

# MISSOURI EPIC

EMERGENCY PHYSICIANS INTERIM COMMUNIQUE

Missouri College of Emergency Physicians

Winter 2005

**"...just like at the annual ACEP Scientific Assembly - only better!"**

Douglas Char, MD, FACEP

Tired of rushing to register for the annual Scientific Assembly only to find out the courses you really wanted are filled? Having a hard time deciding if you can "afford" the air fare, hotel and registration costs associated with attending? Did you know that some of those same national leaders and experts will be at this year's Combined Clinical Conference on Emergency Care in August?

The emergency ultrasound lab always fills up quickly - many pay extra and wait years to get into one of the limited sessions. Stop fuming and make plans to come to Tan Tar A Resort on the Lake in 2005. Ultrasound experts Dr. John Ma and Dr. Chandra Aubin will be discussing the role of the Focused Abdominal Sonography in Trauma (FAST) exam in patients with undifferentiated shock. There will be a 2-3 hour hands-on laboratory where participants can practice FAST, line placement and basic US examinations on live models and mock patients. Best of all its free to conference attendees!

Do you keep putting off taking the ABEM Life-long Learning and Self Assessment test? Instead of dreading this new requirement for maintaining board certification, come hear what the experts think are the "take home points" from this year's assigned readings. Even better there will be an opportunity to go over the test questions as a group. One attendee commented that after listening to the panel, "taking the LLSA was a slam dunk!"

As the politicians say, "Its all about access". Ever wish you could let ACEP leaders really know how you feel about issues that affect your ability to practice medicine? Now is your chance, Dr. Robert Suter, ACEP president will be attending the Combined Clinical Conference. He will be discussing "hot button issues" that face Emergency Medicine. Dr. Suter hails from Southwest Missouri and understands our special needs. Come find out where our specialty is going in the next few years.

"But wait there's more..." The MOCEP board has decided that all first time Missouri attendees will receive a 50% rebate on their conference registration (hey, that's the cost of my MOCEP chapter dues). Come see what the program committee has planned and give us a try. I promise you'll leave saying..."that was just like the annual ACEP Scientific Assembly - only better!!"

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## **PRESIDENT'S MESSAGE**

Barry D. Spoon, D.O. FACEP

MoCEP President

Greetings:

I grew up in rural Missouri, did my undergraduate work in Oklahoma, and then worked in the Kansas City area as a lab technician. I was given the opportunity to attend medical school in Kansas City (I thank God daily). My postgraduate work was completed in St. Louis. I entered family practice in Branson, Missouri in the mid-70's.

Rotational emergency department coverage was mandatory for staff privileges in those days. My practice gravitated to emergency medicine full time during the mid-80's.

My first eighteen years in emergency medicine were devoted to small rural emergency departments. My last nine years have been with St. Johns Emergency Trauma Center in Springfield, Missouri. What a contrast!

I frequently think of my colleagues manning the rural emergency departments. I remember well the isolation, limited resources, minimal camaraderie, and the endless phone calls. I know the difficulties facing our rural emergency medicine physicians and always support them any way I can.

There is an emphasis on rural emergency medicine on a national level. More and more of our emergency medicine residency programs are including a rural tract. At least two rural emergency medicine fellowships exist. Interestingly, both are in urban settings.

ACEP has a very active Section of Rural Emergency Medicine. ACEP.org will help you find more information. Click on: About ACEP/Who Are We/Sections.

Some of my goals:

1. Increase physician activity/attendance at the Combined Clinical Conference in August 2005.
2. Form a rural Missouri Emergency Medicine Network.
3. Bring rural emergency medicine speakers to the CCC.
4. Support rural emergency medicine exposure in our Missouri residency programs.
5. Increase EMPAC money and activities in Jefferson City for legislative change.
6. Incorporate residents from all three Missouri programs in Board decisions.
7. Support and revitalize the resident paper/grant program.
8. Increase the emergency medicine profile in Missouri.

As always, I appreciate any comments or help you may have to offer.

Home phone # 417-862-8013 e-mail [b.d.spoon@att.net](mailto:b.d.spoon@att.net)

## 2005 LEGISLATIVE UPDATE

Brian J. Robb, D.O., FACOEP, FACEP

I have practiced emergency medicine at Liberty Hospital, a Level II Trauma Center, since 1985. We have an annual census of nearly 40,000 visits and for most of those twenty years I felt my most important duties were caring for my patients, working with staff physicians and being the front door of health care for our community. My first priority remains the evaluation and treatment of my patients, but during the last several years I have realized our involvement as emergency physicians with the legislative process has become increasingly important to allow quality emergency care in the State of Missouri.

The impact of escalating professional liability premiums, minuscule Medicaid reimbursement and greater patient volumes increases our professional liability risks. These important factors all impact the number of emergency physicians available to provide care. Like any profession our ability to staff and employee physicians depends on the balance between expenditures and revenues. The direct impact on both is very dependent on the processes and determinations of our legislators. We must become involved with the legislative process to better serve our patients. We are the healthcare safety net and should actively pursue legislators with our concerns, needs and input.

I actively became involved two years ago with trips to Jefferson City to discuss and educate legislators regarding the needs of emergency physicians in Missouri. We must actively become acquainted with our local Senators and Representatives and continuously discuss the issues important to our profession and patients. Emergency physicians in Missouri need to financially contribute to our Emergency Medicine Political Action Committee (EMPAC). The legislative issues important to emergency medicine can be positively impacted with our active financial and personal educational involvement in Jefferson City. We need to strengthen the position and visibility of the Missouri College of Emergency Physicians.

We need influence with several legislative matters currently proceeding through the legislative process. Medical tort reform is the most pressing issue to be addressed this legislative session. We have attempted to pass meaningful tort reform during the last two years without success. This should be the year to see the passing of medical tort reform but our continued monitoring and contributions to the current legislation process remains extremely important. We need to closely monitor the changes occurring with Medicaid appropriations and aggressively demonstrate our role as the safety net for the Medicaid population. Our reimbursement for treating Medicaid patients needs to be adjusted to modern levels of compensation. The education of our legislators is crucial to begin this process and be successful. Insurance reform is another important issue that needs monitoring during this legislative session. The attempted repeal of the Missouri motorcycle helmet law and seat belt law legislation needs to be closely watched this year.

The most important bills filed concerning tort reform and insurance reform are HB 393, Tort reform and HB 394, Insurance reform. Both bills were filed by Representative Byrd. House Bill 393 appropriately addresses our concerns including the following:

- \* Limits venue in tort actions to the judicial circuit where the plaintiff was first injured.
- \* Non-Economic Damages capped at \$250,000.00, regardless of the number of defendants. This year's bill does not have a lower limit for emergency care until stabilized which was included in last year's bill.

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**The Resident's Corner****RESIDENCY AND BEYOND: LEGISLATIVE ADVOCACY**

Amber Mounday, MD

Resident

Washington University School of Medicine

Barnes-Jewish Hospital/St. Louis Children's Hospital

***Why get involved?***

Congress and the state legislatures are reshaping the practice of medicine through the passage of healthcare legislation at an alarming rate. Physicians must take a more active role in developing policies affecting their scope of practice and financial reimbursement, in addition to influencing legislation impacting their patients and communities. Without the active voice of health professionals at the local, state, and federal levels, these decisions will be left to those individuals that are not necessarily the most informed, but that speak the loudest (and are willing to back their words financially). Doctors often protest the current system that now requires high-powered lobbyists and significant financial contributions. The reality is, like it or not, right or wrong, these methods are now our best way of reaching the most people. Doctors will continue to get railroaded by other groups willing to make the financial commitment (lawyers) if this repudiation persists.

As residents, we have the potential of being powerful advocates. Sure, financially we may fall short, but we can be a louder voice. Our “in-the-trenches” experiences with patients and “advocating” for them constantly with consultants give us the required skills to be influential. Unfortunately, most of us don't think we have the time, but you are probably already more involved than you think! Consider the following:

***Where and How?******1. Join your state and national medical associations (i.e. AMA, MSMA).***

These associations provide important advocacy resources for physicians and other health professionals. MSMA, for example, provides frequent updates on current state legislation with membership.

***2. Join the resident and professional societies of emergency medicine [i.e. ACEP (EMRA), SAEM, AAEM, MOCEP].***

ACEP, in addition to the resident branch, EMRA, offers a plethora of advocacy materials for both the national and state level for issues that impact our specialty on their website at [www.acep.org](http://www.acep.org) and [www.emra.org](http://www.emra.org). ACEP also offers courses for residents with a particular interest in getting more involved. On the state level, MoCEP also provides email updates to members.

***3. Be an “active” society member.***

Attend local and national medical society meetings. Serve on committees and task forces that address policy issues starting with those at your affiliated hospital.

***4. Stay informed on current issues.***

Sign up on convenient list serves to receive email briefs and alerts. AMA, for example, provides this service at [www.ama-assn.org](http://www.ama-assn.org) under member services. ACEP also has a clearinghouse of information that provides key facts and advocacy support on their website for more than 100 current issues by request.

***5. Communicate with state legislators by phone/email/fax.***

Tips for writing brief messages, an elected official locator by zip code, and their votes can be found on the grassroots advocacy center at [www.capwiz.com/ama](http://www.capwiz.com/ama) on the national level and the MSMA website at [www.msma.org](http://www.msma.org). ACEP also provides links to contacting both national and state representatives by email.

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Residency and Beyond: Legislative Advocacy  
*Continued from Page 4*

**6. Identify yourself as a resource.**

Provide elected state officials your contact information and express your willingness to provide input on issues about which you feel well educated.

**7. Adopt a public health issue relevant to your practice or interests.**

In residency, work hours probably seemed like the biggest issue in the last year. However, when finally “out in the real world”, issues like tort reform, trauma care funding and helmet laws may be more inspiring. Focusing on a few issues may help you become more of an expert and more effectively advocate.

**8. Understand the basics.**

Granted, health policy and the legislative process seem daunting, but at least a few written “ground” rules do exist. Check out the foremost website providing legislative information on the national level and links to every state in the Union at <http://thomas.loc.gov>. The ACEP also provides an extensive primer for the both national and state level in their legislative advocacy center online.

**9. Recruit others.**

Many issues, such as the repeal of the helmet law here in Missouri, are decided based on the sheer volume of communications (and/or contributions) received. Your practice group, hospital, and local medical societies are sources of larger support on many issues.

**10. Know that you can make a difference.**

Be patient. Don't let bureaucracy win. Being committed in your efforts can speak volumes over time. EM Resident Advocacy Week is February 28 through March 4! Try devoting some time during the week to becoming more involved.

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## A VIEW FROM THE NORTHWEST CORNER

Lynthia B. Andrews D.O. FACEP  
Chair, Emergency Medical Services Department  
Heartland Regional Medical Center  
St. Joseph, Mo.  
[lynthia@earthlink.net](mailto:lynthia@earthlink.net)

Greetings from the Northwest Corner of Missouri. I am Lindy Andrews and this is my first attempt at an article for our ‘EPIC’ publication. I was elected to the MoCEP Board last August and appointed to the Legislative Committee.

Today I'd like to talk about the State Advisory Committee on EMS. I have been attending SAC meetings for almost three years and am currently finishing my first year as a council member. The SAC committee was created by Statute in Chapter 190. Our charge is to give advice and counsel to the Governor on matters of emergency medical services. To date, we have reviewed and submitted recommendations on pertinent regulatory issues pertaining to emergency medical services, and these recommendations were packaged as some of the legislation being reviewed now.

The importance of the SAC and our situation in medicine in general is that this is a council that is representative of the branches of emergency medical treatment. The council has 16 members including physicians, fire, ambulance, hospital, nursing, and air ambulance. The council has energetically been working on issues on

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## SUMMARY OF ACEP COUNCIL AND BOARD ACTION ON 2004 RESOLUTIONS

Every year during the scientific assembly councilors from every state chapter take action on resolutions brought to them by ACEP members around the country. Here is a synopsis of the action taken on resolutions during the 2004 Scientific Assembly.

Resolutions Defeated (D) or Withdrawn (W)

- Resolution 8 Bylaws Committee Action on Bylaws Resolutions (W)
- Resolution 15 Simplification of Requirements to Retain Fellow (D)
- Resolution 22 Professional Liability and Practice Flexibility (D)
- Resolution 24 Writing Admission Orders (D)
- Resolution 31 Medical Liability Reform – Total Caps (D)
- Resolution 34 Past Emergency Medicine Leaders (W)
- Resolution 37 Special Assessment for Liability Reform Campaign and Dues Restructuring (D)

### Standing Rules Resolutions

Standing Rules Resolutions do not require adoption by the Board of Directors

- Resolution 10 Council Voting Definition – Housekeeping Change
- Resolution 12 Election of the President-Elect by the Council (as amended)
- Resolution 16 Election Procedures
- Resolution 17 Referral as the First Order Motion

### Resolutions Referred to the Board of Directors

- Resolution 20 Management of Non-Emergency Care” in the Emergency Department
- Resolution 30 Medical Liability Reform – Right to Defend
- Resolution 38 Universal Wellness Section Membership
- Resolution 43 GME Funding for “Outside Rotations”

### Non-Bylaws Resolutions

Required a  $\frac{3}{4}$  vote of the Board of Directors to amend or overrule. All were passed.

- Resolution 1 Commendation for Robert D. Aranosian, DO
- Resolution 2 In Memory of Genevieve (Schoernberg) deBeaubien, MD, FACEP
- Resolution 3 Commendation for George W. Molzen, MD, FACEP
- Resolution 4 Commendation for Susan M. Nedze, MD, MBA, FACEP
- Resolution 5 Commendation for John J. Skiendzielewski, MD, FACEP
- Resolution 6 In Memory of Philip Adam Ticktin, MD
- Resolution 18 Caring for Emergency Department “Boarders” (by substitution)
- Resolution 19 Emergency Contraception for Women at Risk of Unintended and Preventable Pregnancy (by substitution)
- Resolution 21 Pain Control (by substitution)
- Resolution 23 Specialized Emergency Medicine Training for Midlevel Providers Who Work in Emergency Departments (as amended)
- Resolution 25 ACEP and Chapter Coordination Addressing Egregious Testimony
- Resolution 26 ACEP Participation in Risk Adjustment of Quality Indicators

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- Resolution 27 Amending Requirements for Emergency Physicians Under JCAHO Patient Safety Goal “Wrong-Site Surgery Prevention” (as amended)
- Resolution 28 Availability of On-Call Specialists
- Resolution 29 Medical Liability Reform – Alternative Dispute Resolution
- Resolution 32 Disability in Emergency Physicians (as amended)
- Resolution 33 Future Leaders in Emergency Medicine (by substitution)
- Resolution 36 Risk Management Education (by substitution)
- Resolution 39 In Memory of Martin Gottlieb
- Resolution 40 Memorial and Recognition for Daniel L. Storer, MD, FACEP
- Resolution 41 Assault Weapon Ban
- Resolution 42 Procedural Sedation in the Emergency Department (by substitution)

### College Manual Resolutions

Requires a simple majority vote for adoption. All were passed. . .

- Resolution 35 Procedure for Addressing Charges of Ethical Violations and Other Misconduct

### Bylaws Resolutions

Required a 2/3 affirmative vote of the Board of Directors for adoption. All were passed.

- Resolution 7 Bylaws Committee Action on Bylaws Resolutions (as amended)
- Resolution 9 Council Voting Definition – Housekeeping Change
- Resolution 13 Resolutions Submitted Within 90 Days of the Council Meeting – Housekeeping Changes
- Resolution 14 Honorary and Life Membership Benefits – Housekeeping Change
- Resolution 11 Election of the President-Elect by the Council (as amended)

Mark DeBard, MD FACEP

Todd Taylor, MD FACEP

**The 2005 resolution deadline is July 2005.**

Please e-mail any resolutions to  
Barry Spoon [b.d.spoon@att.net](mailto:b.d.spoon@att.net), Bill Jermyn [renojerm@sbcglobal.net](mailto:renojerm@sbcglobal.net), or  
Betsy Morgan [betsy@molobby.com](mailto:betsy@molobby.com) for discussion at our  
April 14, 2005 Board Meeting.

Bill Jermyn, DO FACEP

## SUPPORTING REPEAL OF THE UNIFORM ACCIDENT AND SICKNESS POLICY PROVISION LAW

At its 2003 Interim Meeting, the American Medical Association (AMA) adopted Resolution 912, which called for the AMA to support state and specialty medical societies and public health associations in their efforts to repeal state laws modeled after the Uniform Accident and Sickness Policy Provision Law (UPPL). This document has been developed to provide the requested assistance to those organizations seeking repeal.

### The Origin of the UPPL.

In 1947, the National Association of Insurance Commissioners (NAIC) adopted the UPPL as a model law. The law states, in part, that health insurers

shall not be liable for any loss sustained or contracted in consequence of the insured's being intoxicated or under the influence of any narcotic unless administered on the advice of a physician.

Under the UPPL, if a patient presents in an emergency department and is found, by hospital staff or the emergency room physician, to be either intoxicated or under the influence of a narcotic, the patient's health insurer can lawfully refuse to pay for treatment provided to that patient for his/her alcohol or drug-related injuries. **Of course, emergency room physicians test for blood alcohol content whenever such testing is appropriate, e.g., when injuries require surgery or the administration of medication. But the UPPL deters physicians and hospitals from performing further measures beyond the testing that have a proven track record, e.g., alcohol screening, counseling, and referral.** Unfortunately, after the NAIC's action, most states also adopted the UPPL. State adoption took place at a time when public intoxication was viewed as criminal activity, when addiction treatment and trauma centers were not nearly as widespread as they are today, and when knowledge and treatment of alcohol and drug problems were not nearly as advanced as they are currently. Although obsolete, many states still retain versions of the UPPL.

The AMA continues to work with organizations like NAIC and the National Conference of Insurance Litigation to effect repeal of state laws based on the UPPL.

The following states currently have UPPLs (citation included)<sup>1</sup>

Alabama 27-19-26	Kansas 40-2203	Ohio 3923.05(J)
Alaska 21.51.260	Kentucky 304.17.290	Oklahoma (narcotics only) 36-4405 (10)
Arizona 20-1368	Louisiana 22:213	Oregon 743.480
Arkansas 23-85-126	Maine 24-A2829	Pennsylvania 1141-527
California 10369.12	Minnesota (applies to narcotics only) 62A.04(11)	Rhode Island 27-18-4(11)
Delaware 18-3325	Mississippi 83-9-5	South Carolina 38-71-370(9)
Washington, DC 35-517	Missouri 376.777	South Dakota (applies only if a felony is committed) 58-17-30.8
Florida 627.629	Montana 33-22-231	Tennessee 56-26-108(11)
Georgia 33-29-4	Nebraska 44-701.04(11)	Texas 3.70-3(B)(9)
Hawaii 431:10A-106	Nevada 689A.280	Virginia 38.2(3504)(11)
Idaho 41-2127	New Jersey 17B:26-27	West Virginia 33-15-5
Illinois 5/357.25	New York 3216(d)(2)(K)	Wyoming 26-18-126
Indiana 27-8-5-3	North Dakota 26.1-36-.4(2)(h)	

<sup>1</sup> Most of this information is derived from a status report generated by NCOIL staff and presented to the public on July 16, 2004. ARC staff have updated this information to make it current to August 2004.

## MAL WHAT?

Barry D. Spoon, D.O.  
President MoCEP

The Missouri legislature will debate tort reform again this year.

Tort reform may reduce malpractice premiums in our state. Some evidence suggests that caps will also reduce trial attorneys' interest in these cases, although this may be a good thing, it is not the "big fix".

By mandate the Board of Healing Arts is required to review all malpractice claims filed against our licensees. During my years on the Board of Healing Arts, we reviewed about one thousand malpractice claims per year. Less than ten percent of those reviewed revealed conduct that would rise to malpractice. Of that ten percent, only a very small number required discipline.

Gerald Hickson M.D., Vanderbilt, is extensively published on the anatomy of malpractice. His work is fascinating and easily referenced on Google. Many factors stimulate malpractice claims. A common theme is the patient or family expressing feelings of depersonalization.

In any group of physicians a minority of physicians are responsible for the majority of the malpractice claims.

The best predictor of a physician generating a malpractice claim is a physicians' number of unsolicited verbal or written complaints.

The majority of high-risk physicians will readily change their behavior if given their data compared to their peers.

Solutions are divided into four phases of the patient visit.

1. Preflight – triage/nursing/chart review prior to seeing patient. Knowing about your patient prior to entering their room is impressive and important.
2. Take Off – Introduce yourself to "everyone" in the room. Explain this is a team effort and thank them for their input. Offer patient comfort (touch), examine patient. Discuss the initial findings, need for tests, etc., and give a generous overestimation of length of stay to finish. All will be delighted when you finish early.
3. Longest Flight – Visit often, even for a few seconds. Inquire about patient comfort, updates on tests, etc.
4. Landing – "Sit Down". This expands patient and family perception of time spent and gives them your undivided attention even for 5-10 minutes. Discuss findings and treatment plans and ask for patients' family doctors' name so you can update them. Respect patient and families' disposition desire.

I firmly believe these simple practice suggestions will do our part to greatly reduce malpractice claims premiums in the state of Missouri.

**MOCEP MEDICAL STUDENT/RESIDENT RESEARCH GRANT**

Ted A. McMurry MD, FACEP

Medical Director, Emergency Trauma Center

St. John's Hospital, Springfield, Missouri

The Missouri College of Emergency Physicians has a Medical Student/Resident Research Grant program that was established to facilitate the academic growth and research expertise of medical students/residents in emergency medicine and to promote research in emergency medicine. A maximum of \$5000 will be available this year with the number of awards granted dependent on the number and quality of proposals submitted. The minimum award will be \$1000 and the funds may not be used for investigator salary, travel, or publication. The grant is available to a resident in good standing in a Missouri ACGME or AOA approved Emergency Medicine program or to a medical student scheduled to begin their senior year in the summer/fall of 2005 who is good standing at any of the six Missouri medical schools and is planning on pursuing a career in Emergency Medicine. Medical students and residents must have a faculty preceptor capable of ensuring the successful completion of the project as planned. Applicants will be reviewed and scored by a panel appointed the Missouri College of Emergency Physicians Board of Directors. Applications will be judged based on the project's relevance to emergency medicine and appropriateness of study methodology. The deadline for submission of research proposals is April 1, 2005 and award recipients will be announced by April 30, 2005. It would be the desire and expectation of MoCEP that in addition to possible publication of the research project, that the results of the project would be presented as a poster display at the annual Combined Clinical Conference for Emergency Care held at the TanTarA Resort in August 2006 and possibly at the American College of Emergency Physicians Scientific Assembly later that same year. For more information on details of the application process and requirements, please see the enclosed brochure or visit the MoCEP web site or call 573-636-2144.

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**A View from the Northwest Corner**

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trauma, pediatrics, legislation, and regulations. For a change, professionals who are on the job every day are having input into the issues that concern them. This is no small feat. This is a no-pay labor of commitment to the state-wide picture. The state is broken into regions and each region has a committee that includes a wide

range of people interested and wanting to participate in the process. We hear from a wide range of people and anyone who wants to attend the SAC meeting on the fourth Tuesday in Jefferson City is invited.

We need to be active in the politics of medicine or our plight will worsen. House Bill 11 includes an increase in ER physician reimbursement. This is important not only for the financial side of things but also this helps an access issue. Many rural emergency departments are the only source of care on holidays, weekends, or after offices close. To keep these departments staffed, and open, we need to help with our letters and calls. In the next few months, several of us who are trying to become more legislatively savvy will bring more information to you. If you have any questions or comments, please e-mail me [lynthia@earthlink.net](mailto:lynthia@earthlink.net)

2005 Legislative Update

*Continued from Page 3*

- \* Overturns the Scott Decision and addresses the Scott Decision Agency Issue.
- \* Repeals Joint and Several Liability and strictly limits liability to the percentage of fault attributed to each defendant.
- \* Affidavit of Merit must be produced within 90 days of filing the claim and must identify the expert that claims the case has merit, and the expert must be licensed in the same profession and substantially in the same specialty as the defendant.
- \* Benevolent Gestures inadmissible in court.
- \* Punitive Damages limited to the greater of \$250,000.00 or three times the amount of the judgment awarded to the plaintiff.
- \* Periodic payments allowed.
- \* Collateral Source allows for the discovery of amounts actually paid (in contrast to amounts billed) for a plaintiff's medical treatment.
- \* Peer Review allowed in long-term care facilities to establish a peer review committee, the work and records of which would be privileged.

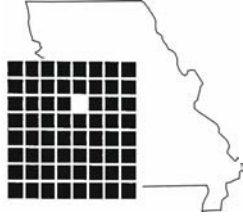
House Bill 394 includes Medical Malpractice Insurance reform which would be beneficial to all physicians including emergency physicians in Missouri.

The legislative process should be monitored continuously and we will stay involved at MoCEP but the most important contributions can be made by all of us individually to make legislative changes that will benefit our patients and profession. We will be asking for volunteers to testify in support of legislation, financial contributions to EMPAC and personal contact with your local Senators and Representatives to allow our concerns and needs to move forward with positive legislative outcomes to support emergency care in the State of Missouri.

Any emergency physician wishing to get actively involved can contact me at [brobb@libertyhospital.org](mailto:brobb@libertyhospital.org).

HB 393 Byrd, Richard Changes the laws affecting claims for damages and their payment and establishes venue in all tort actions 2/14/05 Reported do pass (H)  
<http://www.house.mo.gov/bills051/bills/HB393.HTM>

HB 394 Byrd, Richard Creates notice and reporting requirements, public market rates, and presumptions for the Department of Insurance and entities providing medical malpractice and professional negligence insurance. 2/1/05 Referred to the Insurance Policy Committee  
<http://www.house.mo.gov/bills051/bills/HB394.HTM>



## MISSOURI EPIC

213 E. Capitol Avenue, Suite 200  
Jefferson City, MO 65101

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### **MoCEP WINS AWARD**

The Missouri Chapter of Emergency Physicians has been selected to receive a \$5,000 grant from the 2005 Public Relations Grant Program of the American College of Emergency Physicians. We will be partnering with the Emergency Nurse's Association to promote the seat-belt awareness program, "Battle of the Belt". For more information on this program contact Betsy Morgan at [betsy@molobby.com](mailto:betsy@molobby.com) or Mary Tuel at [mtuel@ix.netcom.com](mailto:mtuel@ix.netcom.com)

*Contact us at:*

*MoCEP PO Box 1865 Jefferson City, MO 65102-1865*

*Phone: 573-636-2144 Fax: 573-635-6258*

*[betsy@molobby.com](mailto:betsy@molobby.com)*

*Check out the **MoCEP** web site at:*

**[www.MoCEP.org](http://www.MoCEP.org)**