

A Newsletter for the Members of the Oklahoma Chapter  
Spring 2017



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## **From the President** **Jeffrey Goodloe, MD, FACEP**

Here's another OCEP newsletter to help share information we hope can be truly useful and meaningful to you in your career and in serving others. This President's Message breaks a trend, being composed a full two days ahead of deadline day! Let me know if you don't like it so I can use that as "valuable member feedback" to procrastinate longer next time.

Here's the latest quick briefing of key things I want to share:

As of newsletter production time, it looks like we've dodged some bullets in the Oklahoma legislative session. Our hard-earned practices of medicine, specifically the physician autonomy and scope of practice, remains intact and in its uniqueness among health professions licensed within the state. There are seemingly (and literally!) annual challenges by colleagues in healthcare that seek the same autonomy and at times, the scope of practice, without the same training. Like you, our OCEP Board of Directors, has great respect for all healthcare professionals serving Oklahomans in times of medical need. We have exceptional respect and we especially honor those that make the extra effort in serving those without ability to pay and

regardless of day of week/time of day. In addition to that sincere respect, we honestly believe our years and years of dedicated training, and commitment to maintenance of board certification in addition to licensure, do make a difference for patient outcomes. We are fortunate that many physician advocates have once again spoken with conviction in helping to uphold the uniqueness of physician autonomy and scope of practice within Oklahoma. That said, this is autonomy and scope of practice that must be continuously earned with integrity and dedication to patients.

A special thank you to all OCEP members that participating in reaching out to state legislators via our first Phone2Action campaign. We had well over 10% of our entire membership that utilized this technology. The OCEP Board of Directors and national ACEP staff working in state government advocacy are very encouraged by your collective enthusiasm. We'll definitely utilize this technology again in legislative initiatives ahead based upon the success you helped achieve. Please read the comments below from your Vice President, James Kennedy. He's continued to prove a fantastic asset for emergency physicians regarding state-level advocacy issues.

In the last newsletter, we spoke about Jim and I looking forward to this year's offering of ACEP Leadership and Advocacy Conference (LAC in ACEP lingo) that was held March 12-15th. Well, at least part of that...the weather turned out to be quite the advocacy foe! We wound up coming back far earlier than planned to escape an incoming blizzard forecast. The downside was losing our opportunity for face to face discussions with our Representatives and Senators in DC. The upside is we saved OCEP some travel monies and still fostered productive connections with these federal legislators through some braver OCEP members that remained! OCEP, like emergency medicine, is a consummate team sport, so a special thanks to those physicians from USACS in Tulsa (St. Francis Hospital) that carried onward the OCEP banner.

Our federal level advocacy continues on the move. As a further update on last year's HR4365/SRes2932 – Protecting Patient Access to Life Saving Medication Act, detailed in prior OCEP newsletters, we now have a Senate Bill! Recall in brief, this legislation would sustain medical director standing orders for EMS patients, continuing the current capabilities for rapid seizure control and pain/sedation management needs. HR 304, already passed 404-0, now has SRes 916 with fast moving action. As I'm writing this message, we anticipate a version for presidential action to occur within the next few weeks.

In the much bigger view of medicine from DC, we continue to watch what is happening with the possible changes in the Affordable Care Act. This continues to be a fast moving target and we are using the always helpful national ACEP resources to help keep you up to date.

I can't let this opportunity pass without comment (as a full-time academic emergency physician) that it's an exciting time of year, watching our graduating residents prepare for their flight into their attending physician careers and equally anticipating the incoming interns ready to make a difference in our Oklahoma EM residency programs. Best wishes to our grad members and a warm welcome to our newest residents!

Okay, thanks again for all you do and thank you for reading another one of my intended to be a fast read message! Stay safe, enjoy Oklahoma's pre-boiling hot summer, and I truly hope you find time for family, friends, and favorite activities amidst all you are doing to take good care of others. As always, please feel free to contact me directly if you feel that OCEP can better serve you. Click [here](#) to e-mail me or I can be reached by cell at 918-704-3164.

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## Message from Vice President James Kennedy, MD, MPH, FACEP

Greetings to my fellow Oklahoma Emergency Physicians!

As your OCEP Vice-President, it has been an honor to serve you as your state legislative advocacy officer. This is the latest update on our efforts as of May 15th, 2017.

Like most of you, I was not trained in residency in navigation of state or federal politics. Much like learning to swim, I've had to jump in with both feet with trepidation, often with the political equivalent of 20-foot seas, driving rains and gale force winds. My experience has ranged from, to coin an old phrase, "from the sublime to the ridiculous". It reminds me of an old quote from one of our favorite sons:

*"It has been said that politics is the world's second oldest profession. I have learned that it bears a striking resemblance to the first." Will Rogers*

In all seriousness, there are some fantastic people at the Oklahoma State Capitol, but simultaneously, a large void in leadership when it comes to health care related issues. As you may have heard, our EM colleague, **Dr. Doug Cox** term limited out of the legislature at the end of the 2016 session, and there are only a handful of physicians in the state legislative leadership. My education has been aided greatly with being accepted as a member of Leadership Oklahoma, Class 30. This has been an absolutely transformative experience over the past 10 months, putting me in close contact with leaders from all facets and industries

across our state. I would highly recommend it to anyone who strives to become a more effective leader in Oklahoma. I also cannot say enough about the help I've gotten from **Harry Monroe and Dr. Anthony Cirillo, Dr. Jen Casaletto, Dr. Allison Haddock and Dr. Nathan Schlichter**, who are titans in EM advocacy at the state level in other states and part of the **ACEP State Legislative and Regulatory Committee**.

After many years of dormancy, we have attempted to resurrect OCEP's involvement in advocacy at the state level. One of the most daunting challenges has been learning to navigate the thousands of bills that are introduced to the state legislature on every topic imaginable, most importantly in 2017, education, oil/gas and the budget.

Of the several dozen bills regarding health care issues, two issues stood to impact emergency medical care.

**House Bill 1013** – This bill was a move by our nurse practitioner colleagues to gain **completely independent practice authority** in our state with no tie to physician oversight. This bill passed out of the House by a 72-20 vote and was referred to the Health and Human Services Committee, (Sen. Yen) where it was effectively halted.

**Senate Bill 518** – This was a move by the medical insurance industry to try and **index out-of-network emergency department charges** to 130% of the notoriously low Medicare rates and to also **ban balance billing**. We were able to mobilize many of our members through ACEP's Phone2Action campaign in the nick of time. This bill was referred to the Retirement and Insurance Committee and on to Appropriations and Budget. It did not get a hearing on the floor, as the feedback I received was that there was a lot of pushback from "interested parties" in the state.

As the 2017 state legislative session comes to a close, I will continue to monitor the status of any bills that may be of interest to our emergency medicine colleagues and pass this information on to you in a timely manner. This years' experience will prove invaluable to our advocacy efforts as they grow in the coming years. I would also like to thank you for your ACEP membership and want you to know your membership dollars are being put to good use. If any of you have a legislative advocacy issue of interest to you, please do not hesitate to contact me. Click [here](#) to e-mail me and my mobile is 405-209-2378. I would welcome any and all comments and concerns.

Yours very sincerely and respectfully,

James

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## Clinical News

### **Antibiotic Therapy for Abscesses Medical Dogma Challenged by Evidence-Based Research, Outcomes**

Have you wondered when you'd start to routinely confront superbugs resistant to multiple antibiotics in your emergency...

[Read more...](#)

### **Should Emergency Departments Do Fewer Red Cell Transfusions, More IV Iron?**

You might be surprised to learn that many of the patients who receive red cell transfusions in...

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### **Treatment for Acute Gastroenteritis, Acute Epididymitis in Pediatric Patients**

The best questions often stem from the inquisitive learner. As educators, we love, and are always humbled...

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## **New! "ACEP Trauma, Stroke, and Cardiovascular CME Collection"**

The "ACEP Trauma, Stroke, and Cardiovascular CME Collection" includes 48 lectures with downloadable syllabi that will help you meet your requirements.

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