions and situations.

A. Governing Style
The Board will govern with an emphasis on:
1. outward vision rather than internal preoccupation,
2. encouragement of diversity in viewpoints,
3. strategic leadership more than administrative detail,
4. clear distinction of Board and chief executive roles,
5. collective rather than individual decisions,
6. future rather than past or present, and
7. productivity rather than reactivity. On any issue, the Board must insure that all divergent views are considered in making decisions, yet must resolve into a single organizational position.

B. Board Member Job Description
The job of the Board members is to represent the members of EMRA in determining and demanding appropriate organizational performance.

C. Required Leader Agreement
All EMRA Leaders, including but not limited to, Board of Directors members, council officers, committee and division chairs, vice-chairs, and the medical student council are required to sign a leader agreement, conflict of interest disclosure, and a confidentiality agreement upon beginning their term. Failure to comply will result in removal from office.

D. Representative Council
The EMRA Representative Council will be governed in accordance with the Emergency Medicine Residents’ Association Council Procedures and Bylaws.

E. Meeting Attendance Expectations
Board members, Speaker and Vice Speaker are expected to attend all meetings of the Board and all other meetings and functions, as directed by the President. Committee and Division Chairs will be invited to attend all Board meetings and expected at all other meetings and functions, as directed by the President and Board of Directors.

Original policy adopted BOD, 01/06
Amended and Reaffirmed RC, 6/11
Amended and Reaffirmed BOD, 6/17
F. EMRA Executive Committee
The EMRA Executive Committee shall consist of the EMRA President, President-Elect, Immediate Past President/Treasurer, and the EMRA Executive Director.

Amended and Reaffirmed BOD, 6/17

II. Membership Mailing List
The EMRA membership list may be used for notification of meetings and the distribution of promotional material as determined by the President or Executive Director. Solicitors must follow guidelines set forth by the Mailing List Agreement (see Attachments). Failure of the recipient of this mailing list to adhere to the conditions established above by EMRA for use of the member list may result in legal action. Misuse will render the user liable for all damages to EMRA which arise out of litigation, attorney's fees, court costs, and expenses incurred because of misuse.

Original policy adopted BOD, 8/93
Amended and Reaffirmed BOD, 1/96
Amended and Reaffirmed BOD, 6/97
Amended and Reaffirmed BOD, 1/06
Reaffirmed BOD 5/13
Reaffirmed BOD 6/17

III. Member E-mails
The distribution of member emails will be limited to occasions by which the executive director feels that dissemination of such information is important for promoting the mission and goals of EMRA. Member emails will not be released to outside organizations.

Original policy adopted BOD, unknown date
Amended and Reaffirmed BOD, 1/06
Reaffirmed RC, 6/10
Reaffirmed BOD, 3/15
Reaffirmed BOD, 6/17

IV. Survey Policy
Surveys may be submitted to the EMRA Research Committee for consideration by all current EMRA members. The EMRA Research Committee will review the survey for scientific merit, research methodology, and potential benefit to the membership and organization. Feedback may be provided to survey authors by members of the EMRA Research Committee to help clarify or refine questions prior to distribution. Final approval of the survey lies with the EMRA Board of Directors.

Surveys intended for publication in peer-reviewed journals or abstract submission at national conferences should have approval from an Institutional Review Board prior to submission. The results of surveys not
intended for peer-reviewed publication should have their findings published in EM Resident Magazine or on EMResident.org. Survey findings primarily published in peer-reviewed journals should be summarized in EM Resident Magazine or on EMResident.org.

Surveys should not solicit or advocate for commercial items and must also not engage in predatory tactics, with any potential conflicts to be arbitrated by the EMRA Research Committee.

V. Sponsorship Guidelines
EMRA recognizes the importance of transparency in sponsorship. All sponsors must sign a Sponsorship Agreement Form, which delineates rights and responsibilities of both parties. EMRA recognizes The American Board of Emergency Medicine Model of the Clinical Practice of Emergency Medicine as a guideline to determine appropriate sponsorship. Final sponsor approval is given by the EMRA Executive Director and EMRA Executive Committee. EMRA reserves the right to refuse any sponsorship at its discretion.

VI. Conference Calls
EMRA reserves the right to conduct business meetings via conference call as deemed appropriate by the presiding officer, in compliance with the organization’s Amended and Restated Bylaws.

VII. Candidate Policy
All candidates are required to comply with campaign rules as stated in the EMRA Representative Council Procedures.
VIII. Lobbying
The Association does not directly engage in political lobbying efforts, although this practice is not prohibited. EMRA supports lobbying efforts as it pertains to the Association’s mission and goals.

Original policy adopted BOD, 1/03
Amended and Reaffirmed BOD, 1/06
Amended and Reaffirmed BOD, 5/08
Reaffirmed BOD 5/13

IX. Executive Director Performance Evaluation Policy
EMRA’s Executive Director is provided to the association through the Shared Services Agreement with ACEP. The EMRA Executive Director must abide by ACEP’s policies and procedures, including the College’s performance management process. The EMRA Executive Director shall have an ACEP staff supervisor, who is responsible for consulting with the Executive Committee prior to planning and appraisal periods to establish performance objectives and complete the appraisal process. The ACEP staff supervisor shall consult with the president of the EMRA Board of Directors prior to the planning and appraisal periods. The president will serve as the spokesperson for the EMRA board. The president is encouraged to solicit feedback from EMRA leadership on performance issues on a continual basis. It is the president’s responsibility to effectively and appropriately communicate with the ACEP staff supervisor on the Executive Director’s performance. The performance management process will utilize the following timeline:

- July-August: Establish performance objectives for the fiscal year
- January: Mid-year appraisal
- July-August: Complete (fiscal year end) appraisal

If there are any changes to this timeline, the EMRA president will be notified by the ACEP staff supervisor.

The EMRA Executive Director is responsible for the supervision, scheduling and appraisal of all EMRA support staff.

Original policy adopted BOD, 1/03
Amended and Reaffirmed BOD, 2/06
Reaffirmed BOD 5/13
Reaffirmed BOD 6/17

X. Project Proposals
New project proposals must formally be presented via standardized online submission to the Executive Director who will disseminate it to the appropriated person(s).

Original policy adopted BOD, 5/95
Amended and Reaffirmed BOD, 6/97
Amended and Reaffirmed BOD, 1/06
XI. Paperless EMRA Representative Council
The Emergency Medicine Residents’ Association believes in an environmentally conscientious approach to its proceedings, and therefore will regularly explore ways in which to reduce inefficiencies and to minimize utilization of natural resources, while maintaining its effectiveness, competitiveness, and ability to meet the goals and mission of the Association.

Original policy adopted RC, 10/09
Reaffirmed BOD, 3/15
Amended and Reaffirmed BOD, 6/17

XII. Disaster Rapid Response Strategy
Goal:
To provide a roadmap for EMRA board of directors, staff and members to follow when faced with natural disasters or man-made events that warrant our organization’s attention and volunteer efforts.

Strategy Statement:
We will make relevant connections to people who are struggling throughout the world. Our contributions may mean providing medical and healthcare services to people in need or donating material goods to a location(s) suffering a loss of personal or public property.

Objective:
To react quickly and appropriately to situations that EMRA members feel a need to engage with their communities and the general public in a meaningful way. EMRA reactions to these events, whether acts of God or man-made caused disasters, will depend on the severity of the crisis or event and the needs of our respective communities.

Acts of God include, but are not limited to:
- tornados, earthquakes, hurricanes, floods, or
- events caused by nature resulting in property/personal damage or death/injury of people.

Man-caused disasters include, but are not limited to:
- arson, bombings, building or site explosions,
- shootings (office, school, sporting events, etc.),
- acts of terrorism, or
- other occurrences meant to harm, maim or kill individuals.

Tactics:
1. When an event of the above nature occurs, Executive Committee and Executive Director will determine if the event warrants EMRA becoming involved.
2. When EMRA chooses to be involved, the ED/Executive Committee will decide on the level of the
organization’s participation. Levels of contributions might be, but not limited, to:
   a. monetary donation from EMRA,
   b. monetary donations from EMRA members on a voluntary basis,
   c. donation of supplies (blankets, clothes, books, toys, etc.),
   d. voluntary medical and healthcare services, or
   e. letters of support to hospitals, residencies, and communities affected by a particular event.
3. Depending on the level of involvement, the Executive Director and staff will create an action plan outlining appropriate communications and implementation strategies. Action plans may involve:
   a. assembling volunteers and volunteer leaders from membership base and/or appointing staff liaisons to implement approved action plans,
   b. mobilizing and engaging members through EMRA communication vehicles, including e-mail, website, e-newsletters, social media, special appeals, etc.,
   c. communicating timely updates and progress reports to board of directors.

Original policy adopted BOD, 3/15
Reaffirmed BOD, 6/17
Section IV – Finances

I. Financial Compendium

A. Preface
EMRA will conduct its accounting according to the fiscal year starting July 1st.

B. Management
Services for the administration and management of EMRA shall be as outlined in the Shared Services Agreement with the American College of Emergency Physicians.

C. Reporting
EMRA’s financial reporting and procedures will follow Generally Accepted Accounting Principles (GAAP).

A monthly financial statement will be provided to the Board of Directors.

A quarterly report of EMRA’s investments will be provided to the Board of Directors.

The following staff shall be authorized to conduct meetings, correspond, communicate by phone and sign any necessary forms as designated tax officers for all tax purposes with the IRS:
1. ACEP/EMRA Chief Financial Officer
2. EMRA Executive Director
3. Treasurer

All information required by federal or state law to be disclosed will be made available as specified under law. These requirements may include, but are not limited to:
1. specific solicitation disclosures
2. public inspection of documents
3. disclosures of transactions and relationships
4. political and legislative activity

D. Budgetary Process
Development and approval of the annual budget of EMRA shall occur under the following guidelines:

1. Preliminary projects, structure, and costs shall be reviewed by the Board of Directors each year at the Board of Directors retreat or conference call typically in January or February.

2. A preliminary budget will be provided annually to the Board of Directors by April 1st. The Board will have a target contribution to equity of 1% each fiscal year.
3. A meeting of the Board of Directors will be held each spring at a time and place to be determined by the President. The primary purpose of this meeting shall be the approval of the final annual budget. The budget must be approved by a majority vote of the Board of Directors.

4. For routine activities within normal scope of EMRA’s activities, a balanced budget is required. In extraordinary circumstances the Board of Directors may approve a deficit budget in which the deficit amount does not reduce unrestricted members’ equity below 50% of the revised current year’s operating expense budget. (Unrestricted equity does not include unrealized gains or losses).

5. The budget may be changed during the current fiscal year within the following guidelines (subject to section 6):
   a) up to $2500
      Changes must be approved by the Executive Director or President without formal notification of the Board of Directors. The change shall be communicated to the Board of Directors.
   b) $2501 to $5000
      Changes must be approved by the President, President Elect and Immediate Past President/ Treasurer and prompt notification shall be provided to the Board of Directors.
   c) $5001 and up
      A majority vote of the Board of Directors is required.
   d) These provisions do not apply if the changes to the budget remain neutral.

E. Investment Policy/Guidelines

The Board of Directors of the Emergency Medicine Residents’ Association (“EMRA”) has established this investment policy and accompanying guidelines (“guidelines”) to aid in the overall administration of EMRA’s investment funds. Funds available for investment (“Fund”) shall be defined as all cash not required for (1) immediate distribution and (2) working capital to fund daily operations of the Association. The guidelines do not preclude the use of a single depository bank for ongoing cash activities, although at times funds in the depository bank may temporarily exceed federally insured limits.

These guidelines will be reviewed as specified by the EMRA Representative Council Procedures Sunset Policy, or by the Board of Directors – at any other time such action seems appropriate.
Statement of Investment Policy/Guidelines

1. Objective:
The Board seeks preservation of capital with a consistent, positive return for the Fund.

2. Diversification:
Investments will be diversified with (a) a minimum of 40% of portfolio assets invested in marketable fixed-income securities and money market funds, and (b) a maximum of 60% in equity securities. Except for Treasury, Agency and U.S. Government insured securities, no more than ten percent of the portfolio shall consist of securities of a given issuer, as measured by market value.

3. Ratings:
Ratings for all fixed-income and equity securities are based on ratings given by the following leading rating services: Moody's, Standard & Poor's, and ValueLine. Investments which fall below these minimum quality ratings while held in the portfolio are to be eliminated on a timely basis at the discretion of the EMRA CFO with advice from the investment manager.

4. Three Types of Securities are Allowed:
   a. Marketable FIXED-INCOME SECURITIES: which fall into one of the following categories:
      i. issued by the United States Government or agencies of the U.S. Government;
      ii. issued by Domestic banks and other U.S. financial institutions with U.S. Government insurance; or Obligations or instruments (frequently known as bonds or notes) of U.S. corporations, financial institutions, utilities, with ratings no less than BBB.
      iii. Given the current tax-exempt status of the Association, funds will not be invested in ‘tax advantaged’ investments.
   b. EQUITY SECURITIES: (including bonds, debentures or preferred stocks which are convertible to common stock; preferred stock, common stock) which represent shares or interest in corporations, including real estate investment trusts, which are listed on a major US stock exchange.
   c. MONEY MARKET FUNDS: Short-term obligations composed of interest-bearing securities managed by EMRA's custodian. Assets acceptable to be held within the money market fund include bankers acceptances, commercial paper rated P-1 or better, certificates of deposit, U.S. Treasury bonds or bills.

5. Equities purchased for the fund shall have a minimum market capitalization minimum of $ 1 billion to provide for securities that are relatively liquid and readily marketable. Low priced or thinly capitalized stocks are not desired for the portfolio.

6. LIMITATIONS:
No funds will be directly invested in any source that produces goods or services contrary to the EMRA’s policies. Applicable policies will be provided to the investment manager.
PROHIBITED ASSETS include Commodities, Private Placements, Options, Limited Partnerships, Venture Capital Investments and Real Estate Properties.

7. No funds will be directly invested in any source that may imply a conflict of interest for EMRA, such would include organizations that contribute to EMRA projects or conduct joint ventures with EMRA. This includes but is not limited to investments in securities of companies whose primary business lines include alcohol, tobacco, and firearms. This includes but is not limited to investments in securities of companies whose primary business lines include managed-care organizations, group medical management companies, medical billing companies and pharmaceutical companies. However, this does not preclude EMRA's direct investment in mutual funds or other mixed portfolios which may include as a part of such portfolios securities in the prohibited (or limited) categories. Issues that are subsequently determined to imply conflict of interest are to be eliminated on a timely basis at the discretion of the investment manager.

8. Guidelines for investment managers / brokers:

   ● Monthly reporting of specific investments held, purchased and sold shall be provided to management firm staff (EMRA Chief Financial Officer).
   ● Reported returns on the portfolio will be presented with applicable benchmarks and the appropriate caveats regarding comparability in a report to the Board quarterly.

9. Responsibilities for oversight of EMRA Investments:

   Members:
   ● The Board is required to review and approve the investment policy annually.
   ● The Board is required to review all investment information at least quarterly.
   ● The Board will meet annually with the investment manager(s) and broker(s).

   Management Firm Staff (ACEP Staff):
   ● Management firm staff (EMRA Chief Financial Officer) is responsible for the flow of funds to and from the investment fund. All decisions for operational cash requirements are determined by the EMRA Chief Financial Officer.
   ● The EMRA Chief Financial Officer is responsible for monitoring the fund, the investment performance, fees, and for insuring appropriate information is provided to the EMRA Board.
   ● Selection of investment manager(s) and broker(s), when necessary, is recommended by Management firm staff (EMRA Chief Financial Officer) with approval by the EMRA Board.
Investment Manager:
- The investment manager will provide specifics on insurance, bonding, FDIC coverage, and SEC compliance to the Management firm staff (ACEP Chief Financial Officer) annually.
- The investment manager is responsible for all buy and sell decisions, including the specific investment vehicles.
- The investment manager will provide required information to ACEP Chief Financial Officer on a timely basis.
- The investment manager will be paid a fee based on the market value of the portfolio.
- The investment manager will provide a recommendation for liquidation to the ACEP Chief Financial Officer when a holding is determined to be in conflict with EMRA’s investment policy guidelines.

Broker:
- The broker will provide specifics on insurance, bonding, FDIC coverage, and SEC compliance to the ACEP Chief Financial Officer annually.
- The broker is responsible for execution of all buy and sell instructions of the investment manager.
- The broker is responsible for safekeeping of all documents that reflect assets of the portfolio.
- The broker is responsible for monitoring the fund, the investment performance, the manager’s performance and advising ACEP Chief Financial Officer if instructions not in compliance with the Investment Policy are issued by the investment manager.
- The broker will provide required information to ACEP Chief Financial Officer on a timely basis.
- The broker will be paid a fee based on transactions executed on instruction of the manager.

Original policy adopted BOD, 1/05
Amended and Reaffirmed BOD, 1/06
Amended and Reaffirmed BOD, 1/07
Amended and Reaffirmed RC, 6/10
Amended and Reaffirmed BOD 5/13

G. Operating and Short-Term Investment Policy Statement

1. Purpose
   The purpose of the Operating and Short-Term Fund is to provide sufficient cash to meet the financial obligations of the EMRA in a timely manner.

2. Investment Objectives
   The investment objectives are as follows:
   i. Preservation of Capital
   ii. Liquidity
   iii. To optimize the investment return within the constraints of (1) & (2) above.
3. Investment Guidelines
   Allowable Investments
   The ACEP Chief Financial Officer, or designee, shall be authorized to invest as follows:
   - Federally-Insured Certificates of Deposit not to exceed $99,000 including interest at commercial banks or savings and loans institutions;
   - Money Market Mutual Funds rated AAA by Standard & Poor’s or Moody’s that invest in direct obligations of the U.S. Government, and/or its agencies and instrumentalities;
   - Interest bearing checking accounts in federally insured banks and savings and loans not to exceed federally insured amounts;
   - Direct Obligations of the U.S. Government, and/or its agencies and instrumentalities;
   - Repurchase agreements with institutions whose senior debt rating is rated AAA by Standard & Poor’s and/or Moody’s;
   - Commercial Paper rated A-1/P-1 by Standard & Poor’s and Moody’s;
   - Variable Rate Notes (Taxable) where: demand period can by no longer than monthly, the rate must reset no less frequently than monthly, minimum rating AAA
   - Corporate Notes with a minimum rating of AAA by Standard & Poor’s or Moody’s

Maturity
The maturities on investments for the Fund shall be limited to 1 year or less.

Diversification
No more than 10% at cost of the Fund may be in the securities of any one issuer with the exception of obligations of the U.S. Government, its agencies and instrumentalities, repurchase agreements collateralized by obligations of the U.S. Government, its agencies and instrumentalities, and federally insured certificates of deposit.

4. Reporting and Monitoring
   The ACEP Chief Financial Officer shall provide the following reports on a quarterly basis to the EMRA Board of Directors:
   i. Schedule of investments held by fund type, if any
   ii. Interest income year to date, if any
   iii. Current yield of the portfolio.

5. Use of Sweep Agreement
   The ACEP Chief Financial Officer, or designee, shall be permitted to use an automated sweep as needed to insure funds are invested daily and to allow accumulation of funds prior to placing in longer-term holdings.

Original policy adopted BOD, 10/08
Reaffirmed BOD 5/13

October 2017
II. Dues Structure
The Board of Directors shall retain the authority to determine membership dues based upon its annual budgetary review process.

I. Finance Committee

A. Role of the Committee
The primary role of the EMRA Finance Committee is to provide financial oversight for the organization including budgeting and financial planning, financial reporting, and the creation and monitoring of internal controls and accountability policies.

B. Budgeting and Financial Planning
1. Develop an annual operating budget with staff.
2. Approve the budget within the Finance Committee.
3. Monitor adherence to the budget.
4. Ensure EMRA upholds financial requirements in the Shared Services Agreement with ACEP.
5. Set long-range financial goals along with funding strategies to achieve them.
6. With staff, develop multi-year operating budgets that integrate strategic plan initiatives.
7. Present financial goals and proposals to the Board of Directors for approval.

Effective Finance Committees fully engage in an annualized budgeting process in cooperation with staff. In addition to developing an annual budget, the committee should set long-term financial goals. The Finance Committee may also work with staff to determine the financial implications of the strategic plan.

C. Reporting
1. Develop useful and readable report formats with staff.
2. Work with staff to develop a list of desired reports noting the level of detail, frequency, deadlines, and recipients of these reports.
3. Work with staff to understand the implications of the reports.
4. Present the financial reports to the Board of Directors.

D. Internal Controls and Accountability Policies
1. Create, approve, and update (as necessary) policies that help ensure the assets of the organization are protected.
2. Ensure policies and procedures for financial transactions are documented in a manual, and the manual is reviewed annually, and updated as necessary.
3. Ensure approved financial policies and procedures are being followed.

Although the entire Board carries fiduciary responsibility for the organization, the Finance Committee serves a leadership role in this area, making sure appropriate internal control procedures for financial transactions are documented in a manual and followed by staff. The Committee should also play a role in determining and updating bank account signatories, as well as overseeing legal and governmental filing deadlines are met.

The Finance Committee is also charged with ensuring compliance and/or developing other policies that further serve to protect the organization and manage its exposure to risk. These include establishing policies surrounding:

- Staff and volunteer travel and reimbursement
- Executive compensation packages
- Long-term contracts or leases
- Loans or lines of credit
- Internet use and computer security
- Capital purchases
- Insurance requirements and reviews
- Definition of reserves policy
- Record retention

E. Covering Audits and Investments

The Finance Committee may be called upon to perform the roles of audit and investment committees. The basic audit and investment committees’ responsibilities could include:

F. Audit Committee

1. Recruit and select the auditor, if an audit is prepared.
2. Review the draft audit and IRS Form 990 as presented by the auditor.
3. Present the audit report (and/or monthly financial statements) to the Board of Directors (if the auditor does not do this).
4. Review the management recommendation letter (if one exists) from the auditor, and ensure follow up on any issues mentioned.

G. Investment Committee
1. Draft an investment policy detailing the objectives of the investment portfolio, guidelines on the asset allocation of the portfolio based on a predetermined level of risk tolerance, authorizations for executing transactions, disposition of earned income, etc.
2. Ensure provisions of the policy are followed.
3. Review the policy at least annually and update if necessary.
4. Hire and evaluate the investment managers/advisors and fund performance.

H. Fundraising

The Finance Committee with staff input, shall support a fundraising and/or a capital campaign to adequately fulfill the financial and budgetary needs for the organization.

I. Meetings

There shall be at least four required meetings of the Finance Committee.

Such meetings may occur quarterly and should occur in advance of the EMRA Board meeting to allow adequate time for review of financial materials and recommendations on action to the EMRA Board of Directors.

There shall also be at least one meeting of the Finance Committee at in-person meetings of the Board of Directors as needed (i.e. Scientific Assembly, Board Retreat, SAEM Annual Meeting, and/or other meetings as reasonable.)

J. Composition of the Committee

The Finance committee shall consist of voting members in staggered terms and two Ex-officio (non-voting) members.

- The composition and role of the Finance Committee shall be:
  - Immediate Past President /Treasurer will serve as Chair
  - 1st Year Board member
  - 2nd Year Board member
  - One At-Large Alumni Member with previous leadership experience within EMRA
  - Ex-officio members shall be:
    - The EMRA Executive Director
    - EMRA President Elect

Amended and Reaffirmed BOD, 9/16

Terms:
- All committee members terms shall be no more than two (2) years or equivalent to the terms of

2017
their elected Board of Directors office, except that of the Immediate Past President /Treasurer who shall serve one (1) year as Chair.

- Non-voting members of the Board of Directors, may serve as voting members of the Finance Committee if so appointed.

Finance Committee members shall be appointed by the President. Although the President may assign specific objectives to the Finance Committee, the Committee also has other ongoing responsibilities and functions: an internal audit oversight function, separate and apart from an Audit Committee, and a policy advisory function.

1. In its internal audit oversight role, the Finance Committee performs detailed analyses of the budget, financial reports, and any activity that has fiscal impact on EMRA. It ensures that due diligence and proper accounting principles are followed during EMRA's financial reporting and budgeting processes.

2. In its policy advisory role, the Finance Committee provides input to the Board of Directors regarding EMRA policy.

3. Most specifically, the Committee reviews EMRA's goals established by the Board of Directors, and determines whether EMRA's activities are reasonable, feasible, economically viable methods for accomplishing those goals.

4. More generally, the Finance Committee, like other committees, may make recommendations to the Board on policy issues facing EMRA. As such, the Committee provides a valuable communication channel for member input.

K. Role of the Finance Committee Chair

The Finance Committee Chair shall be EMRA Immediate Past President and will serve as the Board Treasurer as outlined in the Bylaws. As Chair of the Finance Committee, the Board Treasurer will ensure that the Finance Committee fulfills its objectives and directives. Specific duties of the chair include:

1. Serving as the principal liaison between the committee and the Board.
2. Working with the staff leader to set an agenda for each committee meeting.
3. Notifying members about the meeting or delegating this function.
4. Reviewing reports and relevant documentation prior to meetings and ensuring that all relevant documents are sent to committee members in advance.
5. Works with committee members and EMRA staff, notably the Executive Director, in preparation and distribution of reports to the Board of Directors regarding the actions and progress of the Committee and monthly financial statements, one of which will be a year-end report to the board.
of Directors given at EMRA Scientific Assembly meeting.

L. Role of the Finance Committee Vice Chair
The Finance Committee Vice Chair will be elected from the members of the Finance Committee.
Amended and Reaffirmed BOD, 12/16

M. Responsibilities to the Board of Directors
1. The Executive Director should submit monthly financial reports to Committee members. Such reports should critically reviewed by members of the Committee prior to submission to the Board of Directors.
2. A monthly report should also be compiled by the Immediate Past President/Treasurer, Chief Financial Officer, Executive Director, and others, and presented to the Board of Directors.
   a. Financial reports should include investments, expenses, etc., and recommendations compiled from Committee discussion regarding next appropriate actions.
   b. The status of the Shared Services Agreement (SSA) is to be included in such reports as requested. All issues regarding the SSA should be discussed within committee with recommendations presented to the full assembly of the BOD.
3. The EMRA President should periodically review Expense reports of the Executive Director and report to the Committee as necessary.
4. New members of the Board of Directors should complete EMRA Finance Curriculum with shall include, 1) Introduction to EMRA Finances & Investments and 2) Understanding the Shared Services Agreement.
5. The Finance Committee will also be tasked with developing a short-term (2-3 years) and long-range (5-10 years) plan regarding the organizations finances & investments as requested.

Original policy adopted BOD, 11/14
Amended and Reaffirmed BOD, 9/16

IV. Corporate Credit Cards
EMRA Corporate Credit Cards may be issued at the discretion of the Executive Director with the approval of the President or Treasurer. All cardholders must sign the Credit Card Agreement form.

EMRA Corporate Credit Cards are solely for the business use of the designated cardholder. They are not to be used by any other individual.

Cash advances are not allowed on the EMRA Corporate Credit Card.

Lost or stolen cards must be reported to the Executive Director and to the credit card issuer immediately.

October 2017
Receipts and an expense report are due within 15 days after the expense is incurred. Under IRS regulations, failure to submit timely expense reports may result in the purchases becoming taxable income to the employee.

EMRA may submit an invoice to the cardholder to collect funds for any charges that are not appropriately substantiated.

All purchases on the EMRA Corporate Credit Card must comply with the authorization and approval levels established in the EMRA budget and Leadership Travel Policy.

V. Leadership Travel
Funding for travel will be provided for EMRA Board members, Ex-Officio Board Members and the MSC members as specified in the budget. The RC/EM Liaison and MSC chair will receive the same funding as a Board member. Guidelines for reimbursement can be found in Appendix A of the policy compendium.

If it is felt that the member in question did not fulfill his/her duties at the meeting, the Board will take a vote on whether to withhold part or all of the reimbursement. A majority vote is required. Once this matter has been brought to the attention of the Board, reimbursement will be held until a decision is made by the Board of Directors.

Amended and Reaffirmed BOD, 8/17
Section V – Committees and Divisions

I. Roles of Committees and Divisions

A. Purpose of EMRA Committees

Committees exist to assist the Board with its work. Annually, the Board will delegate work to committees in the form of objectives. The committee will then be responsible for accomplishing these objectives. Objectives will be assigned to the committee at the annual spring meeting.

B. Purpose of EMRA Divisions

Divisions exist to provide a forum for members with a special interest to speak as a unified group to the leadership of EMRA, to provide a means for EMRA to utilize the expertise of an identifiable group of members on specific issues, and to provide a pathway for professional leadership development within the organization. Divisions will create and operate on their own set of objectives, with the approval of the EMRA Board, and the division will then be responsible for accomplishing these objectives. Objectives will be set by the division at the annual spring meeting.

II. Committee and Division Operations

A. Formation and Dissolution

The Board can create or dissolve committees and divisions, which requires a majority vote. If an EMRA Division’s roster falls below 25 members as of June 30th, the EMRA Division leadership (Chair and Vice Chair) will be informed of insufficient membership, and given a two year period ending June 29th to increase their EMRA Division membership to 25 or greater members. If a division is placed on notice twice within a five year period, the division would only have one year to recruit members upon the second notice EMRA leadership and staff will assist in the advertising for membership, but if the EMRA Division fails to meet the 25-member requirement, the EMRA Division will sunset.

B. Meetings

Committees and divisions will host in-person meetings twice yearly at ACEP’s Scientific Assembly and the spring meeting.

C. Financial Considerations

Each committee and division will have access to an annual Discretionary Fund of an amount specified in the annual budget set by the Board. This money can be used for lower-cost projects,
The use of these funds must be pre-approved by the President Elect. Other than the Discretionary Fund no monies will be designated for committees and divisions except for budgeted conference calls. Other monies may be requested by submitting a formal request to the Board. All speakers or activities requiring funding will need to be approved by the Board. Allotted staff time for each committee and division will be at the discretion of the President and Executive Director.

C. Committee and Division Membership

Committee and division members will be appointed by the President-Elect at his/her discretion. Applications will be solicited from all members on a rolling basis, and members may be assigned at any time.

D. Board Liaisons to Committees and Divisions

The President-Elect will designate Board liaisons to facilitate communication between the Board and each of EMRA’s committee’s and divisions by giving regular updates during Board conference calls and meetings. They will also ensure that committee’s and division actions do not conflict with the Board’s assigned objectives. The Board liaison will also facilitate a smooth transition from year-to-year as committee and division leadership changes.

F. Social Media

EMRA Committees and Divisions may not create EMRA-branded social media accounts without approval from EMRA’s Board of Directors. It is highly encouraged the committee and division members post updates from their personal social media accounts and tag EMRA so that their posts can easily be shared with a larger audience.

III. Committee and Division Leadership

A. Eligibility to Hold Leadership Positions

Committee and division leaders should be EMRA residents or fellows, in good standing with their training programs, and free of any conflicts of interest that prohibit them from performing the duties required of these leadership positions. If a committee or division leader is elected to the EMRA Board of Directors, he or she will vacate their leadership position within the committee or division to create an opportunity for another member to lead. Fourth year medical students may apply to be committee or division vice chair; however, confirmation of their appointment will be contingent upon matching into an emergency medicine residency program.

B. Chair Responsibilities
The chair will serve a one-year term that will begin and end at the spring annual meeting. The chair will accomplish all objectives as delegated or approved by the Board within an appropriate timeline. The chair will also submit a bi-annual report to the Board. The chair will defer all extra-association contact to the President, as the President is the primary spokesperson of the organization.

C. Vice-Chair Responsibilities

The vice-chair will serve a one-year term, after which he/she shall become chair, subject to approval by the President-Elect. The vice-chair will assist the chair in accomplishing objectives and to prepare for the role of chair.

D. Orientation

The EMRA President-Elect will host an annual, mandatory orientation session for committee and divisions chairs and vice chairs at our spring meeting.

E. Vice Chair Selection

Each spring, interested committee and division members will apply for the position of vice-chair via the EMRA committee application process. Applicants must turn in a letter of intent, CV, and a letter of support from their program director. The current chair, vice chair, and board liaison will select the most qualified candidate and submit that individual’s application for approval to the President-Elect. If there is a conflict of interest with any member of the reviewing committee, an impartial committee or division member will be appointed as an alternative reviewer. Upon approval, the new vice-chair will assume his or her duties at the spring meeting. Depending on the quantity and qualifications of applicants in a given year, the current Chair and/or Vice Chair may continue on in their present role at the discretion of the President-Elect.

F. Filling Vacant Leadership Positions

In the event of a chair vacancy, the vice-chair shall assume the position of chair at the discretion of the President-Elect. Applications for remaining vacancies will then be solicited for a period of one month and reviewed by the remaining chair, vice chair, and Board Liaison. The name of the most qualified applicant will be submitted to the President-Elect for consideration. Depending on the timing of the vacancy and new appointment, the terms of the newly appointed chair / vice chair may continue through the upcoming normal appointment cycle at the discretion of the President-Elect.
IV. Task Force Guidelines

A. Overview
Task forces are temporary committees appointed by the President to complete objectives delineated over a defined time period. Task forces will meet in person at the ACEP Scientific Assembly and the spring meeting. Task forces will be funded for two conference calls unless otherwise specified.

B. Financial Considerations
EMRA will not provide any funding to task forces unless specified otherwise. Allotted staff time for each task force will be at the discretion of the President.

C. Membership
Members of the task forces will be appointed by the President at his/her discretion to be made up of any member deemed appropriate.

D. Structure
Each task force will have an assigned chair and Board liaison as appointed by the President.

E. Member Responsibilities
It is the responsibility of the task force and its members to complete the assigned objectives within the designated time period.

Amended and Reaffirmed BOD, 5/08
Reaffirmed BOD 5/13

V. Representative Council Committees
Refer to Emergency Medicine Residents’ Association Representative Council Procedures.

VI. Medical Student Committees

A. Structure
Members of the Medical Student Council (MSC) will be appointed annually by the President-Elect and Academic Affairs Representative at their discretion to be made up of any medical student member deemed appropriate. The MSC will consist of geographic regions that correlate to the medical school spread across the nation. The MSC will consist of members whose geographic representations of medical schools are taken into consideration in their selection.

B. Medical Student Council
The MSC will be the executive sub-committee the MSC. The MSC shall consist of nine members including chair, vice-chair, editor, technology coordinator, west region coordinator, northeast region coordinator, southeast region coordinator, midwest region coordinator, and osteopathic coordinator. The chair and vice-chair of the MSC will serve respectively as chair and vice-chair.
of the MSC.

C. Committee Membership
Each MSC member will serve a one-year term. MSC members who have served during the prior year will be given special consideration for reappointment. The selection of the chair and vice-chair will be made strictly upon demonstrated leadership capacity within the MSC during the prior year.

D. MSC Chair Responsibilities
The chair will accomplish all objectives as set forth by the Board within an appropriate timeline. The chair will also submit a bi-annual committee report to the Board. The chair will defer all extra-association contact to the President, as the President is the primary spokesperson of the organization.

E. MSC Vice-Chair Responsibilities
The vice-chair will assist the committee chair in accomplishing the committee objectives.

F. MSC Editor
The editor will assist the EMRA Secretary in coordinating articles for *EM Resident*. He/she will also coordinate articles for the website.

G. MSC Member Responsibilities
MSC members will assist the chair with the committee's assigned objectives.

H. Medical School Coordinator Responsibilities
An MSSSC is one who wishes to become more involved with EMRA and help disseminate information about emergency medicine to their peers. The MSSSC will serve but is not limited to a one-year term. The MSSSC will assume leadership roles and maintain active and ongoing contact between their Emergency Medicine Interest Group (EMIG) and the MSC. The MSSSC will serve as a liaison between his/her medical school and the MSC. He/she will submit an activity report as determined by the MSGC. The MSSSC will promote the EMIG at each school, disseminate information about EMRA, and promote membership in EMRA. At the end of the MSSSC tenure, he/she will publicize the vacant position to students and encourage interested individuals to apply for the position.

Original policy adopted BOD, 4/03
Reaffirmed, 9/03
Amended and Reaffirmed BOD, 1/06
Amended and Reaffirmed BOD, 5/08
Amended and Reaffirmed BOD 5/13
Section VI: Publications and Technology

I. Advertising Guidelines
The following policy is applicable to all EMRA advertising, including but not limited to, all published materials, newsletters and electronic content.

Products or services eligible for advertising must be germane to and useful in the practice of medicine, medical education, or health care delivery.

EMRA is not responsible to verify or endorse the information contained in the advertisement.
EMRA does not allow advertising by pharmaceutical, tobacco, alcohol or firearm companies.
EMRA reserves the right to refuse any advertising request at its discretion.

II. Website Links Policy
A. Linking to EMRA Websites
Including by not limited to, EMRA.org, EMRAMatch.org, etc.

Permission from EMRA is not required to link to any EMRA Website. Addresses or URLs on any EMRA Website may change at any time without notice. Entities and individuals linking to EMRA Websites must regularly verify links to Web pages. EMRA will not accept requests by other organizations to notify them when any Web address will change.

EMRA prohibits entities and individuals from misrepresenting the ownership of EMRA Website content. Under this guideline, the following are prohibited:
- Capturing EMRA Web pages and redisplaying them under another URL
- Pointing another URL to any EMRA Website
- Displaying EMRA Web content within frames
- Converting EMRA Web pages to some other format (such as Adobe Acrobat Portable Document Format (PDF), or any image format such as gif, jpeg), and displaying or otherwise disseminating that information via email or another Website
Otherwise misinforming or misrepresenting ownership of EMRA content

Entities and individuals may not create a “gateway” where non-EMRA members can access members-only or otherwise restricted content on any EMRA Website. Such actions may include, but are not limited to, creating a Webpage or application that logs on to the EMRA site and displays content without causing the original user to login via EMRA’s means of authentication.

Certain information on EMRA Websites may be trademarked, copyrighted, or otherwise protected as intellectual property of EMRA. In other instances, EMRA has express permission to publish third-party content on the EMRA Website. Protected intellectual property must be used in accordance with state and federal laws and must reflect the proper ownership of said intellectual property.

Any link to EMRA Websites should be a full forward link that passes the client browser to the EMRA Website without any additional action or effort required by the user. EMRA will not engage in any programming or behavior designed to prevent a user from reasonably returning to the original Website with a minimum of effort.

B. Links from any EMRA Website

Links from EMRA Websites are provided for convenience and information only, and EMRA assumes no responsibility for their content.

EMRA reserves the right to link to external Websites that EMRA feels provide a service to its members.

EMRA makes all efforts to ensure these links to open in new browser windows.

All requests for links from EMRA Websites must be submitted to EMRA staff. Each request will be reviewed under the provisions listed in the Website Links Policy.

The Website Links Policy guidelines include, but are not limited to, the following:

1. Non-commercial information relevant to EMRA members, emergency medicine residents, medical students, pediatric emergency medicine fellows, or those who are engaged in a fellowship having completed an emergency medicine residency.
2. Commercial links with a stated commercial purpose

EMRA reserves the right to refuse any link request without condition. EMRA also reserves the right to remove posted links on EMRA Websites without condition. Specific conditions include, but are not limited to, if the Website or Website sponsors:

1. Is engaged in any unlawful activity
2. Is engaged in any activity incongruous with EMRA’s mission
3. Is engaged in the sale or promotion of tobacco, alcohol, drugs, or firearms
4. Is engaged in the sale, promotion, or display of pornographic material
5. Exhibits or promotes hate, bias, discrimination, libelous, or defamatory content
6. Offer invasive or intrusive advertising, such as, but not limited to, continuous pop-up windows with advertising, even if it is for products or services provided by the Website to which the link pointed

EMRA will also not link to any Website or sponsor where such link will violate EMRA’s status as a class C nonprofit corporation.

When the user clicks on the external Web site link, he/she must have easy access back to the EMRA Website from which he/she originated. One of two options can accomplish this:

- A link to the original EMRA Website can be established on the external Web site’s main page (or such page as the user arrives at and can reasonably expect to find with minimal effort from within the users site). This condition is waived if the destination site is caused to open, by EMRA, in a new browser window.
- The “Back” button returns the user to the original EMRA Website
  - It is prohibited to create a “forwarding loop” whereby a user would have difficulty in returning to the original EMRA Website, for instance if a user were required to press the “Back” button rapidly, many times in a row. This condition is waived if the destination site is caused to open, by EMRA, in a new browser window.

Links may also be removed for the following reasons:

- The link no longer points to the original information or resource to which it was intended to point;
- The Website pointed to by the link contains inaccurate or misleading information or has changed such that it is no longer in compliance with the acceptance criteria;
- The Web site pointed to by the link violates the conditions for link maintenance;
- Access to the information has become difficult due to non-standard formatting, lengthy download times or intrusive advertising; or
- The link is permanently unreachable or remains unavailable for a lengthy period.

Original policy adopted BOD, 1/06
Amended and Reaffirmed BOD, 5/08
Amended and Reaffirmed RC, 6/11

III. Letters to the Editor Policy

*EM Resident* welcomes letters to the editor. Letters may be submitted via mail or email. Please include your full name, title, institutional affiliation, and phone number for verification purposes. Letters are limited to 250 words. We reserve the right to edit letters for length and clarity and to determine which letters will be published. Authors will be notified of changes made to their letters prior to publication.

Original policy adopted BOD, 9/06
Amended and Reaffirmed RC, 6/11

October 2017
IV. Distribution of EMRA Publications
Each class of EMRA membership will receive a member welcome kit with the contents to be
determined by the EMRA Board of Directors. When a brand-new EMRA publication is released, it
will be backfilled to existing members of that class. When a revised version of an existing
publication is released, members who already received the publication in their new member kit
will not receive the new version of the publication, with an exception for alumni members. A new
member kit will only be sent during the first year of membership of each membership class.

Original policy adopted BOD, 6/17
Section VII – Awards and Scholarships

I. Nominations
Nominations for an EMRA award or scholarship may come from any member or non-member of EMRA. In the rare event that nominations are not provided for the award or scholarship, the Board of Directors may select an individual provided they meet the criteria of the award or scholarship being given. EMRA Board members may not be nominated for an award while in office.

The nomination deadline for the award or scholarship will be determined by the EMRA Awards Committee and EMRA Staff.

II. Selection
Award or scholarship winners will be determined by the EMRA Awards Committee. Awards Committee members will be blinded to the identities of nominators. In the event of a tie, the President will cast a tie-breaking vote. Qualities that should bear on the selection include the candidate’s status as an EMRA member, their service to EMRA and past positions held, their service to the specialty, and past positions held in state or national professional organizations.

Unless specified by the criteria for an individual award or scholarship non-members of EMRA may be selected, however preference should be given to EMRA members when possible.

Awards Committee Members who have a professional or personal relationship with the nominee are to abstain from voting, but may provide background information as requested by members of the Committee. Committee members will disclose any conflicts of interest that would hinder their ability to cast an unbiased vote for award selection.

III. Presentation
Upon their selection, award or scholarship winners are invited to attend the Award Reception at the annual spring or fall EMRA meeting, dependent upon the award cycle. Photographs are allowed throughout the award ceremony, and there is no restriction on the sponsor of the award obtaining a photo opportunity with the award or scholarship recipient.

IV. Awards Audit
The Awards Committee will regularly audit the list of EMRA awards and scholarships to identify gaps in opportunities to recognize the achievements and needs of our members, to ensure that evaluation rubrics are appropriately designed to facilitate the selection of applicants with the qualities each award and
scholarship seeks to reward, to provide updates to the EMRA Board of Directors about the competitiveness of each award and scholarship, as well as to make recommendations about award types that should be discontinued.

Original policy adopted BOD, 8/17
Section VIII – Relations with External Organizations

I. Communication with Organizations
EMRA, its Board of Directors, and designated officials will continue to communicate with any and all entities in the course of representing the interests of emergency medicine residents, EMRA, and the greater good of the specialty.

Original policy adopted, 10/01
Reaffirmed BOD and RC, 9/05
Reaffirmed BOD, 1/06
Reaffirmed RC, 6/11

II. EMRA Policy on Supporting ACEP Board of Directors Candidates
EMRA, as an organization, will not officially endorse the campaign of any ACEP Board of Directors candidates. However, any EMRA Board of Directors member may, speaking on behalf of themselves, choose to support any candidate on an individual basis.

Original policy adopted by BOD, 06/07
Reaffirmed RC, 5/12

III. External Policy Procedure
EMRA serves to represent the interests of its members in the field of emergency medicine. When a subject arises warranting EMRA’s official public position, the Board members will research the subject and discuss it in a meeting or conference call, during which they will formulate a position. The President will function as the spokesperson for the organization.

Original policy adopted by BOD, 5/04
Reaffirmed by RC, 5/05
Reaffirmed BOD, 1/06
Amended and Reaffirmed BOD, 5/08
Reaffirmed BOD 5/13

IV. Liaison Reports
Liaisons to other organizations may be appointed by the President. Liaisons shall provide a report to the membership on their activities via an article in EM Resident within two issues of attending a meeting of another organization, and at other times as appropriate.

Original policy adopted, 6/97
Amended and approved RC, 5/05
Reaffirmed BOD, 1/06
Amended and Reaffirmed BOD, 5/08
Reaffirmed RC, 5/12

October 2017
Section IX - Healthcare

I. Access to Healthcare
EMRA firmly believes that all individuals should have access to quality healthcare.

Original policy adopted by RC, 10/03
Reaffirmed by RC, 5/05
Reaffirmed BOD, 1/06 Reaffirmed BOD 5/13

II. Boarding and Diversion
EMRA encourages exploration of new, alternative, and creative solutions to help minimize the need for diversion. This includes the hospital finding ways to expedite patient admission and decreasing emergency department holding times. Solving this problem requires significant national and local support that focuses on resolving this complicated issue.

Original policy adopted, 5/01
Reaffirmed RC, 5/05
Reaffirmed BOD, 1/06 Amended and Reaffirmed BOD, 5/08
Reaffirmed RC, 6/11

III. Child Car Safety Carriers
EMRA will work with and encourage other national organizations to study and develop stronger child car safety carrier laws, and EMRA will support legislation that provides stringent enforcement of child car safety carrier laws.

Original policy adopted RC, 10/06 Amended and Reaffirmed BOD, 5/08 Reaffirmed RC, 6/11

IV. Code of Ethics for Emergency Physicians
The basic professional obligation of beneficent service to humanity is expressed in various physicians' oaths. In addition, emergency physicians, assume more specific ethical obligations that arise out of the special features of the practice of emergency medicine. The principles listed below express fundamental moral responsibilities of emergency physicians and shall be exemplified by the EMRA Leadership.

Emergency Physicians Shall:

1. Embrace patient welfare as their primary professional responsibility.

2. Respond promptly without prejudice or partiality, to the need for emergency medical care.

3. Respect the rights and strive to protect the best interests of their patients, particularly the most vulnerable and those unable to make treatment choices due to diminished decision-making capacity.
4. Communicate truthfully with patients and secure their informed consent for treatment, unless the urgency of the patient's condition demands an immediate response.

5. Respect patient privacy and disclose confidential information only with consent of the patient or when required by an overriding duty such as the duty to protect others or to obey the law.

6. Deal fairly and honestly with colleagues and take appropriate action to protect patients from health care providers who are impaired, incompetent, or who engage in fraud or deception.

7. Work cooperatively with others who care for, and about, emergency patients.

8. Engage in continuing study to maintain the knowledge and skills necessary to provide high quality care for emergency patients.

9. Act as responsible stewards of the health care resources entrusted to them.

10. Support societal efforts to improve public health and safety, reduce the effects of injury and illness, and increase access to emergency and other basic health care for all.

V. Emergency Department Pain Protocols
EMRA supports the development of chronic pain treatment protocols for emergency departments for the purposes of managing patient expectations, limited substance abuse, and reducing the burden that substance abuse places on emergency departments and the US health care system.

EMRA supports the development of a national controlled substance database, in line with the NASPER act, and resident education about the existence and utilization of controlled substance databases and the voluntary utilization of available controlled substance databases and electronic medical record systems as resources to limit substance abuse.

VI. Emergency Medicine and Physical Fitness in Children
EMRA will continue to use the legislative advisor and the American College of Emergency Physicians to support future actions that promote physical fitness in the public school system. The purpose is to establish EMRA’s role in promoting physical activity among school-aged children with a goal to decrease future morbidity and mortality.

Original Policy adopted RC, 10/11
Reaffirmed RC, 5/08

October 2017
VII. Gun Violence Research
EMRA will collaborate with other organizations and coalitions to study the health impact of gun violence.
Original policy adopted RC, 10/16

VIII. Palliative Care in the Emergency Department Setting
EMRA recognizes the importance of formal training in palliative care to Emergency Medicine Residents and that guiding patients and their surrogates through the decision-making process at the end of life is a skill that requires training and practice. EMRA supports increased access to palliative care to all appropriate patients in the emergency department and supports the concept that patients must have their autonomy respected regarding end-of-life care, and that prior to initiating treatment plans, patients facing the EOL or their surrogates should be fully informed of the range of palliative services available to the fullest extent possible.

EMRA encourages “values-driven” medical treatment plans which tailor decisions regarding medical therapy to the goals of the patient instead of “therapy-driven” medical treatment plans which present a confusing array of medical interventions to patients or their surrogates. EMRA also encourages use of language emphasizing values-driven, prescriptive language during EOL discussions such as “provide comfort” or “allow natural death” over the historically used restrictive, therapy-driven language such as “do not resuscitate” and “do not intubate”.

Original policy adopted RC, 10/12

IX. Scribes in the Emergency Department
EMRA will support the use of scribes in emergency departments.
Original policy adopted RC, 5/12

X. Use of the Title “Doctor” in the Clinical Setting
EMRA supports policies, regulations, and legislation restricting the use of the term “doctor” in the clinical setting (except for those settings in which a patient does not expect to be seen by a physician) to individuals who are licensed physicians.

Original policy adopted RC, 5/13

XI. Support of Comprehensive Access to Quality Medical Care
EMRA affirms access to quality, affordable primary and emergency health care services for all people as a basic human right.

EMRA work with interested stakeholders to develop and support health care policy that will ensure adequate insurance coverage for primary and emergency health care services.

Original policy adopted RC, 5/17

XII. Health Disparities
EMRA collaborate with other organizations and coalitions to: (1) urge government and private
organizations to encourage research on reducing health disparities in Emergency Medicine and to increase funding for these studies (2) advocate for the creation and support of new or existing leadership positions that investigate health disparities.

**XIII. Coverage for Vulnerable Populations**
EMRA advocates for all individuals, especially vulnerable and disabled populations, including rural, elderly, and pediatric patients, should have access to affordable healthcare coverage. Recommends that incentives should be considered in reimbursement rates for physicians who choose to care for vulnerable and disabled populations. Supports collaboration with our primary care medicine colleagues to ensure that vulnerable and disabled patients who present to the emergency department have access to timely follow up to prevent repeat emergency department visits and inpatient hospitalizations.

*Original policy adopted RC, 5/17*

**XIV. Pharmaceutical strengthening: Improving Delivery in the ED**
EMRA firmly believes that prescription medications should be affordable and fairly priced, EMRA advocates for policies that:
- Improve the transparency of drug pricing
- Advocate to abolish all current statutes prohibiting CMS from negotiating lower drug prices for its beneficiaries
- Facilitate bulk purchasing arrangements
- Explore the lawful importation of drugs from other countries so that prices remain competitive while preserving innovation for drug makers
EMRA will bring this topic to the ACEP Council for consideration.

*Original policy adopted RC, 5/17  
Amended by BoD, 10/17*

**XV. Support for Infrastructure and Regulations Related to Freestanding ED’s and Care Coordination**
EMRA will support the creation of policies and infrastructure development locally and regionally that allows for Freestanding Emergency Departments (FSED) to serve as appropriate stabilizing care for sudden onset life-threatening illness and the safe transfer of patients from FSEDs to facilities able to offer definitive care and long-term management.

*Original policy adopted RC, 5/17*

**XVI. Systems-Building for Critical Illness and Injury: Improving Bystander Intervention in Out-of-Hospital Critical Illness and Injury**
EMRA will support increased access to and utilization of cardiopulmonary resuscitation and first aid training programs by the public, and Support targeted campaigns in high-risk populations to reduce disparities in survival from critical illness and injury, and Collaborate with public health departments, schools, and other stakeholders to accomplish these goals.

*Original policy adopted RC, 5/17*

October 2017
XVII. The Value of Electronic Health Information Exchange and Interoperability
EMRA will recognize that electronic health information exchange that is secure, timely, accurate and available facilitates efficient, high-quality care for the chronically and acutely ill patient. Support the adoption of interoperability standards for electronic health information exchange. Support the integration of electronic health records with additional sources of electronic health information, including prescription drug monitoring databases.

Original policy adopted RC, 5/17

XVIII. Emergency Medicine Training to Address Social Determinants of Health
EMRA will support research and education on ways social determinants of health contribute to individual and population health, as well as evidenced interventions seeking to address them. These determinants include, but are not limited to, social, psychological, environmental (built and natural), economic, political, legal, cultural, and spiritual factors.

Original policy adopted RC, 5/17

XIX. Emergency Medicine to Support Evidence-Based Policy Reforms of the Criminal Justice System
EMRA supports evidence-based policy reforms of the criminal justice system that contribute to individual and public health.

Original policy adopted RC, 5/17

XX. Protecting Access to Women’s Health, Reproductive Health, and Organizations That Provide Increased Health Access to Women
EMRA will advocate for policies that protect access to women’s health care including reproductive health care. Support increased funding for organizations that provide access to reproductive care. Support continued health coverage for reproductive health care regardless of gender identity.

Original policy adopted RC, 5/17

XXI. Mental Health and Emergency Medicine
EMRA will:
1) Support the definition of addiction as a chronic and progressive disease.
2) Specifically support initiatives that protect insurance coverage for mental health, parity for mental health coverage on par with other medical illnesses, improve community mental health resources, and increase the number of inpatient mental health beds.
3) Encourage and support legislation or projects that aim to increase the mental health workforce.
4) Advocate for initiatives to decrease mental health boarding in emergency departments.

EMRA will bring this topic to ACEP Council for consideration.

Original policy adopted RC, 5/17

October 2017
XXII. Mental Health and Emergency Medicine Providers
EMRA will support access to mental health care by healthcare providers themselves through efforts such as reducing stigma, increasing availability, and ensuring confidentiality. EMRA will bring this topic to ACEP Council for consideration.

Original policy adopted RC, 5/17

Section X – Education and Professional Development
I. ACGME Fellowship Entrance Requirements
Residency training in ACGME and AOA accredited Emergency Medicine residency programs should be considered equivalent preparation for the purpose of eligibility and application to ACGME accredited subspecialty fellowship training programs.

EMRA opposes changes that would prevent AOA trained Emergency Medicine physicians from entering ACGME fellowship training programs and will take action as appropriate to advocate for parity between ACGME and AOA accredited Emergency Medicine residency programs for the purpose of prerequisite training for entrance into fellowship training.

Original policy adopted RC, 10/12

II. Administrative Education
EMRA will work with SAEM, CORD, AAEM, RRC/EM, ACOEP and ACEP to encourage the development of new curriculum areas which would address the issues of billing, reimbursement and contracts and their impact on the practice of emergency medicine.

Original Policy adopted RC, 5/96
Approved BOD, 8/96
Reaffirmed RC, 5/05
Reaffirmed BOD, 1/06
Amended and Reaffirmed RC, 05/08
Reaffirmed RC, 6/11

III. Advocacy and Emergency Medicine Training
The Emergency Medicine Residents’ Association actively promotes all emergency medicine residencies to integrate formal education in health care systems and advocacy training as official components of their residency curricula.

Original Policy adopted RC, 6/10
Reaffirmed BOD, 3/15

IV. Approved/Accredited Residencies
Use of the term "approved or accredited emergency medicine residencies" by EMRA in official statements implies those residencies approved by the ACGME and/or AOA.

Original policy adopted, 3/92
Amended and Reaffirmed, 1/97
Reaffirmed, 1/01
Reaffirmed RC, 5/05
Reaffirmed BOD, 1/06
Reaffirmed RC, 5/12

V. Certification Courses
EMRA recognizes the proliferation of mini courses in specific areas of Emergency Medicine such as ACLS and ATLS. While these courses may offer valuable content, this knowledge is fundamental to the core content of emergency medicine residency training. While attendance of these courses may provide useful knowledge and provide a base for junior residents and medical students to learn

October 2017
resuscitative skills, it is the belief of EMRA that residency training far exceeds the standards of short courses. Such courses may play a role in the curriculum, but should be considered a starting point rather than an ending point in residency training. EMRA also recognizes that such knowledge can be acquired in a variety of other formats. Certification in ACLS, ATLS, PALS, NRP or other such courses should not be required for clinical training as a resident in emergency medicine or as a prerequisite for employment after completion of residency.

VI. Child Abuse and Neglect
EMRA will support comprehensive reporting and investigation of all cases of suspected child abuse and neglect, and EMRA will support the creation of a national standardized non-accidental trauma curriculum for medical students and residents. EMRA will encourage other national organizations including the American Medical Association, Accreditation Council of Graduate Medical Education, American Association of Medical Colleges, and the American College of Emergency Physicians support the development and promotion of standardized non-accidental trauma curriculum.

VII. Clinical Informatics
EMRA supports Clinical Informatics subspecialty training within Emergency Medicine.

VIII. Creation of Domestic Emergency Medicine Exchanges
EMRA supports and encourages increased coordination between Emergency Medicine programs to facilitate elective opportunities to meet residents’ specific professional goals.

EMRA recognizes that elective opportunities allow residents in urban settings to get experience in a rural system, which may foster further interest in rural medicine.

IX. Critical Care Training
The Emergency Medicine Residents' Association supports emergency medicine physician training and formal United States certification in Critical Care Medicine. EMRA supports the pursuit of emergency medicine certification in Critical Care Medicine through ABEM. EMRA shall create an EM/CCM committee. The EMRA EM/CCM committee facilitates the distribution of information and resources for residents and medical students interested in critical care.

Original policy adopted RC, 3/01
Reaffirmed RC, 5/05
Reaffirmed BOD, 1/06
Amended & Reaffirmed RC, 6/11

Original policy adopted RC, 10/06
Amended and Reaffirmed BOD, 5/08
Amended & Reaffirmed RC, 6/11

Original policy adopted RC, 10/11

Original policy adopted RC, 10/10
Reaffirmed BOD, 3/15

Original policy adopted RC, 10/02
Reaffirmed RC, 5/05
X. Debt Relief
EMRA shall investigate the exclusion of Emergency Medicine from grant/scholarship debt repayment programs for practice in rural and underserved regions.

EMRA shall encourage appropriate state and federal governmental agencies and work with other medical organizations for inclusion of emergency physicians in medical education debt repayment and tax credit programs.

Original policy adopted by RC, 5/01
Reaffirmed RC, 5/05
Reaffirmed BOD, 1/06
Reaffirmed RC, 5/12

XI. Disaster Preparedness and Training Curricula
EMRA will work together with appropriate organizations to develop and implement standardized curricula for disaster preparedness education and training for all emergency medicine residents and fellows.

Original policy adopted by RC, 10/06
Reaffirmed RC, 6/11

XII. Diversity and Inclusion
EMRA recognizes and supports diversity and inclusion for medical students and EM physicians-in-training on the basis of gender, race ethnicity, sexual identity, sexual orientation, age socioeconomic status, religion, cultural, disability, spirituality, and other characteristics through education, collaboration, advocacy, and research. Create an EMRA committee to ensure advocacy for increasing diversity and inclusion in emergency medicine for medical students, residents, fellows and faculty. EMRA will consider diversity and inclusion of all types for all future EMRA initiatives and will support new initiatives aimed to increase diversity and inclusion in Emergency Medicine.

Original policy adopted by RC, 10/16

XIII. Education in Ethics
Emergency medicine residents should receive education and training in bio-ethical issues. Residents should understand the use of "do not resuscitate" orders, living wills, advance directives and the implications of patient refusal of care. Residents should understand the principles of informed consent for treatment and research, issues of confidentiality and futility of treatment.

Original policy adopted, 3/92
Policy rescinded, 1/97
Reaffirmed RC, 5/05
Reaffirmed BOD, 1/06
Reaffirmed RC, 5/12

XIV. Education in Practice Opportunities
Residents should receive information regarding diverse practice opportunities, including the variety of
practice types and setting. This should include information about contracts, financial arrangements, academic careers, rural opportunities and group practices.

XV. Education in Regarding Human Trafficking
EMRA will support the need for Human Trafficking Training and encouragement of further Human Trafficking research, policy development, and collaboration with local and national organizations that work with victims of Human Trafficking. Support will be provided for education on how to properly document the medical encounter for further health care use and also for the occasions when medical documentation becomes a part of a legal case. An EMRA Human Trafficking Awareness Day or Week will be created. A dedicated piece in the EMRA magazine will be written to support Human Trafficking awareness.

Original policy adopted, 10/16

XVI. Emergency Department Pain Protocols
EMRA supports resident education in the appropriate treatment and management of chronic pain.

Original policy adopted RC, 10/11

XVII. Emergency Department’s Role in Public Health and Social Welfare
EMRA encourages development of curricula in public health, preventive medicine, and social medicine for physicians-in-training.

Original policy adopted RC, 05/15

XVIII. Emergency Department Staffing and its Impact on Resident Education
EMRA supports research on the optimal ways to staff an emergency department to provide timely, efficient, and safe care to patients. EMRA also supports research on how emergency department staffing impacts resident education, and champions emergency department staffing models that positively impact resident education. Finally, EMRA advocates for models of emergency service delivery that allows residents to participate within the care of all patients across all acuities.

Original policy adopted RC, 05/14

XIX. Emergency Medicine Certification
Only physicians who have completed an ACGME or AOA accredited emergency medicine residency program should be eligible for emergency medicine board certification. That certification should only be obtained through the American Board of Emergency Medicine (ABEM) or the American...
Osteopathic Board of Emergency Medicine (AOEBM). EMRA believes that the ABEM/AOBEM certification replaces the need for any third-party credentialing requirements such as medical merit badge courses (such as BLS, ACLS, ATLS, PALS) or condition-specific CME requirements.

Original policy adopted, 3/92
Amended and Reaffirmed, 1/01
Reaffirmed RC, 5/05
Reaffirmed BOD, 1/06
Reaffirmed RC, 5/12
Amended BOD, 12/16

XX. Emergency Medicine Fellowships
Opportunities for sub-specialization are an important part of emergency medicine education. The development of fellowships within the specialty is encouraged. These fellowships must remain optional and should not influence eligibility for primary certification examinations.

Original policy adopted, 3/92
Amended and Reaffirmed, 1/97
Reaffirmed, 1/01
Reaffirmed RC, 5/05
Reaffirmed BOD, 1/06
Reaffirmed RC, 5/12

XXI. Emergency Medicine Physician Workforce
The emergency medicine workforce is defined as ABEM or AOBEM board certified/board prepared emergency medicine physicians. The only pathway to independent practice in emergency medicine in the 21st century is the completion of an ACGME/AOA accredited emergency medicine residency training program and board certification by ABEM or AOBEM.

Reaffirmed, 1/01
Reaffirmed RC, 5/05
Reaffirmed BOD, 1/06
Amended & Reaffirmed RC, 6/11
Amended and Reaffirmed BOD 5/13

XXII. Enhancing Patient Sign-Out Supervision and Safety
EMRA recommends and supports that emergency medicine residency programs design, implement, and institutionalize standardized patient sign-out systems to ensure appropriate continuity of care and patient safety.

Original policy adopted, 5/09
Reaffirmed BOD, 3/15

XXIII. Family Leave Policy
EMRA believes that emergency medicine residency programs should have a clear policy on maternity/paternity leave, rights and responsibilities under the Family Medical Leave Act, and that programs provide this policy to residents and applicants, and made publicly available. EMRA also believes that programs should address coverage expectations and remuneration in their residency employment contracts.
The Family Medical Leave Act provides a framework for extended time away from all forms of employment, including residency training. According to the ACGME guidelines, such leave may extend the length of training beyond the initial 36 month (or 48 month) requirement. Although most residents are aware that they can take maternity/paternity leave, most programs do not provide clear procedures on maternity/paternity leave, the FMLA, and the impact on residents. Other residents are often asked to cover clinical responsibilities beyond their assigned schedule. This extra clinical time may negatively impact the education of those residents. EMRA believes that programs should develop a comprehensive policy regarding coverage for a resident on leave. This policy should detail how a resident on leave makes up for missed clinical time in a non-punitive manner. It should also include specifics of how coverage will be provided. Options to provide this coverage should include the possibility of staffing sources other than residents. If a resident provides coverage, such activity should be voluntary and not compromise their education. Residents providing coverage should be compensated in fair and equitable manner.

EMRA believes that access to maternity/paternity leave should be equal for men and women with newly born or adopted children. EMRA further believes that individuals taking maternity and paternity leave should be paid for part or all of these leaves. EMRA should work with local, state, and federal policymakers to advocate for paid leave for physicians, physicians-in-training, and all persons.

XXIV. GME Funding and the Match Process
EMRA supports the National Residency Match Program and National Matching Services process as it currently exists, and opposes the hiring of emergency medicine residents through processes outside of the National Residency Match Program and National Matching Services that select or give preference to individuals for Emergency Medicine residency positions based on special financial relationships or agreements between individuals, hospitals, foreign governments, corporations, or other entities. EMRA supports the efforts of sponsoring institutions to secure adequate federal funding of Graduate Medical Education (GME) and support independent financing without replacing currently funded GME positions or violating the Match process to train emergency medicine residents.

XXV. High Fidelity Simulation
EMRA supports the transitioning the ABEM Oral Certification Examination to include more high-fidelity simulation cases.

XXVI. Insurance
Emergency medicine residents should be aware of their health, life, disability, and malpractice
insurance needs. Life and disability insurance should be based on future earning potential and provide coverage for all circumstances where practice might be limited. Appropriate coverage should be provided by residency programs for any and all occurrences during residency. Residents should be informed of the extent and limitations of their insurance coverage.

XXVII. International Emergency Medicine
The Emergency Medicine Residents’ Association supports emergency medicine educational opportunities for foreign physicians in the United States.

The Emergency Medicine Residents’ Association shall create a written informational document for International medical school graduates to guide them in their pursuit of emergency medicine training in the United States.

The Emergency Medicine Residents’ Association encourages exchange program opportunities for both International and American emergency medicine residents.

XXVIII. Medical Licensure
EMRA will advocate that state medical boards maintain the requirements for unrestricted medical licensure as one or two years of post-graduate training, depending on state, and passage of USMLE Step 3/COMLEX Level 3.

XXIX. Medical Student Education in Emergency Medicine
All medical students should have specific training experiences in emergency medicine. Such experience is necessary for a broad medical education.
XXX. **Moonlighting**
EMRA firmly believes that emergency medicine is best practiced by an emergency medicine residency-trained ABEM/AOBEM board certified physicians. However, currently the number of such emergency physicians is not adequate to provide fulltime emergency department coverage (24-hours a day 7 -days a week) for all emergency departments. For this reason, EMRA supports moonlighting by EM residents who are:

- currently enrolled in ACGME or AOA approved emergency medicine residency training programs,
- qualified to moonlight in emergency departments,
- have the approval of their residency director,
- practicing in underserved areas, areas where nurse practitioners and/or physician assistants practice independently (i.e., fast tracks), or in double coverage emergency departments.

EMRA recommends that each institution provide appropriate clinical, legal, and administrative support and oversight to residents who moonlight in their institutions, to assure quality patient care and appropriate resident work hours.

EMRA recognizes the financial burden faced by residents and will continue to work with other organizations within medicine to investigate and find other solutions to this problem.

Original policy adopted, 5/94
Amended and Reaffirmed RC, 5/99
Reaffirmed RC, 5/00
Reaffirmed BOD, 8/00
Reaffirmed RC, 5/05
Reaffirmed BOD, 1/06
Reaffirmed BOD 5/13

XXXI. **Paramedic Licensure**
EMRA will work with NREMT stakeholders to optimize the process of NREMT-P certificate for emergency medicine resident physicians and fellows.

Original policy adopted RC, 5/13

XXXII. **Preventive Health and Universal Precaution**
Emergency medicine residents train and practice among patients with infectious diseases. Any reasonable actions that can minimize the potential for disease transmission should be implemented at every institution. Policies should be reinforced to students and junior residents by example of senior residents, faculty, and staff by promoting access to prophylaxis and being involved as leaders within the infectious disease community.

Original policy adopted, 1/97
Reaffirmed, 1/01
Reaffirmed RC, 5/05
XXXIII. Privacy of Emergency Department Physician Information
The distribution of EMRA member personal and professional information shall be limited to the following criteria:

- Personal information from EMRA regarding active or prior EMRA members cannot result in secondary publication.
- An EMRA member may opt out from any personal information being released to an outside organization by expressing their intent in writing to EMRA’s Executive Director.
- EMRA member information shall not be disseminated to an external group, organization or project unless it passes the scrutiny of a designated EMRA executive review as performed on a case-by-case basis.

XXXIV. Protected Time Prior to Didactics
Residents should be allowed adequate rest before didactics (i.e. conferences and lectures at the duty site), as defined by ACGME duty hour standards.

XXXV. Relationship with the Biomedical Industry
Emergency medicine residents should recognize the generally accepted guidelines for interaction with the biomedical industry. Gifts should be related to education and training. Appropriate guidelines should include:

- No direct compensation should be accepted.
- Financial stipends should be administered through the residency program.
- No gift should be excessive, nor should it require a reciprocal responsibility which impacts patients.
- Any program or speaker sponsored by a biomedical company should make that relationship clear.

These general guidelines do not encompass every potential interaction with biomedical companies, so individual responsibility must be exercised. Physicians may not be aware of the subtle influence of interaction with the biomedical industry. While the industry is important to promote the development of new technology and pharmaceuticals, residents should hold the needs and concerns of the patient in highest regard.

XXXVI. Replacement of Live Animal Use in Emergency Medicine Residency Programs
EMRA strongly encourages the replacement of live animal use with previously sacrificed animals or non-animal training methods in emergency medicine residency programs.

Original policy adopted RC, 10/09
Reaffirmed BOD, 3/15

XXXVII. Residency and Malpractice Claims
EMRA will encourage residency programs to implement dedicated resident education programs designed to educate residents about medical legal issues including information regarding the malpractice insurance provided by one’s individual program and the law’s regarding resident liability in one’s state.

Original policy adopted 5/09
Reaffirmed BOD, 3/15

XXXVIII. Residency Closure
Due to the shortage of board certified emergency medicine physicians (EP) to properly staff emergency departments in the United States and to the potential increase in demand for EPs in the future, closure of residency programs or reduction in the number of residents in training would be detrimental to patient care and safety and would fail to meet the emergency health care needs of the country.

Although not ideal, EMRA recognizes the possibility of residency program reduction and closure. All program reductions/closures must be in accordance with the rules of the Accreditation Council for Graduate Medical Education (ACGME) and the Residency Review Committee for Emergency Medicine (RRC-EM) for the ACGME. Any reductions should be phased in so as not to affect the salary lines or significantly affect the workload of the other residents.

In the event of a necessary residency program closure or size reduction, it is imperative that all residents be immediately notified and given support until separation through graduation, resignation, dismissal, or non-renewal. Closure of the residency program does not constitute grounds for dismissal or non-renewal of the resident.

If a program must close precipitously for some reason outside the program’s control and the program cannot continue support as described above, the program must make every effort to enable current residents to continue their residency to completion. If allowing residents to finish at their current program is not possible, the program should be responsible for helping residents in identifying and relocating to another program so that they may complete their education if they so choose.

Programs should disclose their accreditation status to interviewing medical students with reasons for any probationary actions. Medical students who have matched to a program that has lost its
accreditation before the start of the program should be given the same consideration as those currently in the residency for finishing the program, and the program should be responsible for assisting their placement as well.

EMRA will work with other organizations in Emergency Medicine to ensure that a system is in place to facilitate resident placement in this unfortunate circumstance.

Original policy adopted, 3/01
Reaffirmed RC, 5/05
Reaffirmed BOD, 1/06
Reaffirmed RC, 6/11

XXXIX. Residency Training Format
EMRA recognizes the value of choice in emergency medicine residency training formats. EMRA urges the continued accreditation of three-year and four-year formats.

Original policy adopted RC 1/12

XL. Resident Duty Hours
The Emergency Medicine Residents' Association supports the guideline for resident duty hours of the Accreditation Council for Graduate Medical Education (ACGME). During emergency medicine clinical rotations, residents shall not work more than 60 clinical hours per week and 72 total hours per week. Each resident shall have one full day out of every 7-day period free of all clinical and academic responsibility. Residents may not work shifts longer than 12 hours and shall have an equivalent length of time off between shifts.

While emergency medicine residents are rotating on other services the duty hours should be in accordance with the ACGME guidelines of that specialty, but residents should not be on-call more than every third night on average. Activities that fall outside of the educational program shall not interfere with a resident's performance in patient care or educational requirements. Residents should have protected time from clinical responsibility so they may attend weekly didactic conferences.

EMRA will support the institution of resident wellness programs, as part of standard emergency medicine residency training, in order to enhance the well-being of residents and to improve adequate recovery time, education and patient safety.

Original policy adopted, 3/92
Amended and Reaffirmed, 1/97
Reaffirmed, 3/01
Reaffirmed RC, 5/05
Reaffirmed BOD, 1/06
Amended and Reaffirmed BOD, 5/08
Amended and Reaffirmed RC, 5/09
Reaffirmed RC, 5/12
XLI. Resident Indebtedness
The cost of medical education is ever increasing and medical students are entering residency with increasing levels of debt. This substantial education debt often impacts the residency experience as residents attempt to begin repayment on these loans. Efforts should be made to increase the tax deductibility of student loan payments, reinstate residency loan forbearance and deferment, and recognize emergency medicine as eligible for federal loan relief programs.

Original policy adopted, 1/97
Amended and Reaffirmed, 1/01
Amended and Reaffirmed, 10/03
Reaffirmed RC, 5/05
Reaffirmed BOD, 1/06
Reaffirmed RC, 5/12

XLII. Resident Transfers
Emergency medicine residents have a contractual obligation to their program and vice versa. Residents and residency programs must make all appropriate attempts to honor these agreements. Transfer between residency programs should be limited to extenuating circumstances.

Situations may arise in which personal, financial, or professional reasons compel a resident to consider transfer to another program. Open communication with the program concerning potential transfer may create greater stress. In these situations, while early communication of intention to transfer is encouraged, residents need not always have the approval of the program prior to initiating the transfer process. Punitive responses by any program toward a resident who plans to transfer are unacceptable.

Original policy adopted, 3/92
Amended and Reaffirmed, 1/97
Reaffirmed, 1/01
Reaffirmed RC, 5/05
Reaffirmed BOD, 1/06
Reaffirmed RC, 5/12

XLIII. Residents Schedules Before In-Training Examination
Residency directors should arrange with all appropriate departments including emergency and off-service rotations to ensure that their residents will not be performing clinical duties after 7 pm the night preceding the annual ABEM In-Training Examination in order to ensure optimal performance on the examination.

Original policy adopted, 9/92
Approved BOD, 1/93
Amended and Reaffirmed, 5/05
Reaffirmed BOD, 1/06
Reaffirmed RC, 5/12

XLIV. Role of Physician Extenders in Emergency Medicine
EMRA believes that there exists within medicine a group of health care providers whose role is to serve...
as a mid-level adjunct to patient care by physicians. Included in this group are Physician Assistants and Nurse Practitioners.

EMRA believes that these mid-level providers serve an important, supportive role in providing care within the United States Healthcare System.

EMRA believes that the education, licensing, and determination of scope of practice of mid-level providers is the responsibility of physician organizations, in order to guarantee consistency, reliability, and quality of mid-level skills and training. Thus, those same entities that define the education and practice parameters for physicians, should likewise define the education and practice parameters for mid-level providers.

Physician organizations should work with government agencies, hospitals, licensing boards, and midlevel provider organizations to ensure that the scope of these providers remains strictly defined, thereby ensuring continued high quality emergency health care.

EMRA firmly believes that the specific role of mid-level providers within any given Emergency Department should be defined by the Emergency Physician with continued oversight by an Emergency Physician.

Original policy adopted, 6/01
Reaffirmed BOD, 1/06
Amended and Reaffirmed RC, 5/08
Original policy sunsetted RC, 6/11
New policy adopted RC, 6/11
Amended RC, 5/17

XLV. Rural Medicine
EMRA supports educational opportunities in rural locations. EMRA shall investigate state, federal, and private grants for educational opportunities in rural environments.

Original policy adopted RC, 5/01
Reaffirmed BOD, 1/06
Amended and Reaffirmed BOD, 5/08
Amended and Reaffirmed RC, 6/11

XLVI. Securing GME Funding for Resident Education
EMRA will support current research and studies aimed toward revising current Graduate Medical Education funding mechanisms and work to change current Direct Medical Education regulations that limit research and extramural educational opportunities.

EMRA will work with other healthcare organizations to better define the problem of Graduate Medical Education funding and propose alternatives and solutions that may involve both the public and private sectors.

EMRA opposes reductions in Medicare funding for Graduate Medical Education at the Federal and State level and supports diversified sources of funding that help meet the overall goals of residency training.

Original policy adopted RC, 5/01
Reaffirmed BOD, 1/06
Amended and Reaffirmed BOD, 5/08
Amended and Reaffirmed RC, 6/11

October 2017
XLVII. Support of Residency Education
EMRA shall urge ACEP and other organizations with which EMRA has liaisons to support national healthcare reform legislation that continues high level of support for residencies and graduate medical education in emergency medicine.

Original policy adopted RC, 9/92
Reaffirmed RC, 5/05
Reaffirmed BOD, 1/06
Amended and Reaffirmed BOD, 5/08
Reaffirmed RC, 5/12

XLVIII. Tactical Emergency Medicine
The Emergency Medicine Residents’ Association supports the importance of tactical emergency medicine as a unique subspecialty of emergency medical services.

Original policy adopted RC, 5/04
Reaffirmed RC, 5/05
Reaffirmed BOD, 1/06
Reaffirmed BOD 5/13

XLIX. Ultrasound as an Emergency Medicine Subspecialty
EMRA will partner with ACEP and SAEM to support them in their efforts to establish Emergency Ultrasound as an ACGME-accredited subspecialty of Emergency Medicine and will work with ACEP and SAEM to lobby for a defined pathway for graduates of current Emergency Ultrasound fellowships/residency tracks that meet ACEP’s minimum graduation criteria to “grandfather” (i.e., obtain board certification through a practice track) into the new subspecialty once it has been approved

Original policy adopted RC, 10/13

L. Violence in the ED
The Emergency Medicine Residents Association (EMRA) believes in maximum legal penalties for verbal threats, physical violence, or any other form of assault against medical students, emergency medicine residents, fellows, and attendings.

EMRA advocates for increased awareness of this problem and increased safety measures in all emergency departments.

Original policy adopted RC, 6/10
LI. **Support for Telemedicine in EM**
EMRA will:
1) Support telemedicine training opportunities for emergency medicine residents where available and appropriate.
2) Encourage interstate licensure compacts to allow physicians to provide services across state lines.
3) Support reimbursement policies that promote current practice of and future innovations in telemedicine.

Original policy adopted RC, 5/17

LII. **Emergency Medicine Training to Address Social Determinants of Health**
EMRA will strongly encourage emergency medicine residency programs and their residents to play active roles in supporting public health by helping to develop and execute creative solutions to public health problems in collaboration with other health professionals, organizations, and local communities.

Original policy adopted RC, 5/17

LIII. **Support for International Physicians and their Practice in the United States**
EMRA will recognize the important contribution of foreign medical graduates (FMG) to the health care workforce. Support legislation which facilitates the ability of FMG physicians to work in underserved areas in the US. Support legislation that aid FMGs seeking licensure within the U.S.

Original policy adopted RC, 5/17
Section XI – Attachments

Attachments
EMRA Articles of Incorporation
Procedures of the EMRA Representative Council
The State of Texas

SECRETARY OF STATE

The undersigned, as Secretary of State of the State of Texas, HEREBY CERTIFIES that the attached is a true and correct copy of the following described instruments on file in this Office:

EMERGENCY MEDICINE RESIDENTS' ASSOCIATION

Articles of Incorporation January 10, 1986

IN TESTIMONY WHEREOF, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in the City of Austin, this

11th day of January A.D. 1989

[Signature]
Secretary of State

63
ARTICLES OF INCORPORATION
OF
EMERGENCY MEDICINE RESIDENTS' ASSOCIATION
A NON-PROFIT CORPORATION

We, the undersigned natural persons of the age of twenty-one or more, at least two of whom are citizens of the State of Texas, acting as incorporators of a corporation under the Texas Non-Profit Corporation Act (the "Act"), do hereby adopt the following Articles of Incorporation for such corporation:

ARTICLE ONE
The name of the corporation is EMERGENCY MEDICINE RESIDENTS' ASSOCIATION.

ARTICLE TWO
The corporation is a non-profit corporation and shall have no capital stock.

ARTICLE THREE
The period of its duration is perpetual.

ARTICLE FOUR
The corporation is organized as a business league and for charitable, educational and scientific purposes, including,
for such purposes, the making of distributions to organizations that qualify as exempt organizations under Section 501(c)(3) of the Internal Revenue Code of 1954, as amended (the "Code"), (or the corresponding provision of any future United States Internal Revenue Law), and further including the following specific charitable, educational and scientific purposes:

(i) to provide a unified voice for emergency medicine residents;

(ii) to encourage and to implement high standards in training and continuing education of emergency physicians;

(iii) to study and analyze the socio-economic aspects of emergency medical care;

(iv) to promote education of the general public and of patients who may require emergency care;

(v) to promote research that will result in improving emergency medicine;

(vi) to promote official community, state and national representation for emergency medicine in organized and academic medicine; and

(vii) to promote the establishment of full and autonomous emergency departments within all hospital and medical staff structures providing full-time emergency department coverage by emergency physicians.
The corporation shall have all additional purposes and powers which it may have and exercise under the Act to the extent not inconsistent with its status as a nonprofit organization described in section 501(c)(6) (or any comparable successor provision of the Code).

ARTICLE FIVE

The corporation shall have one or more classes of members. The designation of such class or classes, the manner of election or appointment, and the qualifications and rights of the members of each class shall be set forth in the bylaws of the corporation.

ARTICLE SIX

No part of the income or principal of the funds or property of the corporation shall ever inure to the benefit of any member, director or officer of the corporation, or to any "private shareholder or individual" as such term is described in Treasury Regulation section 1.501(a)-1(c), nor shall the corporation engage in any activities which are unlawful under the laws of the United States of America or the State of Texas or any other State.
ARTICLE SEVEN

These Articles of Incorporation may be amended, restated or repealed from time to time by the affirmative vote of a two-thirds (2/3) majority of the members of the corporation who are present and voting, either in person or by proxy, at any duly called and constituted meeting of the corporation at which a quorum is present.

ARTICLE EIGHT

The street address of the initial registered office of the corporation is 1125 Executive Circle, Irving, Texas 75038, and the name of its initial registered agent at such address is Colin C. Rorrie, Jr., Ph.D.

ARTICLE NINE

The number of directors constituting the initial Board of Directors of the corporation is six (6) and the name and addresses of the persons who are to serve as the initial directors are as follows:

James A. D'Orta, M.D.
1303-A 35th Street, N.W.
Washington, D.C. 20007

James J. Dugal, M.D.
868 Sunset Boulevard
Kenner, Louisiana 70065

Rosalind Denise Mitchell, M.D.
1200 North State Box 493
Los Angeles, California 90033
Jim Woodburn, M.D.
2012 Emerson Avenue, South
Minneapolis, Minnesota 55405

Edward F. Sloan, M.D.
3300 N. Lake Shore Dr.
#14D
Chicago, Illinois 60657

G. Rod Derrick, M.D.
Thomas Jefferson University Hospital
Martin Residence Hall
Philadelphia, Pennsylvania 19107

ARTICLE TEN

The name and street address of each Incorporator is:

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
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<tbody>
<tr>
<td>Mr. T. Lee Wilkins</td>
<td>Jenkins &amp; Gilchrist</td>
</tr>
<tr>
<td></td>
<td>2200 InterFirst One</td>
</tr>
<tr>
<td></td>
<td>Dallas, Texas 75202</td>
</tr>
<tr>
<td>Mr. Ronald J. Frappier</td>
<td>Jenkins &amp; Gilchrist</td>
</tr>
<tr>
<td></td>
<td>2200 InterFirst One</td>
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<tr>
<td></td>
<td>Dallas, Texas 75202</td>
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<tr>
<td>Ms. Dorothy Brooks</td>
<td>Jenkins &amp; Gilchrist</td>
</tr>
<tr>
<td></td>
<td>2200 InterFirst One</td>
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<tr>
<td></td>
<td>Dallas, Texas 75202</td>
</tr>
</tbody>
</table>

IN WITNESS WHEREOF, we have hereunto set our hands,
this 9th day of January, 1986.

[Signatures]

Lee Wilkins
T. Lee Wilkins

Ronald J. Frappier

Dorothy Brooks

-5-
STATE OF TEXAS  
COUNTY OF DALLAS  

I, ___________, a Notary Public, do hereby certify that on this 9th day of January, 1986, personally appeared before me T. Lee Wilkins, Ronald J. Frappier and Dorothy Brooks, who each being by me first duly sworn, severally declared that they are the persons who signed the foregoing document as incorporators, and that the statements therein contained are true.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this day and year above written.

[Signature]
Notary Public in and for Dallas County, Texas

My Commission Expires: 4-2-88
EMERGENCY MEDICINE RESIDENTS’ ASSOCIATION
REPRESENTATIVE COUNCIL PROCEDURES

I. General Principles

Emergency Medicine Residents’ Association Representative Council Procedures is the official method for handling and conducting the business brought before the Representative Council (“the Council”). The Council transacts its business according to a blend of rules imposed by the current Bylaws of the Emergency Medicine Residents’ Association (“the Association”), established by tradition, decreed by its presiding officer, and generally pursuant to the guidance of the current edition of Sturgis’ Standard Code of Parliamentary Procedure. The majority opinion of the Council in determining what it wants to do, and how it wants to do it, should always remain the ultimate determinant. It is the obligation of the Speaker to sense this will of the Council, to preside accordingly, and to hold his or her rulings ever subject to challenge from, and reversal by, the assembly.

II. Representatives

A. Eligibility

Representatives to the Council and their alternates shall be selected and have their credentials verified according to the provisions of the Bylaws of the Association. No officer or director of the Association may serve as a program representative or alternate.

B. Credentialing

Representatives and their alternates are required to be registered and verified by the Credentials and Tellers Committee prior to admission to the Council meeting floor. There shall be only one vote card and set of ballots distributed to the credentialed representative and/or alternate per program. The Credentials and Tellers Committee will report the number of credentialed representatives prior to the beginning of each session of the Council.

C. Alternate Representatives

Alternate representatives may make motions and vote in place of the program representative during council meetings at the discretion of, or in the absence of, the program representative

If a certified representative or alternate is not present at a meeting of the Council, another member of the same program who is present may be seated as a representative pro-tem by the Chair of the Credentials and Tellers Committee.

D. Military Proxy Voting

Proxy votes may be cast at meetings of the Council by military residency programs. If the representative or alternate from a military residency program will not attend a meeting, and the program decides to assign its votes to the representative of a military program who will attend the meeting, a written proxy must be submitted to the Executive Director twenty-one
days prior to the meeting. A representative of a military program may vote for a maximum of two other military programs. The proxy must state the name of the representative assigning the proxy, the name of the program whose votes are being assigned, the name of the person and program to whom the votes are being assigned. The proxy must also state the specific matter(s) for which the proxy is being assigned. Upon receipt of a signed proxy, the Executive Director will verify the proxy and, upon verification, the proxy will become effective for the stated meeting. The Credentials and Tellers Committee may verify an assigned written proxy one hour prior to the start of the Council meeting.

E. Board of Directors
Members of the Board of Directors will be seated on the floor of the Council. Such members may address the Council on any matter under discussion but shall not have voting privileges in Council sessions.

III. Introduction of Business

A. Addresses, Remarks, and Awards
Addresses by outgoing and incoming presidents, remarks by the Speaker, presentation and acceptance of awards, recognition of distinguished guests and the like are in a special category of tradition. It is the prerogative of the Speaker to permit so many of these niceties as may be appropriate without unduly intruding upon the time necessary for the Council to accomplish its regular business. In general, such items are scheduled in advance in the published order of business. Unscheduled presentations may be arranged with the Speaker. It is to be recognized that the Speaker must usually discourage extraneous unscheduled presentations, not because of any lack of merit to the proposals, but because of the primary obligation to conserve the time of the Council for its immediate deliberations.

B. Reports
Reports are routinely received as business of the Council when they come from the Board of Directors, Standing and Ad hoc committees and certain officials of the Association. Any report including recommendations for policy initiatives or Council action is referred to the Reference Committee so that hearings may be held on the substance thereof. Reports exceeding five pages must be accompanied by a one page or less executive summary. Submitted reports will be accessed only by the Speaker, Vice Speaker, and necessary Association administrative staff until the general release of the online or printed Representatives’ Handbook.

C. Resolutions
Business is introduced into the Council through the presentation of resolutions. A resolution is a formal motion that states a policy belief of the Association or directs the Association to take specific action. If adopted, a resolution will become official Association policy and will apply not only to the present meeting but also to future business of the Council.

1. Sponsorship
Any member or group of members of the Association in good standing may introduce a resolution to be considered by the Council. Resolutions may also be submitted by voting
representatives on behalf of his or her program or as an individual, by the Board of Directors, or by the Council Officers.

2. Submission
Resolutions can be submitted by email, fax, or US mail to:

Emergency Medicine Residents’ Association
4950 W. Royal Lane
Irving, TX 75063-2524
Phone: 800 798-1822 x3298 or 972 550-0920
Email: emra@emra.org
Fax: 972.692.5995

3. Processing of Resolutions

a) Regular Resolutions
Resolutions must be received by Association staff no later than 5 p.m. Central time of the forty-fifth calendar day prior to the upcoming Council meeting to be considered. Receipt of resolutions will be acknowledged by email or phone within five business days. Submitted resolutions will be accessed only by the Speaker, Vice Speaker, and necessary Association administrative staff until the general release of the Representatives’ Handbook.

EMRA will distribute resolutions to members of the Council via the Association website at http://www.emra.org no later than thirty calendar days prior to the upcoming meeting. Copies of all properly submitted resolutions will also be distributed onsite at the Council meeting and reference committee hearing. Notice of resolutions proposing amendments to the Bylaws shall be given according to the provisions of the current Bylaws of the Association.

b) Late Resolutions
Occasionally, an urgent issue may arise after the due date for regular resolution submission. Any such resolution will be labeled as a “late resolution” and circulated at the Council meeting. As Council members will not have had the ability to review the issue prior to the meeting, only pressing matters will be considered under this mechanism. A late resolution may be considered only if the Council deems the issue and the proposed action to be urgent, and the reasons for late submission appropriate. Acceptance as an item of business requires a two-thirds affirmative vote of the Council. Any resolution not accepted under this late resolution mechanism may be resubmitted for routine consideration at another meeting of the Council.

c) Emergency Resolutions
Any resolution introduced after 5 p.m. Central time of the tenth calendar day prior to the opening of the Council shall be labeled an “emergency resolution.” Emergency resolutions are limited to substantive issues that could not have been considered prior to the Council meeting because of their acute nature. Emergency resolutions require both approval of the Speaker and a two-thirds vote of the Council in order to be accepted as Council business. The Speaker is given broad discretion in determining whether to approve the resolution for acceptance as items of Council business. The Speaker should balance his or her responsibility to facilitate the transaction of Council business and to honor the will of the representatives against whether consideration of the subject matter of the resolution would serve the best interests of the Association and whether internal or external time pressures make immediate consideration of such resolutions imperative. If the Speaker rules against acceptance of such a resolution, the resolution may still be accepted for business upon a three-fourths affirmative vote of the Council. Finally, if such a resolution is introduced after the reference committee hearing, it may be adopted or otherwise favorably acted upon only upon a three-fourths vote of the Council. If not approved for acceptance as Council business, such resolutions may be resubmitted at another meeting of the Council.

d) Deferred Resolutions
When a resolution presents a potential legal problem, the Speaker and Association staff will contact the sponsor and discuss the problem. If the sponsor is able to remedy the situation, then the resolution will be distributed in a routine manner. However, if for whatever reason remedy of the legal problem is not possible, then the Speaker will designate that resolution as a “deferred” resolution, and the resolution will not be distributed in the Representatives’ Handbook. The Board of Directors will meet prior to the reference committee meetings. The sponsor will be invited to the meeting to discuss the resolution. The Board of Directors will recommend that the Council either accept or not accept the resolution as official business of the Council. A majority vote of the Council is required for acceptance.

e) Commendation Resolutions
The introduction of commendation resolutions is prohibited in the Council. These resolutions may be controversial in nature and, because unanimous approval is assumed without debate, commendation resolutions may serve to embarrass the Association. Commendations should be sent to the Board of Directors for consideration for an award or other appropriate recognition.

f) Memorial Resolutions
The Council may receive memorial resolutions to remember a physician who has made significant contributions to the Association. Memorial resolutions are printed and distributed but not read. The Speaker will announce the memorial resolutions and call for a moment of silence.
g) **Bylaws Amendments**

Proposed amendments to the Bylaws must follow the procedures for bylaws amendments contained with the current Bylaws of the Association. Any individual member or committee may offer a resolution to the Council recommending an amendment to the Bylaws. Resolutions recommending bylaws amendments will be subject to testimony and analysis through the reference committee process prior to voting on the floor of the Council. The Council may then amend and vote on the specific bylaws amendment. A two-thirds vote of the representatives present and voting is necessary for adoption.

4. **Structure of Resolutions**

A resolution serves as the main motion before the Council. Therefore, in order to be considered, a resolution must contain only “whereas” and “resolved” clauses. Improperly worded resolutions will be returned for modification. Preambles will not be accepted. For a guide to writing a resolution, please see the *EMRA Representative Council Guide to Writing a Resolution.* Council Officers are available for additional assistance.

a) **Title**

The resolution title should summarize in a few words the intent of the proposed resolution. Titles cannot be debated or amended by the Council.

b) **“Whereas” Clauses**

“Whereas” clauses serve to identify the problem at hand, advise the Council as to the timeliness or urgency of the problem, the effect of the issue upon the membership of the Association, and indicate if the action called for is contrary to, or will revise current Association policy. A “whereas” clause is a statement of fact. Information contained in the “whereas” clauses should be checked for accuracy. Inflammatory statements or other language that reflect poorly upon the Association will not be permitted. “Whereas” clauses cannot be amended or debated by the Council. “Whereas” clauses carry no legal effect, and are discarded after Council action on the accompanying “resolved” clauses.

c) **“Resolved” Clauses**

“Resolved” clauses are either a statement of Association policy, or a directive to take specific action. A single resolution may contain both types of “resolved” clauses. Each clause must be able to stand independently of the others, so therefore each proposed action or policy statement must be written in a separate “resolved” clause. The “resolved” clauses should not refer back to the prefatory statements. For clarity, state all actions in the affirmative. “Resolved” clauses are debatable and may be altered by the Council.

d) **References**

All resolutions shall be accompanied by appropriate supporting background material. The Association will not be responsible for obtaining background research on any resolution.

e) **Supporting policy**

Any current Association policy that forms the basis for a resolution, or exists in support of it, must be referenced. If no Association policy exists, it must be explicitly stated that none exists. Supporting policies from outside organizations shall be included in the reference
IV. Presentation of Reports and Resolutions

A. Reports
A report is “received” when it is introduced as the business of the Council by distribution in the online or onsite Representatives’ Handbook. The Council may decline to receive a matter only by objecting to its consideration at the time of its introduction on the Council floor.

B. Regular Resolutions
At the appropriate time, the Speaker will call for resolutions. For each resolution, there must be a sponsor. Resolutions that have complied with the policies contained in these adopted procedures shall be distributed in the Representatives’ Handbook and regarded as officially received. The Council may decline to receive a matter only by objecting to its consideration at the time of its introduction on the council floor.

C. Late Resolutions
Late resolutions will be distributed to the representatives. The sponsors of late resolutions will be given an opportunity to explain the reasons for submitting late resolutions. The Council will then be asked to vote on the acceptance of each resolution individually. A two-thirds affirmative vote is required for acceptance of a resolution as official business of the Council. At the time of introduction of any resolution, it is possible for any representative to object to its consideration. In the event that the Council sustains such objection by a two-thirds vote, the resolution is not accepted as business of the Council.

D. Emergency Resolutions
If an emergency resolution is introduced prior to the beginning of the reference committee hearing, it shall be referred to the Reference Committee upon acceptance by the Speaker. If an emergency resolution is introduced and accepted by the Speaker after the reference committee hearing, the resolution shall be debated on the floor of the Council at a time chosen by the Speaker.

V. Reference Committee

A. Members
The reference committee is a group of members selected by the Speaker to conduct open hearings on matters of business of the Association. Committee members are not required to be program representatives. No officer of the Association shall serve on a Reference Committee of the Council. The committee will be appointed a chair by the Speaker. The Speaker reserves the right to defer the chair position to a former at-large member of the EMRA Reference Committee.

B. Duties
The committee will hold a hearing prior to the Council session. Having heard discussion on the subject before it, the committee draws up a report with recommendations to the Council for disposition of its items of business.
C. Procedures

Reference Committee hearings are open to all members of the Association, invited guests, interested outsiders, and members of the press. Any member of the Association is privileged to speak on the resolution or report under consideration. Nonmember physicians, guests or interested outsiders may, upon recognition by the Chair, be permitted to speak. The Chair is privileged to call upon anyone attending the hearing if, in the chair’s opinion, the individual called upon may have information which would be helpful to the committee.

Equitable hearings are the responsibility of the Chair, and the committee may establish its own rules on the presentation of testimony with respect to limitations of time, repetitive statements, and the like. The Chair also has the jurisdiction over such matters as photography, television filming, and the introduction of recording devices. If, in the chair’s estimation, such factors would be, or become, undesirable for the conduct of an orderly hearing, the chair may act to prohibit them. Reference committee chairs have the authority to go into executive session at any point during the hearing.

Reference committee chairs should not ask for an expression of the sentiments of those attending the hearing by an informal vote on particular items. The committee members may ask questions to be sure that they understand the opinions being expressed, or may answer questions if a member seeks clarification; however, the committee members should not enter into discussions with speakers or express opinions during the hearings.

It is the responsibility of the Reference Committee to listen carefully and evaluate all the opinions presented so that it may provide the voting body with a carefully considered recommendation.

The reference committee hearing is the proper forum for discussion of controversial items of business. In general, representatives who have not taken advantage of such hearings for the presentation of their viewpoints or the introduction of evidence should be reluctant to do so on the floor of the Council. On the other hand, there is never compulsion for mute acceptance of reference committee recommendations at the time of the presentation of its report.

Following its open hearings, the Reference Committee will go into executive session for deliberation and construction of its report. It may call into such executive session anyone whom it may wish to hear or question.

VI. Reference Committee Reports

A. Purpose

Reference committee reports comprise the bulk of the official business of the Council. They need to be constructed swiftly and succinctly after completion of the hearings in order that they may be processed and made available to the representatives in advance of formal presentation. Reference committees have wide latitude in their efforts to facilitate expression of the will of the majority on the matters before them and to give credence to the testimony they hear. They may amend resolutions, consolidate kindred resolutions by constructing substitutes, and they may recommend the usual
parliamentary procedure for disposition of the business before them, such as adoption, rejection, amendment, referral and the like.

B. Main Motion
Each report or resolution which has been accepted by the Council as its business is the matter which is before the Council for disposition together with the reference committee recommendations. In the event that a number of closely related items of business have been considered by the Reference Committee and the consolidation or substitution has been proposed by the committee, the reference committee’s substitute will be the matter before the Council for discussion.

The reference committee report should not contain a direct motion. The Speaker will open for discussion the matter which is the immediate subject of the reference committee report. The effect is to permit full consideration of this business, unrestricted to any specific motion for its disposal. Any appropriate motion for amendment or disposition may be made from the floor. In the absence of such a motion, the Speaker will state the question in accordance with the recommendation of the Reference Committee. Minority reports from reference committee members are in order.

C. Format
Each item referred to the Reference Committee should be reported to the Council as follows:

- Identify the resolution by number and title and reports by letter and name of the Committee or Board of Directors;
- State concisely the reference committee’s recommendation;
- Comment, as appropriate, on the testimony presented at the hearings;
- Incorporate supporting evidence of the recommendations of the Reference Committee;
- Consent calendar.

D. Consent Calendar
The consent calendar, or waiver of debate list, includes those items referred to the Reference Committee which meet one of the following criteria, as determined by the Reference Committee:

- Informational reports
- Little or no debate generated during the reference committee hearing
- Clear consensus of opinion (either pro or con) was expressed during the hearing
  Note: Items dealing with amendments to the Bylaws of the Association are never placed on the consent calendar.

These items are listed at the end of the reference committee report with the committee’s recommendation for adoption, referral, or rejection.

E. Notes on Specific Recommendations

1. Filed
The Reference Committee is reporting on informational material provided to the Council which encompasses no specific proposal for action. The Reference Committee expresses
appreciation of the report and recommends that the matter be filed for information. The Speaker declares the original matter to be before the Council for discussion. In the absence of any other motion from the floor, the Speaker places the question on the adoption or approval of the reference committee recommendation to file for information. When it appears that there is no debate, the Speaker may declare “it is filed” without the necessity of a formal vote. Such a statement records the action and concludes such an item of business.

2. **Not adopt**
The Reference Committee is reporting on a resolution which, in its opinion, should be rejected, and it so recommends. The Speaker places the resolution before the Council for discussion. In the absence of other motions from the floor, the Speaker, at the appropriate time, places the question on adoption of the resolution, making it clear that the Reference Committee has recommended a vote in the negative.

3. **Refer**
The Reference Committee is reporting on a resolution or report which it feels should be transmitted for further consideration to the Board of Directors, or through the Board to an appropriate committee or section, and it so recommends. The reference committee may not recommend an amendment to a resolve or recommendation for which it recommends referral. The Speaker places the original matter before the Council for discussion. It may be that the Council prefers to adopt this matter, amend it, postpone it, or table it, any one of which it is free to do; or the Council may wish to follow the reference committee’s recommendation. If there is no motion from the floor, the Speaker will put the motion on the recommendation of the Reference Committee “to refer.” If this fails to pass, the motion is again on the adoption of the resolution or report.

4. **Amend**
The Reference Committee is reporting on a resolution or report which it wishes to amend by addition, deletion, alteration or substitution. In order to permit the normal procedures for parliamentary handling, the matter which is placed before the Council for discussion is the amended version as presented by the Reference Committee together with the recommendation for its adoption. It is then in order for the Council to apply amendments of the first and second order in the usual fashion to this reference committee version. Such procedure and does not preclude the possibility that someone may wish to restore the matter to its original unamended form. This may be accomplished by a motion to amend the reference committee version to restore the original language.

5. **Substitute**
The Reference Committee is reporting on two or more kindred resolutions or reports. It wishes to recommend a consolidation into a single resolution, or it wishes to recommend adoption of one of these items in its own right and as a substitute for the rest. For orderly handling, the matter before the Council for consideration is the recommendation of the reference committee of the substitute or consolidated version. A motion to adopt this substitute is a main motion and is so treated. If the reference committee’s version is not
adopted, the entire group of proposals has been rejected, but it is in order for any representative to move consideration and adoption of any one of the original resolutions.

6. **No Action**

The Council should take a definite action on resolutions and only if necessary reaffirm current policy. In the event that “no action” is the only appropriate posture for the Association with respect to a particular resolution, the Chair of the Reference Committee, after consultation with the Speaker, may place such resolution on the consent calendar in a category designated “no action.” Such a motion if adopted is the equivalent of a motion to table (postpone temporarily) and results in suppression of the resolution for the current meeting.

7. **Reaffirmation**

From time to time, the reference committee will report on a resolution which calls for a policy position contrary to or at variance with existing policy. If the committee wishes to recommend reaffirmation of existing policy, it should recommend not adoption of the resolution. Reaffirmation is relatively indecisive since the previous policy has not been specifically reintroduced and debated.

**VII. Form of Action upon Reports and Resolutions**

**A. Disposition of Reports**

When the Council wishes to acknowledge that a report has been received and considered, but that no action upon it is either necessary or desirable, the appropriate proposal for action is that the report be filed. This does not have the effect of placing the Association on record as approving or accepting responsibility for any of the material in the report.

When a report offers recommendations for action, these recommendations may be adopted, which has the effect of making the Association responsible for the matter. When the Council does not wish to assume responsibility for the recommendation of a report in its existing form, it may take action to refer back to committee, to refer elsewhere, to reject the report in entirety or in specific part (not adopt), or to adopt as amended.

**B. Disposition of Resolutions**

The consent calendar will be listed at the beginning of the reference committee report, organized by the committee’s recommendation for adoption, referral, or not adoption. Any representative may extract any item from the consent calendar for individual debate or action by simple request. After all requests for extraction of items are heard, the remaining consent calendar recommendations will be unanimously approved en bloc without discussion. Consideration of the remaining resolutions in the reference committee report will proceed in the traditional manner, taking any extracted resolution(s) first.
VIII. Parliamentary Procedure

A. Governing Code

In the absence of specific provisions to the contrary in the current Bylaws of the Association or in this manual of adopted procedures, the Council shall be governed by the parliamentary rules and usage contained in the current edition of Sturgis’ *Standard Code of Parliamentary Procedure*.

B. Recognition

Representatives or members of the Board of Directors wishing to debate should proceed to one of the standing microphones. Each speaker shall provide his or her name and the delegation represented each time that he or she is recognized by the Speaker. In addition, the representative should state his or her position for or against the pending motion if not proposing a new motion.

C. Rules of Debate

The Council may alter the limits on debate at any time except when there is a pending motion to vote immediately or to table. If no such motion to limit debate is made, then the following standard limits shall apply:

- Each speaker shall be limited to three minutes.
- Each speaker may address the Council no more than two times on a particular motion.
- No member will debate again on the same question until everyone has had an opportunity to debate once.
- While representatives and their alternates have full privileges of the floor, other individuals may be recognized to address the Council at the Speaker’s prerogative. This ruling may be overruled by a majority vote of the representatives.
- A member speaking on the floor who has not exceeded his or her time limit may not be interrupted by another member unless that other member has a valid point of order, which according to the governing parliamentary authority permits such interruption.
- Any member who has exceeded his or her time limit may be allowed to continue debate at the discretion of the Speaker.

D. Precedence of Motions

Motions are made so that those that are lower in rank can be modified by those that are higher. It is perfectly acceptable to skip a step in the list when making motions (for example, it is not required to amend a motion in order to move to limit debate). Votes are taken, starting from those higher on the list toward those lower on the list, until a complete disposition has been made of the matter at hand. It is not uncommon to move up the list in making motions, then to move partway down the list in voting, and again to repeat the procedure before completely disposing of the matter at hand.

E. Principal Rules of Governing Motions (see chart)
### Principal Rules Governing Motions

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<td>NA</td>
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<td>All</td>
<td>None</td>
</tr>
<tr>
<td>ily</td>
<td>Yes</td>
<td>NA</td>
<td>NA</td>
<td>Indecisive Vote</td>
<td>None</td>
</tr>
</tbody>
</table>

*Precedented motions are numbered 1 through 10 in order of precedence. They must be decided immediately.

†Conditional requests must be granted or voted on immediately.

§Mandatory requests must be granted immediately.

NA=Not applicable

October 2017
F. Comments on Specific Procedures

1. Privileged Motions

a) Postpone Temporarily (Table)
The motion to postpone temporarily is to set aside a pending main motion, which can be taken up and further considered at any time during the same meeting. This is the highest-ranking subsidiary motion to be applied to a main motion, and requires a majority vote. It can have no other motions applied to it, requires a second, and is not debatable. It can be applied to a motion even after it has been determined that debate on the motion has been terminated. This would, in effect, temporarily postpone that vote on the main motion to which no other debate can be applied and allow the motion to be brought from the table for resumption of debate. When such debate is resumed, if the vote to terminate debate has been previously decided, it would simply require that the vote, at that time, be taken without further debate. If no motion to resume consideration is made prior to adjournment of the meeting, the motion dies without action.

b) Vote Immediately
When the assembly feels that it has heard enough and wishes to vote on the matter at hand at once it uses the motion to vote immediately. A motion to vote immediately requires a second; no debate is allowed. This motion applies only to the immediately pending question unless the representative making the motion to vote immediately qualifies the motion by specifically stating that it applies to all pending matters. A motion to vote immediately on all pending matters will only be accepted if the Speaker rules that both sides have been heard on all pending matters. In the event a motion to vote immediately prevails, the Council must act without further debate on the item of business and all pending amendments in proper order of precedence. The Speaker will not recognize the motion to vote immediately or terminate debate as being in order if it is added at the conclusion of the significant discussion of the immediately pending question. At the option of the Speaker, a motion to vote immediately will not be accepted until the Council has heard at least one speaker representing each side of the issue.

c) Limit or Extend Debate
Any representative may move to limit or extend debate on any item of business before the Council. A second is required. Further debate is restricted to the type and time of limitations or extensions proposed. Such a motion must be adopted by two-thirds majority vote.

d) Postpone Definitely
This motion serves to delay further consideration of a pending motion until a stated time. The procedure is exactly as described to postpone temporarily, with the exception that a specific time for the resumption of debate is specified. A motion to postpone definitely requires a second, and is debatable. This motion is useful to allow representatives time to construct amendments or otherwise discuss the issue informally before presenting a motion to the assembly, while other Council business continues. It also allows an urgent matter to preempt temporarily debate on the current item of business.
e) **Refer for Decision**
When the Council refers an item of business to the Board of Directors for decision, the Council gives authority to the Board of Directors to make the decision as to what action is appropriate. If the motion to refer is adopted, all pending or adopted amendments as well as the subject are referred. Once the Board of Directors determines the appropriate action, whether affirmative or negative, the Board of Directors subsequently will inform the Council by appropriate means.

f) **Refer for Report**
If it is desired that a matter be referred to the Board of Directors or through the Board to the appropriate committee, a motion is made to refer for report. It should be specifically indicated if a report back to the Council is desired at a definite time. Without such a directive, the matter of reporting or its timing is up to the body receiving the referral. If the motion to refer is adopted, all pending or adopted amendments as well as the subject are referred. All referrals to specific committees are made through the Board of Directors. The Board of Directors shall not alter reports or recommendations of committees or individuals, when the Board has referred an issue, resolution, or report to that entity as a result of referral from the Council.

g) **Amend**
Amendments are used to alter a main motion under consideration. Amendments may be by addition, deletion, or substitution. A second is required to accept an amendment. Debate is then limited to the proposed amendment only. A second-order amendment (amendment to the amendment) may be proposed; however, third-order amendments are not in order. Second-order amendments are limited to the scope of the primary amendment. Should the main motion be postponed or referred, all pending amendments shall adhere on resumption of consideration of the main motion. All motions for substantial amendments to resolutions (more than three words in length) must be submitted to the Speaker in writing prior to being introduced verbally. When appropriate, the amendment will be projected on a screen for viewing by the Council.

2. **Main Motions**
   a) **Reconsider**
   If a motion to reconsider is sustained, it allows the assembly to debate and to vote again on a main motion taken at the same meeting, as though no previous vote had been taken on it.
   b) **Recall**
In order to undo a motion to refer which has been adopted by the Council at the same session, a technique for calling back a referral is the use of the motion to recall. The motion to recall is similar to the motion to reconsider in terms of its intent, but the motion to reconsider can be applied only to a main motion. The motion to refer is a subsidiary motion. The motion to recall requires a second and is debatable, but only as to the reasons for and the propriety of recall. Not debatable is the substance of the main motion itself or any of its pending amendments except as they might apply to the appropriateness of recall.

c) Amend a Previous Action
Not infrequently, it becomes desirable because of afterthought or further consideration to modify an action that has already been taken. If the modification is a simple addition to the action taken, rather than a substantive change, it is not necessary to reconsider. A motion to amend a previous action is in order and it becomes a main motion.

d) Withdraw a Resolution
Occasionally the sponsor of a resolution decides that it should be withdrawn. At any time prior to the acceptance of the resolution as the business of the Council, the sponsor may withdraw the resolution from the Council’s agenda. After acceptance as an item of business, it becomes the property of the Council. At the time of the reference committee hearings, the sponsor may suggest to the Reference Committee that withdrawal would be preferable to other action. If the Reference Committee agrees, it may recommend to the Council in its report that leave to withdraw be accorded by the Council. The Speaker, having confirmed approval by the sponsor, places the question on granting leave to withdraw. A majority vote in the affirmative accomplishes withdrawal.

3. Conditional Requests
   a) Question of Privilege
   Any member may rise to a question of privilege in order to make a request of the Speaker to ensure the safety, comfort, or convenience, or rights of the assembly.

   b) Division of Question
   Occasionally, in the course of debate, it becomes desirable to separate a proposal into its component parts. This situation often arises when discussing a complex or controversial proposal with many “resolves.” Some items may be noncontroversial, while a particular clause may threaten defeat of the entire proposal. In such instances, a representative may request division of the question. The question may be divided only if it contains more than one independent proposition, so that if one proposition is defeated, the remaining “resolves” are still logical. An incidental request for division of the question may only be applied to the main motion.

4. Mandatory Requests
   a) Point of Order
   If a representative believes that a rule has been violated, he or she may rise to a point
of order immediately after the error is discovered. A point of order on a procedural matter is not in order if raised after another motion has been decided. Any further discussion from the representative asking for the privilege is out of order unless recognized by the Speaker. The Speaker shall immediately rule on the point of order. If the member disagrees with the propriety of the Speaker’s ruling on any matter, he or she may appeal the decision of the Chair.

b) Parliamentary Inquiry
Any representative may rise to a point of parliamentary inquiry to request clarification on any matter. Questions requesting clarification on a procedural matter in question, a proposal one would wish to make, or of another representative are in order. All inquiries shall be addressed to the Speaker. Any further discussion from the representative asking for the privilege is out of order unless recognized by the Speaker. The parliamentary inquiry itself is not debatable.

c) Division of Assembly
Should any member of the assembly be in doubt as to the outcome of a vote, he or she may request a division of the assembly. This motion may be applied only to the immediately preceding vote. It does not require a second, is not debatable, and requires no vote. Representatives shall then vote by raising their voting cards or by submitting their vote through an individually identifiable remote voting system as determined by the speaker. The Credentials and Tellers Committee shall then count every vote cast and report the result to the Speaker, who shall announce the outcome.

d) Voting Procedure
The method of voting is the Speaker’s prerogative, and may be accomplished with the use of voting cards, voice votes, electronic votes or other means. The motion in question shall pass upon receiving the required majority of votes cast. In the event that a motion will fail for lack of one vote, the Speaker may, at his or her discretion, cast the deciding vote.

e) Announcements
Announcements of general interest to members of the Council may, at the discretion of the Speaker, be made from the podium. The Speaker will, however, discourage private announcements and those that are not germane to the business of the Council or the Association.

f) Use of Electronic Devices
Cell phones, pagers, laptop computers, and other electronic devices present in the Council meeting room must be kept in “silent” mode at all times during the Council meeting. Cell phone conversations should occur outside the Council meeting room.

g) Smoking
Smoking is not permitted during Council meetings.

IX. Sunset Policy

A. Timing
All EMRA resolutions and policies shall be reviewed on a five-year schedule commencing after the fall
meeting the year in which the resolution is adopted. Policies in effect prior to the implementation of this sunset mechanism will be grouped by policy area and integrated into the five-year cycle.

B. Composition of Committee
Reviews shall be conducted by a policy review committee composed of the President, Immediate-Past President, Council Speaker and Vice-Speaker, Legislative Advisor, and two appointed program representatives. The Council Officers shall appoint the program representatives sixty days prior to the fall meeting.

C. Criteria for Consideration
Policies shall be measured against the following criteria:

- Relevance to the Association’s mission
- Relevance to the Association’s interests and those of the specialty of Emergency Medicine. Core beliefs of the organization or specialty shall be retained.
- Current state of the policy. Subject matters that have been resolved should be sunset. Policies addressing ongoing issues should be reaffirmed. Recent developments may prompt sunset, reaffirm, or referral for Board review of the policy.
- Effect of policy or action item. If the outcome did not fulfill the intended goals of the resolution, then the policy should be renewed and further action proposed. If the outcome was satisfactory, then the resolution should be sunset.
- Concordance with other Association policy. No policy of the Association may contradict another.

D. Committee Procedures
The committee shall operate by consensus. No policy may be recommended for sunset unless two thirds of the members agree.

The committee may not recommend any amendment that would substantially alter the original intent of the policy as adopted by the Council. Furthermore, the committee may not propose an amendment that would direct new action, significantly expand existing policy, or grant new power or additional obligation to the Council or Board of Directors. All new policy initiatives must be submitted via the standard resolution submission process.

E. Committee Report
A consent calendar of recommended actions (sunset, reaffirm, or refer for Board review), along with a brief explanation for each recommendation, shall be submitted to the Council no later than sixty days prior to the spring Council meeting. The consent calendar will become an item of business on the spring meeting agenda. Any representative may extract any item from the consent calendar for individual consideration by simple request. Debate on the item shall be limited to the policy review committee’s recommendation only. Amendments to the policy itself shall be considered out of order.

“Board review” requires review, report, and recommendation at the next Council meeting. If more time is required, the Board of Directors may request a six-month extension to be approved by the Council.
X. Credentials and Tellers Committee

A. Purpose
The Credentials and Tellers Committee serves to facilitate the Council meeting. Responsibilities of the Credentials and Tellers Committee include:

- registration of all program representatives in attendance;
- counting of all votes when requested by the Speaker during a meeting;
- collection, tabulation, and recording of all votes during elections;
- submission of a report recording the results of all votes and elections during the Council meeting to the Speaker during the meeting; and
- distribution and collection of surveys from all representatives in attendance.

B. Composition
The Speaker shall appoint members of the Credentials and Tellers Committee from applications that are submitted to Association headquarters on a deadline set by the Speaker. No director or officer of the Association, candidate for office, or program representative of any candidate may serve as a member of the Credentials and Tellers Committee.

C. Procedures
The Credentials and Tellers Committee shall conduct the business of the Council in accordance with these adopted rules, the Bylaws of the Association, and adopted parliamentary authority. Members of the Credentials and Tellers Committee may not cast votes during the Council meeting.

- Once a quorum has been established by the Credentials and Tellers Committee as defined by the EMRA Bylaws the Representative Council is able to hold elections and/or vote on resolutions.
- While it is best that Program Representatives get credentialed prior to the start of the respective Representative Council Meeting, Program Representatives may be credentialed at any time during the Representative Council Meeting.
- Should a Program Representative need to leave the Representative Council Meeting for the remainder of the meeting and prior to the completion of elections and/or voting on resolutions and an alternate is not available, the program representative ballots will not be counted. If however, the program representative is able to give prior notice at the time of credentialing that they will need to leave the meeting, they may leave their completed ballots with the Credentials and Tellers Committee to have the remainder of their votes counted. However, should there be a run-off vote; their ballots will not be included in the run-off.
- The Credentials and Tellers Committee will be responsible for keeping a running total of the number of representatives present at the meeting in the event that a vote requires a majority or 2/3 vote.
XI. Parliamentarian
   A. Purpose
   The parliamentarian is a member skilled in parliamentary procedure. He or she serves to advise the Speaker when requested, but has no authority to make rulings on Council matters.
   B. Appointment
   A parliamentarian shall be appointed by the Speaker prior to the Council meeting.

XII. Sergeant-at-Arms
   A. Purpose
   The sergeant-at-arms, under the direction of the Speaker, helps to maintain order and decorum at meetings of the Council. The sergeant-at-arms acts as a doorkeeper and is responsible for the comfort and convenience of the Council.
   B. Appointment
   A sergeant-at-arms shall be appointed by the Speaker prior to the Council meeting.

XIII. Elections Policy
   A. Campaign Rules
   Campaigning in any form, by the candidate, or any other person on their behalf, is prohibited before nominations have been formally announced by EMRA (approximately 45 days in advance of the election). Personal communications may be sent by the candidate soliciting support. The use of mass communication tools, by the candidate or any person on their behalf, for campaigning purposes, is prohibited. Campaigning by any other person other than the candidate, in any form, is prohibited.
      1. Campaign Materials
      Buttons, stickers, gifts, emails, parties, or socials with the intent of promoting a candidate are prohibited at any time. The distribution or display of campaign material or items will not be permitted during any sponsored Association function. Candidates are permitted to circulate campaign materials only at the Council meeting and pre-election Council sponsored candidate reception. Campaign materials are limited to a one-page paper handout. Negative materials pertaining to another candidate are prohibited at all times.
      2. Candidate Receptions
      Candidates may campaign in person at the EMRA Representative Council sponsored candidate reception, as well as the Medical Student Council Meeting, preceding the Representative Council Meeting. Candidates may not participate in other candidate receptions prior to elections.
3. Endorsement

The Officers and Directors of the Association shall not endorse candidates for election to Association leadership.

The Council Officers, in consultation with the Board of Directors, are the arbiters of questions or any violations of these Candidate Campaign Rules, with consequences to be determined by the Board, and potentially including removal from the ballot.

B. Election Protocol

1. Nominations

Nominations for election to the Board of Directors or Vice Speaker of the Council shall be taken from the floor of the Council. Pursuant to the Bylaws of the Association, nominations shall be taken for only one open office at a time. Nominations for other open offices shall be taken following the announcement of the result of the previous election. Any eligible member of the Association, as determined by the provisions of the Bylaws of the Association, may nominate him or herself. No second is required for nomination. Nominations shall not be limited in number. Nominations for an open office will be closed by the Speaker after the call for floor nominations has been concluded.

2. Candidate Address

Each candidate will be allotted three minutes to address the Council. A question and answer period will follow. No other candidates will be allowed to be in the room while another candidate is addressing the Council or conducting the question and answer period.

3. Balloting Procedure

a) Sealed Floor

Just prior to the elections, the floor will be sealed. Once the floor has been sealed, no representative will be permitted to enter or exit the floor of the Council meeting.

b) Ballot Requirements

Voting shall be by a written ballot approved by the Board of Directors. A vote shall be declared void if the number of invalid ballots is enough to alter the outcome or if the total number of invalid ballots is greater than ten percent of the total number of representatives credentialed and voting at the Council meeting. A ballot shall be considered invalid if there are greater or fewer votes on the ballot for candidates than the required number on a particular ballot. There shall be no write-in voting. The complete list of candidates’ names will be shown on the screen at the same time for the office in question.

c) Runoff Ballots

Election is by majority of legal votes cast. If no candidate is elected, then the two candidates who received the highest number of votes on the inconclusive ballot will participate in a runoff ballot.

4. Election Results

If nominations have been closed with but a single candidate nominated for an open position, the
Speaker shall declare the candidate elected to office.

Upon completion of the voting and verification of votes for a candidate, the Credentials and Tellers Committee chair will collect the election result and report that result to the Speaker of the Council along with a breakdown of ballots received. The Speaker will then announce the results of the election. The Chair of the Credentials and Tellers Committee will make the final determination as to the validity of an overall vote.

XIV. Amending the **Representative Council Procedures**

Amendments to these procedures shall be through introduction of resolutions or reports to the Council. Such resolutions or reports shall follow the procedures outlined in these adopted procedures. Urgent amendments to these adopted procedures can occur immediately at any meeting of the Council by a two-thirds vote. Such emergent amendments shall expire at the close of the meeting in which they were adopted.

**Amendments:**

September 2005: Sections II and VIII (Resolution A ’05-02: Alternate Representatives)
May 2006: Title change from Adopted Procedures of the Representative Council to Emergency Medicine Residents’ Association Representative Council Procedures
June 2010: Section X, Part C addition
June 2011: Section XIII, Part B Amendments
May 2013: Section XII, Part A.2 Amendments
May 2017: Article VIII, Section F, subsection 4c and 4d Amendments
Appendix A – EMRA Expense Reimbursement Policy

1. Purpose

EMRA Board of Directors recognizes that Board Members, Officers, Ex-Officio Board Members, Committee & Division Leaders, Medical Student Council Members, employees, and other volunteer leaders (“Personnel”) of EMRA may be required to travel or incur other expenses from time to time to conduct organizational business and to further the mission of this non-profit organization. The purpose of this Policy is to ensure that (a) adequate cost controls are in place, (b) travel and other expenditures are appropriate, and (c) to provide a uniform and consistent approach for the timely reimbursement of authorized expenses incurred by Personnel. It is the policy of EMRA to reimburse only reasonable and necessary expenses actually incurred by Personnel. When incurring business expenses, EMRA expects Personnel to:

- Exercise discretion and good business judgment with respect to those expenses.
- Be cost conscious and spend EMRA money as carefully and judiciously as the individual would spend his or her own funds and as a fiduciary to the organization.
- Report expenses, supported by required documentation, as they were actually spent.

2. Expense Report

Expenses will not be reimbursed unless the individual requesting reimbursement submits a written Expense Report. The Expense Report, which shall be submitted within 30 days of the completion of travel, if travel expense reimbursement is requested, must include:

- The individual’s name.
- If reimbursement for travel is requested, the date, origin, destination and purpose of the expense. The name and affiliation of all people for whom expenses are claimed if per diem would be exceeded for that day (i.e. people on whom money is spent in order to conduct EMRA business).
- An itemized list of all expenses for which reimbursement is requested.
- The above report can be done in Expensify which is the application of choice for EMRA.

3. Receipts

Receipts are required for all expenditures billed directly to EMRA such as airfare and hotel charges. No expense in excess of $25.00 will be reimbursed to Personnel unless the individual requesting
reimbursement submits with the Expense Report written receipts that are in line with IRS reporting requirements as noted in https://www.irs.gov/publications/p463/ch05.html.

4. **General Travel Requirements**

A. **Advance Approval.** All trips involving air travel or at least one overnight stay must be approved in advance by either the Executive Director or the President Elect, President, and Immediate Past President (“the EMRA Executive Committee”).

B. **Necessity of Travel.** In determining the reasonableness and necessity of travel expenses, Personnel and the person(s) authorizing the travel shall consider the ways in which EMRA will benefit from the travel and weigh those benefits against the anticipated costs of the travel. The same considerations shall be taken into account in deciding whether a particular individual’s presence on a trip is necessary. In determining whether the benefits to EMRA outweigh the costs, less expensive alternatives, such as participation by telephone or video conferencing, or the availability of local programs or training opportunities, shall be considered. The Executive Committee makes the final decision if in-person travel is required.

C. **Personal and Spousal Travel Expenses.** Individuals traveling on behalf of EMRA may incorporate personal travel or business with their EMRA-related trips; however, Personnel shall not arrange EMRA travel at a time that is less advantageous to EMRA or involving greater expense to EMRA in order to accommodate personal travel plans. Any additional expenses incurred as a result of personal travel, including but not limited to extra hotel nights, additional stopovers, meals or transportation, are the sole responsibility of the individual and will not be reimbursed by EMRA. Expenses associated with travel of an individual’s spouse, family or friends will not be reimbursed by EMRA unless specifically disclosed to the Personnel by either the Executive Director or the EMRA Executive Committee.

5. **Air Travel**

A. **General.** Air travel reservations should be made as far in advance as possible in order to take advantage of reduced fares. EMRA will reimburse or pay only the cost of non-first class fare from the airport nearest the individual’s home or office to the airport nearest the destination that is within the budget amount previously set. Reimbursement will be made available for costs associated with delayed or cancelled flights.

B. **Bag Fees:** EMRA will cover the expense for checking-in of one bag and one carry on.

C. **Internet Access:** In-flight internet access will be reimbursed outside of any per diem amount.

D. **Saturday Stays.** Any extra days beyond the set conference days must be approved by the Executive Director or the EMRA Executive Committee in advance.

E. **Frequent Flyer Miles and Compensation for Denied Boarding.** Personnel traveling on behalf of EMRA may accept and retain frequent flyer miles and compensation for denied boarding for their
personal use. EMRA will not reimburse Personnel for airfare when the traveler is using airlines miles to purchase a ticket.

6. **Lodging**

Personnel traveling on behalf of EMRA may be reimbursed at the single room rate for the reasonable cost of hotel accommodations. Convenience, the cost of staying in the city in which the hotel is located, prearranged block rates, and proximity to other venues on the individual’s itinerary shall be considered in determining reasonableness. Personnel shall make use of available corporate and discount rates for hotels. Basic internet fees will be included in the cost of rooms. Telephone calls made from the hotel room will not be reimbursed.

7. **Out-Of-Town Meals**

Personnel traveling on behalf of EMRA are reimbursed for the cost of food and drink subject to a maximum per diem allowance of $75 per day and the terms and conditions established by EMRA relating to the per diem allowance. If expenses exceed the $75 per diem, Personnel will personally pay additional expenses.

8. **Ground Transportation**

Transportation to and from airport, train station, or bus station will be reimbursed and not be subtracted from per diem. Personnel are expected to use the most economical ground transportation appropriate under the circumstances and should generally use the following, in this order of desirability:

- **Courtesy Cars**: Many hotels have courtesy cars, which will take you to and from the airport at no charge. The hotel will generally have a well-marked courtesy phone at the airport if this service is available. Employees should take advantage of this free service whenever possible.

- **Public Transportation**: When public transportation is available and is conducive to safe and timely travel, it should be used.

- **Taxis, Uber, Lyft and the like**: When courtesy cars and airport shuttles are not available, a taxi is often the next most economical and convenient form of transportation when the trip is for a limited time and minimal mileage is involved. A taxi may also be the most economical mode of transportation between an individual’s home and the airport.

- **Airport Shuttle or Bus**: Airport shuttles or buses generally travel to and from all major hotels for a small fee. At major airports such services are as quick as a taxi and considerably less expensive. Airport shuttle or bus services are generally located near the airport’s baggage claim area.

- **Rental Cars**: Car rentals are expensive so other forms of transportation should be considered when practical. Employees will be allowed to rent a car while out of town provided that advance
approval has been given by the Executive Director or Executive Committee or pre-approved per
the expenses allocated to the event.

9. **Personal Cars**

Personnel are compensated for use of their personal cars when used for EMRA business. When
individuals use their personal car for such travel, including travel to and from the airport, mileage will be
allowed at the currently approved IRS rate per mile. In the case of individuals using their personal cars to
take a trip that would normally be made by air, e.g., Minneapolis to Milwaukee, mileage will be allowed at
the currently approved rate; however, the total mileage reimbursement will not exceed the sum of the
lowest available round trip coach airfare.

10. **Parking/Tolls**

Parking and toll expenses, including charges for hotel parking, incurred by Personnel traveling on EMRA
business will be reimbursed separate from per diem allowances. The costs of parking tickets, fines, car
washes, valet service, etc., are the responsibility of the Personnel and will not be reimbursed. On-airport
parking is permitted for short business trips. For extended trips, Personnel should use off-airport facilities.

11. **Dry Cleaning**

Personnel are allowed an additional $40 per meeting for reimbursement of dry cleaning expenses for
meetings longer than 3 days outside of per diem expenses.

12. **Guests of Board Members**

- Guests of board members and staff may include spouses and significant others, and other
  relatives as approved by the President and the Executive Director. Approval must occur in at least
ten business days prior of the meeting.
- Each board member or staff member is permitted one such guest. Further allowances must be
  approved by the President and the Executive Director. Each guest will be permitted to attend one
  pre-approved and scheduled meal function (i.e. the “Board Dinner”) as a guest of EMRA.
- Guests are permitted to join the board at other meal functions with prior approval, but must be
  responsible for their own costs. Prior to each meeting, the President will indicate if guests are
  invited to EMRA meetings/functions.

13. **Non-Reimbursable Expenditures**

EMRA maintains a strict policy that expenses in any category that could be perceived as lavish or
excessive will not be reimbursed, as such expenses are inappropriate for reimbursement by a nonprofit,
charitable organization. Expenses that are not reimbursable include, but are not limited to:

- Travel insurance.
- Membership in airline clubs.
- First class tickets.
- When lodging accommodations have been arranged by EMRA and the individual elects to stay elsewhere, reimbursement is made at the amount no higher than the rate negotiated by EMRA. Reimbursement shall not be made for transportation between the alternate lodging and the meeting site.
- Limousine travel.
- Membership dues at any country club, private club, athletic club, golf club, tennis club or similar recreational organization.
- Participation in or attendance at golf, tennis or sporting events, without the advance approval of the chairperson of the board or his designee.
- Purchase of golf clubs or any other sporting equipment.
- Spa charges.
- Drugs, including cannabis or illicit drugs.
- Clothing purchases and toiletries unless there are extenuating circumstances such as lost luggage. Must be approved by executive director.
- Costs of personal telephone calls are the responsibility of the individual.
- Business conferences and entertainment which are not approved by a [designated officer or director] of EMRA.
- Valet service unless required for parking at hotel and no other cheaper option available.
- Car washes.
- Child care, babysitting, house-sitting, or pet-sitting/kennel charges.
- Costs incurred by traveler’s failure to cancel travel or hotel reservations in a timely fashion.
- Evening or formal wear expenses.
- Haircuts and personal grooming.
- Political or Charitable Contributions including NEMPAC and EMF donations
- Personal books, magazines, movies or other entertainment.
- Sporting activities, shows, etc.
Specific exceptions may be made with the approval of both 1. Executive Director and 2. Either the president or head of finance committee.

Amended and Reaffirmed BOD, 8/17