



EMERGENCY MEDICINE RESIDENTS' ASSOCIATION

REFERENCE COMMITTEE REPORT

ACEP 2021 EMRA Representative Council Meeting

EMRA 2021 - October 21, 2021

DEFINITIONS OF AVAILABLE COUNCIL ACTIONS

For the EMRA Board of Directors to act in accordance with the wishes of the Council, the actions of the Council must be definitive. To avoid any misunderstanding, the officers have developed the following definitions for Council action:

ADOPT

Approve resolution exactly as submitted as recommendation implemented through the Board of Directors.

ADOPT AS AMENDED

Approve resolution with additions, deletions and/or substitutions, as recommendation to be implemented through the Board of Directors.

REFER

Send resolution to the Board of Directors for consideration, perhaps by a committee, the Council Steering Committee, or the Bylaws Interpretation Committee.

NOT ADOPT

Defeat (or reject) the resolution in original or amended form.

Dr. Speaker & Councilors,

Your Reference Committee gave careful consideration to the Resolution referred to the Council for consideration and submits the following report:

NON-CONSENT AGENDA

CONSENT AGENDA

RECOMMENDATION TO ADOPT AS AMENDED:

F'21-01: Healthcare Equity and Addiction Treatment for Incarcerated
 Patients

RECOMMENDATION TO ADOPT AS AMENDED

F'21–1 Healthcare Equity and Addiction Treatment for Incarcerated Patients

Recommendation: Adopt as amended

Text:

RESOLVED that EMRA Policy Section IV: III. Emergency Medicine to Support Evidence-Based Policy Reforms of the Criminal Justice System be amended to:

III. Emergency Medicine to Support Evidence-Based Policy Reforms of the Criminal Justice System and Equitable Health Care for Incarcerated Patients

EMRA supports evidence-based policy reforms of the criminal justice system that contribute to individual and public health.

EMRA recognizes that incarcerated people form a vulnerable patient population with higher rates of chronic medical conditions including substance use disorders. As front-line practitioners in caring for patients who present while under the custody of law enforcement, EMRA:

1. Supports required **and confidential** screening of people under custody of law enforcement to identify medical conditions including substance use disorders, and prompt treatment of these conditions.
2. Upholds that addiction treatment including ~~buprenorphine, counseling, and other evidence-based treatment~~ **evidence-based harm reduction strategies, counseling, and prescribed medication assisted treatments such as buprenorphine or naltrexone** must be provided to incarcerated people who ~~are prescribed such treatment and~~ give consent for treatment.
3. Advocates for **transition services and** rehabilitation initiatives that support the comprehensive medical needs of patients upon release from incarceration. These needs include **but are not limited to regular follow-up and access to** addiction treatment ~~such as buprenorphine and naloxone~~ to reduce the risk of relapse, reincarceration, and overdose death.

Discussion:

The reference committee received largely supportive testimony with a few proposed amendments during the resolution review hearing and on the virtual reference committee. The spirit of this resolution was widely supported as filling a key policy gap in advocating for vulnerable incarcerated populations. The EMRA medical student council suggested adding language in resolved 1 for screenings to be confidential which was considered a friendly amendment by the authors. We felt it was appropriate to otherwise keep the original intent of the resolved to advocate for required screenings. Multiple individuals gave testimony in support of broadening the language in resolved 2 which was reworded with additional addiction treatment

options based on medical student council proposed amendments. Kings County/SUNY Downstate proposed adding transition services to resolved 3 which we believe was salient to the authors' goals.