



**Emergency Medicine
Residents' Association
Policy Compendium**

December 2018

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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.

Original policy adopted BOD, 1/05
Amended and Reaffirmed BOD, 1/06
Amended and Reaffirmed RC, 6/10
Reaffirmed BOD, 3/15

II. 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: The Emergency Medicine Workforce

I. The Physician Led Workforce

EMRA believes that the only pathway to the independent practice of emergency medicine in the 21st century is completion of an ACGME/AOA accredited emergency medicine residency training program and board certification by ABEM or AOBEM.

Original policy adopted, 3/92
Amended and Reaffirmed, 1/01
Amended and Reaffirmed, 3/01
Reaffirmed RC, 5/05
Reaffirmed BOD, 1/06
Amended & Reaffirmed RC, 6/11
Reaffirmed RC, 5/12
Amended and Reaffirmed BOD 5/13
Amended BOD, 12/16
Amended BOD, 1/18
Amended RC, 10/18

II. Board Certification Supersedes Medical Merit Badges

EMRA believes that completion of residency training and board certification by ABEM or AOBEM replaces the need for any third-party credentialing requirements, such as medical merit badge courses (ie: ACLS, ATLS, PALS, NRP) or condition-specific CME requirements.

Original policy adopted, 3/92
Amended and Reaffirmed, 1/01
Amended and Reaffirmed, 3/01
Reaffirmed RC, 5/05
Reaffirmed BOD, 1/06
Amended & Reaffirmed RC, 6/11
Reaffirmed RC, 5/12
Amended and Reaffirmed BOD 5/13
Amended BOD, 12/16
Amended BOD, 1/18
Amended RC, 10/18

III. Role of Non-Physician Providers in Emergency Medicine

EMRA believes that physician assistants and nurse practitioners are valued-members of the health care team who under the direct supervision of an onsite board-certified, residency-trained emergency physician can provide care for patients seen in the emergency department.

EMRA believes that physician organizations should play an active role in determining the minimum acceptable standards for the education, licensing, and determination of scope of practice of non-physician providers to ensure that patients continue to receive high-quality, high-value, evidence-based, patient-centered care in the emergency department.

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
Amended RC, 10/18

IV. 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 to individuals who are licensed physicians.

Original policy adopted RC, 5/13
Amended RC, 10/18

V. Education in Practice Opportunities

Both EMRA and individual residency programs should provide resident education about the diversity of practice opportunities and environments available to them. This should include information about contracts, financial arrangements, academic careers, rural opportunities and group practices.

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
Reaffirmed RC, 10/18
Amended RC, 10/18

VI. Maintenance of Certification

EMRA will support the ability of hospitals to consider Maintenance of Certification (MOC) when obtaining and retaining hospital privileges, ensuring patients presenting to emergency departments during their time of greatest need will receive high quality care from a physician who is committed to lifelong learning and ongoing practice improvement. EMRA supports longitudinal MOC processes with more frequent assessments as an alternative to traditional 10-year recertification exams.

Adopted BOD, 11/18

Section IV - Healthcare

I. Healthcare as a Human Right

EMRA firmly believes that all individuals should have access to quality, affordable primary and emergency healthcare services for all people (especially vulnerable and disabled populations, including rural, elderly, and pediatric patients) as a basic human right. EMRA will work with interested stakeholders, including its primary care medical colleagues, to develop and support health care policy that will ensure adequate insurance coverage for primary and emergency health care services. This work should include advocacy for incentives in reimbursement rates for physicians who choose to care for vulnerable and disabled populations. EMRA should also work with these groups to ensure 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 by RC, 10/03
Reaffirmed by RC, 5/05
Reaffirmed BOD, 1/06
Reaffirmed BOD 5/13
Amended BOD, 3/18

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
Reaffirmed RC, 10/18

III. 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.

Original Policy adopted BOD, 10/05
 Reaffirmed BOD, 1/06
 Amended and Reaffirmed RC, 6/10
 Reaffirmed BOD, 3/15

IV. Firearm Safety and Injury Prevention

EMRA will actively promote regulatory, legislative, and public health efforts that:

- Improve public and privately funded research on firearm safety and injury prevention;
- Support repeal of the Dickey Amendment, which directly influences funding allocated to firearm-related research;
- Create a confidential national firearm injury research registry while encouraging states to establish a uniform approach to tracking and recording firearm related injuries;
- Investigate the effect of socioeconomic and other cultural risk factors on firearm injury and provide public and private funding for firearm safety and injury prevention research;
- Strengthen universal background checks for all firearm purchases;
- Restrict sale and ownership of weapons, munitions, and large-capacity magazines that are designed for military or law enforcement use;
- Promote access to effective, affordable, and sustainable mental health services;
- Never prevent physicians from educating and discussing with their patients the use of firearms, prevention of injury, both intentional and unintentional, and means to safeguard weapons;
- Support a high standard of firearm safety and operation training for firearm purchase.

EMRA will collaborate with other organizations and coalitions to study the health impact of firearm safety and make efforts to educate their members, the medical community, the public, and any interested parties on the results of any significant studies on the health impact of firearm safety.

Original policy adopted RC, 10/16
 Amended RC, 10/18

V. 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
Reaffirmed RC, 10/18

VI. Scribes in the Emergency Department

EMRA will support the use of scribes in emergency departments.

Original policy adopted RC, 5/12

VII. 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.

Original policy adopted RC, 5/17

VIII. Pharmaceutical Drug Pricing

EMRA firmly believes that unaffordable prices of medications used to treat acute and chronic disease pose a threat to our patients and impose challenges on the emergency medical system. EMRA further believes that prescription medications should be affordable and fairly priced.

EMRA will advocate for policies that:

- Improve the transparency of drug pricing
- Support value-based pharmaceutical 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

Original policy adopted RC, 5/17
Amended BOD 10/17
Amended BOD, 3/18

IX. 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

X. 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, first aid training programs, direct pressure hemorrhage control, and training with tourniquets 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
Amended RC, 10/18

XI. 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

XII. 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

XIII. 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

XIV. 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

XV. 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

XVI. 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

XVII. Climate change, its impact on patient health, and implications for Emergency Medicine

EMRA:

1. Supports research, education, prevention, monitoring, and assessment of the public health implications of climate change.
2. Supports the dissemination of materials to residents-which may guide future training, advocacy, and patient care as it relates to the public health implications of climate change.

Original policy adopted RC, 10/17

XVIII. Opioid Harm Reduction

EMRA:

1. Believes that practitioners of emergency medicine can play a leading role in reducing opioid abuse and death
2. Should support research efforts geared toward opioid harm reduction
3. Should encourage training for physicians-in-training regarding safe and appropriate use of opioid and non-opioid treatments
4. Should support streamlining requirements for buprenorphine prescribing and access to buprenorphine access clinics in the emergency department
5. Should support adoption of proven strategies in opioid harm reduction including enhanced public distribution of naloxone and increased patient awareness and access to syringe exchange programs
6. Advocate for similar policies to be held and updated by the American College of Emergency Physicians

Original policy adopted RC, 4/18

XIX. Procedural Sedation

EMRA believes:

1. That graduates of accredited emergency medicine residency programs possess the medical knowledge and procedural skills necessary to safely administer procedural sedation, without the need for additional credentialing requirements
2. That graduates of accredited emergency medicine residency programs should have the ability to choose among the full breadth of pharmacologic agents available for procedural sedation, including but not limited to opioids, benzodiazepines, barbiturates, ketamine, propofol, dexmedetomidine, etomidate, and nitrous oxide

Original policy adopted RC, 4/18

Section V – Education and Professional Development

I. 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

II. 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

III. Medical Merit Badges During Residency Training

EMRA recognizes that while medical merit badge courses such as ACLS, PALS, NRP, CPR, and ATLS may offer valuable content, the knowledge provided by these courses is fundamental to the core content of emergency medicine residency training. While attendance of these courses may provide useful knowledge and a base for junior residents and medical students and may play a role in the curriculum, they should only be considered a starting point rather than an ending point in residency training. These medical merit badge courses 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.

Original policy adopted, 3/92
Amended and Reaffirmed, 1/01
Amended and Reaffirmed, 3/01
Reaffirmed RC, 5/05
Reaffirmed BOD, 1/06
Amended & Reaffirmed RC, 6/11
Reaffirmed RC, 5/12
Amended and Reaffirmed BOD 5/13
Amended BOD, 12/16
Amended BOD, 1/18
Amended RC, 10/18

IV. 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.

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

V. 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 RC, 5/01
Reaffirmed RC, 5/05
Reaffirmed BOD, 1/06
Reaffirmed RC, 6/11

VI. 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. EMRA will create and maintain a 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
Amended BOD, 1/18

VII. 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

VIII. 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

IX. 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 acuties

Original policy adopted RC, 05/14

X. 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

XI. 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.

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

XII. The Match and Residency and Fellowship Application Process

EMRA supports the National Residency Match Program and National Matching Services process as it exists in 2013, 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:

1. Supports proposed changes to residency and fellowship application requirements and match processes only when:
 - a. Those changes have been evaluated by working groups which have adequate students and residents as representatives.
 - b. There are published data which demonstrates that the proposed application components contribute to an accurate and novel representation of the candidate, and are shown from an applicant and program perspective to add value to the application overall.
 - c. There are data available to demonstrate that the new application requirements reduce, or at least do not increase, the impact of implicit bias that affects medical students and residents from underrepresented minority backgrounds.
 - d. The costs to medical students and residents are mitigated.
2. Opposes the introduction of new and mandatory requirements that fundamentally alter the residency and fellowship application and match process until such time as the above conditions are met.
3. Continue to work with specialty societies, the Association of American Medical Colleges, the National Resident Matching Program, the American Medical Association, and other relevant stakeholders to improve the application process in an effort to accomplish these requirements.

Original policy adopted RC, 5/13
Amended BOD, 1/18
Amended, 2/18

XIII. High Fidelity Simulation

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

Original policy adopted RC, 10/16

XIV. Insurance

Emergency medicine residents should be informed of the health, life, disability, and malpractice insurance coverage provided as part of their residency program, along with the limitations and extent of that coverage. Adequate coverage should be provided by residency programs for any and all occurrences during residency.

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
Amended BOD, 1/18

XV. International Emergency Medicine

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, and support legislation that aid FMGs seeking licensure and board certification within the U.S.

EMRA encourages exchange program opportunities for both International and American emergency medicine residents.

Original policy adopted RC, 5/01
Reaffirmed RC, 5/05
Reaffirmed BOD, 1/06
Reaffirmed RC, 6/11
Amended BOD, 1/18

XVI. Medical Student Education in Emergency Medicine

EMRA believes that all medical students should have specific training experiences in emergency medicine. Such experience is necessary for a broad medical education.

Original policy adopted, 3/92
Amended and Reaffirmed, 1/97
Reaffirmed, 1/01
Amended and Reaffirmed, 5/05
Reaffirmed BOD, 1/06
Reaffirmed RC, 5/12
Amended BOD, 1/18

XVII. 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

XVIII. 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.

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

XIX. 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.

Original policy adopted RC, 6/11

XX. 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.

Original policy adopted, 3/92
Amended and Reaffirmed RC, 1/97

Reaffirmed, 3/01
Reaffirmed RC, 5/05
Reaffirmed BOD, 1/06
Reaffirmed RC, 5/12
Reaffirmed RC, 10/18

XXI. 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

XXII. 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

XXIII. 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
Reaffirmed RC, 10/18

XXIV. 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
Reaffirmed RC, 10/18

XXV. 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
Reaffirmed RC, 10/18

XXVI. 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

XXVII. 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
Reaffirmed RC, 10/18

XXVIII. 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

XXIX. Scholarly Activity

EMRA supports scholarly activity requirements which include but are not necessarily limited to:

- 1. Peer-Reviewed Journal articles

2. Non-Peer Reviewed articles such as abstracts, editorials, or letters to the editor submitted to peer-reviewed journals that have not undergone the rigorous, blinded, multiple peer review process. Also educational videos, DVDs, podcasts, and other content on online venues that are not peer-reviewed such as blogs.
3. Textbook chapter(s)
4. Presentation or lecture at local/regional/national organization meetings and conferences
5. Grand Rounds presentations within emergency or other hospital departments, and between the ED and other departments
6. Regional or National Committee involvement or leadership (elected or appointed, with active engagement and completed work, not simply a member)
7. Editorial Services including being a journal or textbook editor, editorial board member, reviewer, or content expert, abstract reviewer, grant reviewer
8. Grant recipient
9. Participation in Research including funded and unfunded projects and QA/QI projects, which may or may not result in peer-reviewed publication
10. Curriculum development regardless of implementation status
11. Regional and National community engagement projects

EMRA encourages a broad definition of scholarly activity which includes the breadth of projects accepted by the ACGME and affords residents the opportunity to complete a project that is meaningful to them as individuals. We believe this leads to a more quality contribution to a resident's career, and better contributes to the growth and advancement of our specialty as a whole.

Original policy adopted BOD, 11/17

XXX. Securing GME Funding for Resident Education

EMRA will support 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 supports sponsoring institutions securing adequate federal funding of Graduate Medical Education (GME) and supports independent financing without replacing currently funded GME positions or violating the Match process to train emergency medicine residents.

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, 5/08

Reaffirmed BOD, 5/13

Amended BOD, 1/18

XXXI. 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
Reaffirmed BOD, 3/15

XXXII. 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.
- 4) Work with relevant stakeholders to support the creation and implementation of a telesupervise system for those critical access areas where only mid-level provider-may be available

Original policy adopted RC, 5/17
Amended RC, 10/18

XXXIII. 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

XXXIV. Increasing Emergency Medical Clerkship Opportunities for Medical Students

EMRA supports the creation and expansion of policies and opportunities aimed at exposing medical students to the field of emergency medicine, including but not limited to elective and mandatory clerkships before the final year of medical school.

EMRA advocates for the removal of currently existing caps on the number of Emergency Medicine Elective rotations allowed to senior medical students.

Adopted RC, 10/18

XXXV. Support of Point of Care Ultrasound Training in Undergraduate Medical Education

EMRA supports the integration of point of care ultrasound curricula into undergraduate medical education.

EMRA will collaborate with other organizations including, but not limited to, the American Institute of Ultrasound in Medicine (AIUM) and the Society of Ultrasound in Medical Education (SUSME) to craft guidelines describing the content of a complete undergraduate medical education ultrasound curriculum.

EMRA supports further research into the benefits of ultrasound education in undergraduate medical education.

Adopted RC, 10/18

Section VI – Committees

I. Roles of Committees

A. Purpose of EMRA Committees

Committees exist to assist the Board with its work, 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. Annually, the Board and Committee leadership will collaboratively set the Committee's objectives for the year. The committee will then be responsible for accomplishing these objectives.

Amended, 2/18

II. Committee Operations

A. Formation and Dissolution

The Board of Directors, by majority vote, may form new committees, which will exist for the first two years as provisional. Once formed, the President-Elect and a board liaison will work with these provisional committees to set objectives, recruit members, and accomplish those objectives. During their time on provisional status the committee Chair and Chair-Elect will be subject to reimbursement and discretionary funding commensurate to non-provisional committees. After a period of two years, the committee may request to become a regular committee of EMRA, which will require a majority vote of the Board of Directors. If this vote does not pass, the committee may remain provisional for two more years, or be dissolved by majority vote of the Board of Directors. A provisional committee may not exist for more than four years.

The Board can create or dissolve regular committees in the following manner: If the Board of Directors, by majority vote, determines a committee has not met its annual objectives, they will submit notice to the Chair and Chair-Elect of probationary status. The Board will work with the Chair and Chair-Elect of committees on probation to address challenges to accomplishing the committee's objectives. If after a period of two years the Board of Directors determines the committee to have not met its annual objectives, the Board, by majority vote, may dissolve the committee.

B. Meetings

Committees will host in-person meetings at the fall and spring meetings of the Association.

C. Financial Considerations

Each committee 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, meeting expenses, or other needs. 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 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 will be at the discretion of the President and Executive Director.

D. Committee Membership

EMRA members granted the right to be a member of a committee according to EMRA's Bylaws can be members of as many or as few committees as they want, and they can leave and join the committees at any time. This will be done at the discretion of the individual member. The Executive Committee reserves the right to remove members from committees as needed.

E. Board Liaisons to Committees

The President-Elect will designate Board liaisons to facilitate communication between the Board and each of EMRA's committee's by giving regular updates during Board conference calls and meetings. They will also ensure that committee 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 leadership changes.

F. Social Media

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

Amended, 2/18

III. Committee Leadership

A. Eligibility to Hold Leadership Positions

Committee leaders shall be EMRA resident or fellow members, 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 leader is elected to the EMRA Board of Directors, he or she will vacate his or her leadership position within the committee to create an opportunity for another member to lead. Final year medical students may apply to be committee Chair-Elect; however, their appointment will be contingent upon matching into an emergency medicine residency program by April of their final year in medical school. If they do not match, a new Chair-Elect will be selected.

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 the agreed

upon timeline. The chair will also submit a bi-annual report to the Board in a timely manner. The chair will defer all extra-association contact to the President, as the President is the primary spokesperson of the organization.

C. Chair-Elect Responsibilities

The Chair-Elect will serve a one-year term, after which he/she shall become chair, subject to approval by the President-Elect. The Chair-Elect 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 Chairs and Chair-Elects at our spring meeting.

E. Chair-Elect Selection

Each spring, interested committee members will apply for the position of Chair-Elect 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, Chair-Elect, 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 member will be appointed as an alternative reviewer. Upon approval, the new Chair-Elect 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 Chair-Elect 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 Chair-Elect 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, Chair-Elect, 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 / Chair-Elect may continue through the upcoming normal appointment cycle at the discretion of the President-Elect.

Amended, 12/17

Amended, 1/18

Amended, 2/18

IV. Representative Council Committees

Refer to *Emergency Medicine Residents' Association Representative Council Procedures*.

V. EMRA Medical Student Council

A. Purpose

The EMRA Medical Student Council (MSC) represents EMRA's student members throughout the

organization and cultivates a leadership pipeline of young leaders who will continue to be engaged in organized emergency medicine for the rest of their careers.

B. Structure

The MSC will be led by a Chair who also serves as an ex-officio member of EMRA's Board of Directors. The MSC consists of the MSC Chair; Vice Chair; Editor; Mentorship, Legislative, Web-Tech, Student Advising, and Regional Coordinators; Regional, International, and Osteopathic Representatives; and the Primary and Alternate Student Delegates from the American College of Emergency Physicians to the American Medical Association - Medical Student Section.

Regional Coordinators oversee Regional Representatives that represent geographic areas of the United States that each represent an approximately equal number of medical schools. The Student Advising Coordinator oversees International and Osteopathic Representatives.

C. Selection

MSC members will be appointed annually for a one-year term by the President-Elect in cooperation with the Director of Education and outgoing MSC Chair. The newly selected MSC Chair will also be invited to help select the remainder of the MSC.

MSC members will be considered for reappointment or promotion, and selections will be made based upon demonstrated leadership during their prior tenure.

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
Amended BOD, 1/18

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.

Original policy adopted BOD, 8/03
Amended and Reaffirmed BOD, 5/08
Amended and Reaffirmed BOD 5/13
Amended and Reaffirmed BOD 8/17

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.

Original policy adopted BOD, 8/03
Amended and Reaffirmed BOD, 1/06
Amended and Reaffirmed BOD 5/13
Amended and Reaffirmed BOD 8/17

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: 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.

Original policy adopted, 1/93
Amended and Reaffirmed, 1/96
Amended and Reaffirmed, 1/97
Amended and Reaffirmed, 8/99
Amended and Reaffirmed, 1/04
Amended and Reaffirmed, 2/04
Amended and Reaffirmed BOD, 11/04
Amended and Reaffirmed BOD, 1/06
Amended and Reaffirmed BOD, 5/08
Amended and Reaffirmed BOD 3/13

II. Website Links Policy

A. Linking to EMRA Websites

Including by not limited to, EMRA.org, EMRAMatch.org, EM Resident.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
7. The link no longer points to the original information or resource to which it was intended to point;
 8. 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;
 9. The Web site pointed to by the link violates the conditions for link maintenance;
 10. Access to the information has become difficult due to non-standard formatting, lengthy download times or intrusive advertising; or
 11. The link is permanently unreachable or remains unavailable for a lengthy period.

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

Original policy adopted BOD, 1/06
Amended and Reaffirmed BOD, 5/08
Amended and Reaffirmed RC, 6/11
Amended by the BOD, 12/17

III. 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 will receive the publication at the recommendation of the Finance Committee with final approval of the Board of Directors. A new member kit will only be sent during the first year of membership of each membership class.

Original policy adopted BOD, 6/17
Amended and Reaffirmed BOD 10/17

Section IX – Relations with External Organizations

I. Communication with Organizations

EMRA, its Board of Directors, and designated officials will communicate with any and all entities in the course of representing the interests of emergency medicine trainees, EMRA, and the greater good of the specialty. When a subject arises warranting EMRA's official public position the Board of directors will research the subject and discuss it, and the President will function as the spokesperson for the organization. Liaisons to other organizations may be appointed by the President.

Original policy adopted, 10/01
Reaffirmed BOD and RC, 9/05
Reaffirmed BOD, 1/06
Reaffirmed RC, 6/11
Amended BOD, 3/18

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 candidate. EMRA Board of Directors members are discouraged from doing so as well, even when speaking on behalf of themselves.

Original policy adopted by BOD, 06/07
Reaffirmed RC, 5/12
Amended BOD, 3/18

Section X – 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 leaders, 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 the EMRA Bylaws.

E. Meeting Attendance Expectations

Board members are expected to attend all meetings of the Board and all other meetings and functions, as directed by the President. Committee 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
Amended by the BOD, 12/17
Amended BOD, 1/18
Amended, 2/18

F. EMRA Executive Committee

The EMRA Executive Committee shall consist of the President, President-Elect, Immediate Past President/Treasurer, and the Executive Director.

Amended and Reaffirmed BOD, 6/17
Amended by the BOD, 12/17

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.

Original policy adopted BOD, 92
Reaffirmed BOD, 5/02

Amended and Reaffirmed BOD, 1/06
Reaffirmed RC, 6/10
Reaffirmed RC, 5/12
Amended and Reaffirmed BOD, 08/16
Amended and Reaffirmed BOD, 6/17

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.

Original policy adopted, 1/96
Amended and Reaffirmed BOD, 1/06
Amended and Reaffirmed BOD, 5/08
Reaffirmed RC, 6/11
Amended and Reaffirmed BOD, 09/15
Reaffirmed BOD, 6/17

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.

Original policy adopted BOD, 9/94
Amended and Reaffirmed BOD, 6/97
Amended and Reaffirmed BOD, 6/98
Amended and Reaffirmed BOD, 1/06
Reaffirmed BOD 5/13
Reaffirmed RC, 10/18

VII. 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
Reaffirmed RC, 10/18

VIII. 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

XIX. 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
Reaffirmed, 6/10
Reaffirmed BOD, 3/15
Amended and Reaffirmed BOD, 6/17

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

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 natural or man-made disasters, will depend on the severity of the crisis or event and the needs of our respective communities.

Natural disasters 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-made 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, the Executive Committee will determine if the event warrants EMRA becoming involved.
2. When EMRA chooses to be involved, the 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
Amended by the BOD 12/17

Section XI – 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 target contribution to equity will be communicated to the EMRA Executive Director by the

Finance Committee Chair each 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). The Board of Directors may approve a deficit budget that reduces unrestricted members' equity below 50% of the revised current years' operating expense budget with a 2/3 majority approval.

5. The budget may be changed during the current fiscal year within the following guidelines
- a) up to \$5,000
Changes must be approved by the Executive Director or President and prompt notification shall be provided to the EMRA Executive Committee. The change shall be communicated to the Board of Directors.
 - b) \$5,001 to \$10,000
Changes must be approved by a simple majority vote of the EMRA Executive Committee. and prompt notification shall be provided to the Board of Directors.
 - c) Greater than \$10,000
A majority vote of the Board of Directors is required.
 - d) These provisions do not apply if the changes to the for an individual cost center or business activity remain neutral or are cost-saving.
 - e) There shall be a cumulative cap on budget modifications made by members of the EMRA Executive Committee set at 3% of the budgeted revenues of the current fiscal year.

Amended and Reaffirmed BOD, 5/08
Amended and Reaffirmed BOD, 6/11
Amended and Reaffirmed BOD, 12/18

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
 Reaffirmed RC, 10/18

- **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 be 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

II. Dues Structure

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

Original policy adopted BOD, 5/04
Amended and Reaffirmed BOD, 1/06
Reaffirmed BOD 5/13
Reaffirmed RC, 10/18

III. 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 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.

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.

Original policy adopted BOD, 1/03
Amended and Reaffirmed BOD, 2/06
Reaffirmed BOD 5/13
Reaffirmed RC, 10/18

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

Appendix A – EMRA Expense Reimbursement Policy

1. Purpose

EMRA Board of Directors recognizes that Board Members, Officers, Ex-Officio Board Members, Committee 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