

A Newsletter for the Members of the New Mexico Chapter - Winter 2025

[View Web Version](#)



In this edition:

[2024 NM ACEP Accomplishments](#)

[EDRU Crew](#)

[President's Message](#)

News from ACEP:

[Resources and Latest News](#)

[Upcoming Events and Deadlines](#)

2024 NM ACEP Accomplishments

Scott Mueller, DO, FACEP

Immediate Past President, NM ACEP

I hope that 2025 is off to a great start for everyone!

With that being said, I would like to highlight a few of our chapter accomplishments from 2024.

We supported legislation called the “[Broadening Utilization of Proven and Effective Treatment for Recovery Act](#)” (H.R. 9886). This calls for removal of an important medication for treatment of opioid use disorder, buprenorphine, from the Suspicious Order Reporting System, allowing greater patient access to this lifesaving medication.

At the Leadership and Advocacy Conference in Washington, D.C., we met with Representative Stansbury to discuss bipartisan legislation regarding workplace violence and mental health access. (“Workplace Violence Prevention for Health Care and Social Service Workers Act” [H.R. 2663/S. 1176], “Safety From Violence for Healthcare Employees Act” [H.R. 2584/S. 2768], and “Improving Mental Health Access from the ED Act” [H.R. 5414/S. 1346]).

Our chapter co-authored three resolutions for the Council meeting. All were adopted. One of the resolutions supported tap water use for wound irrigation. This was a [timely resolution](#) as Hurricane Helene disrupted IV fluid production and led to a national shortage.

We transitioned to a new Executive Director, Maude Surprenant Hancock. She has been instrumental in updating our bylaws, aligning our legislative priorities, and setting our fiduciary goals.

One chapter goal was to revitalize our ties to the University of New Mexico emergency medicine residency. Last year the residency nominated Lucas Maestas to serve as a nonvoting member on our board. He will provide a much needed perspective of the challenges resident physicians are facing.

The Michigan ACEP chapter recently developed a new initiative called the Leader Development Program. This program aims to mentor smaller chapters and provide guidance to physicians looking to get involved in leadership and advocacy. The ultimate goal is for physicians in this program to share their insights and become the next leaders in their own state chapters. One of our members has already expressed interest in this program. If you are interested in this unique opportunity, [contact us](#).

New Mexico ACEP is continuing its advocacy efforts in 2025. More from Dr. Snyder on this below.

We are bringing in a national speaker and current ACEP board member, Dr. Diane Nordlund, DO, JD, to speak at a virtual meeting on February 19th at 5-7 PM. She is an engaging speaker-you won't be disappointed!

Dr. Snyder took over as President on January 1st. I will serve as the Immediate Past President. We look forward to continuing to advocate for you and our patients in 2025.

EDRU Crew

Seth Thomas, MD

University of New Mexico Emergency Residency Class of 2026

There are a few sacred things that are held constant in residency. The waiting room will never be empty, there will always be a turkey sandwich for those who are willing to look hard enough for it, and you will always count on your co-residents for support and encouragement. These laws may not be followed by every emergency medicine residency, but they are written in stone here.

Being visited by a fellow resident during an ICU rotation is a special kind of lifeline back to the ED. The days and nights blend together with the difficult goals of care conversations and the ever-present monotony of rounding and transfers that only precede re-admission. Somewhere in the midst of this rainy march comes a familiar face from downstairs. Sometimes with a gift in the form of a sandwich or coffee, always with their warming presence and tales of recent escapades. Reassured that the waiting room is sure to be full on your re-arrival to the department, you look forward to finishing your critical care career.

The only thing brighter than an early morning sunrise over the Sandias is surely the smile of your relief as they take your overnight sign-out with nary a complaint. We frequently scrounge to provide care to people in an overburdened system, and often to no satisfying end. To all my co-residents who have sat just a little longer to listen to a patient tell their story, who have personally trucked out armfuls of meal trays to the waiting room, who have called a patient's family over and over again trying to get a patient's history: you are seen! In those little moments, you have made a world of difference, and each small act encourages me to go just a little bit further for my patient's next shift.

So much of our day-to-day is in flux, from our constant task switching in the department to the whiplash changes in our nation's politics. I feel reassured that my co-residents are always looking out for each other during a critical resuscitation, through personal turmoil, and at the bargaining table. I write this in the middle of a difficult season for many who work in healthcare, knowing that there are many challenges ahead of us. I hope that you all have partners in your department who you feel supported by and encourage to lend support to others.



Message from the President

February 11, 2025

Aaron Snyder, MD
NM ACEP President

Dear Fellow ACEP Members,

My name is Aaron Snyder, MD and as of Jan 1, 2025, I assumed the position of NM ACEP President with Scott Mueller, DO resigning. It's a pleasure and honor to represent each of you over the next 18 months and I look forward to meeting many of you. Briefly, I went to medical school at FSU COM in Tallahassee, FL. I completed a year of OBGYN residency, delivering 250 vaginal deliveries and completing 110 c-sections as the primary surgeon. I made the decision to switch to EM early that intern year and matched at UConn. I completed my residency in Connecticut in 2016. I relocated back to Jacksonville, FL to be closer to family. My wife, family medicine boarded, and I moved to NM in 2021 due to the upheaval of the pandemic and job markets. We have two daughters, Soleil (5) and Noelle (3), two cats, and live in Albuquerque.

Getting down to the business of updating you all, it's been a busy couple of months since our last quarterly meeting. Scott, Maude (our executive director), and I reached out to [Dr. Diana Nordlund, DO, JD, FACEP](#) about speaking at the

Feb 19th meeting to which she accepted. Please consider attending the meeting [via zoom](#). We also have reached out to [Alison Haddock, MD, FACEP](#), our current ACEP President, about speaking at the annual meeting on May 17th. She has graciously accepted our invitation. We will be holding the meeting in person and online. Let's give her a warm welcome and showing.

In addition to Dr. Haddock, we have invited the representative from [ANAVIP](#) to sponsor our May meeting. They have accepted and will be providing some information about snake bites and the treatment. **Our May meeting is the annual meeting with elections.** If you are interested in running for an officer position or a board-at-large seat, please attend both the Feb and May meetings. Our current treasurer, Matt Gunderson, MD and secretary, Carlene Schleisman, MD will both term out and we are looking for individuals to step into their roles. We'd love to get you more involved and up to date on the activities we are pursuing in the coming year.

If you're looking for a more national flavor of emergency medicine, several of us plan to attend [Leadership and Advocacy Conference \(LAC 2025\)](#) on Capitol Hill this April. So far, three of us will be in attendance. **If you are interested and/or planning to be in Washington DC at the end of April, let me know.** There is a lot to advocate for: CMS reimbursement rates, violence in the ED, scope creep, private equity in medicine, etc. The upheaval happening at the federal level will likely lead to topics and discussion we haven't considered. We plan to meet with our House and Senate representatives as both chambers will be in session.

Lastly, it's been my experience that all of the NM ACEP gatherings have been focused around business. In person business meetings are great, but sometimes it's really nice to have no agenda. A free-flowing conversation with your fellow ACEP members about whatever would be a nice add to the docket. **We are looking at having an informal social event Friday, April 4th.** I am working on sorting out a venue; bar and food to be covered. I'm looking forward to this event and I'm hoping you'll consider coming. Plan on a location/time announcement by Feb 19th.

With the start of the New Year, **the NM legislative 60-day session has kicked off**

and has been busy. Prior to the session starting, we have been working the ground game to meet legislators, fellow professional organizations, and advocacy groups. I've have met, spoken with, or emailed members of the House (Marian Mathews, Meredith Dixon, Nicole Chavez, Jenifer Jones, Nicole Tobiassen) as well as the Senate (Jay Block, Martin Hickey, Anntoinette Sedillo-Lopez). Southwest GI sponsored a dinner at their office with the bipartisan think tank Think New Mexico in early Jan. It was attended by a whose who of fellow doctors and advocates looking to improve New Mexico's healthcare landscape. The [2024 annual report produced by Think New Mexico](#) highlights many of the issues we are all facing: malpractice premium rates, malpractice caps, gross receipts, punitive damages, recruitment.

I have spoken with their director, Fred Nathan, as well as their field director, Marcus Lujan. They have helped to draft several bills being put before the legislature this year, many of which we support. See details below. In addition to Think New Mexico, I have been coordinating with New Mexico Medical Society's leadership (NMMS) and active members as well as Greater Albuquerque Medical Association (GAMA). Both have extensive knowledge of the various legislators and barriers needed to pass needed legislation.

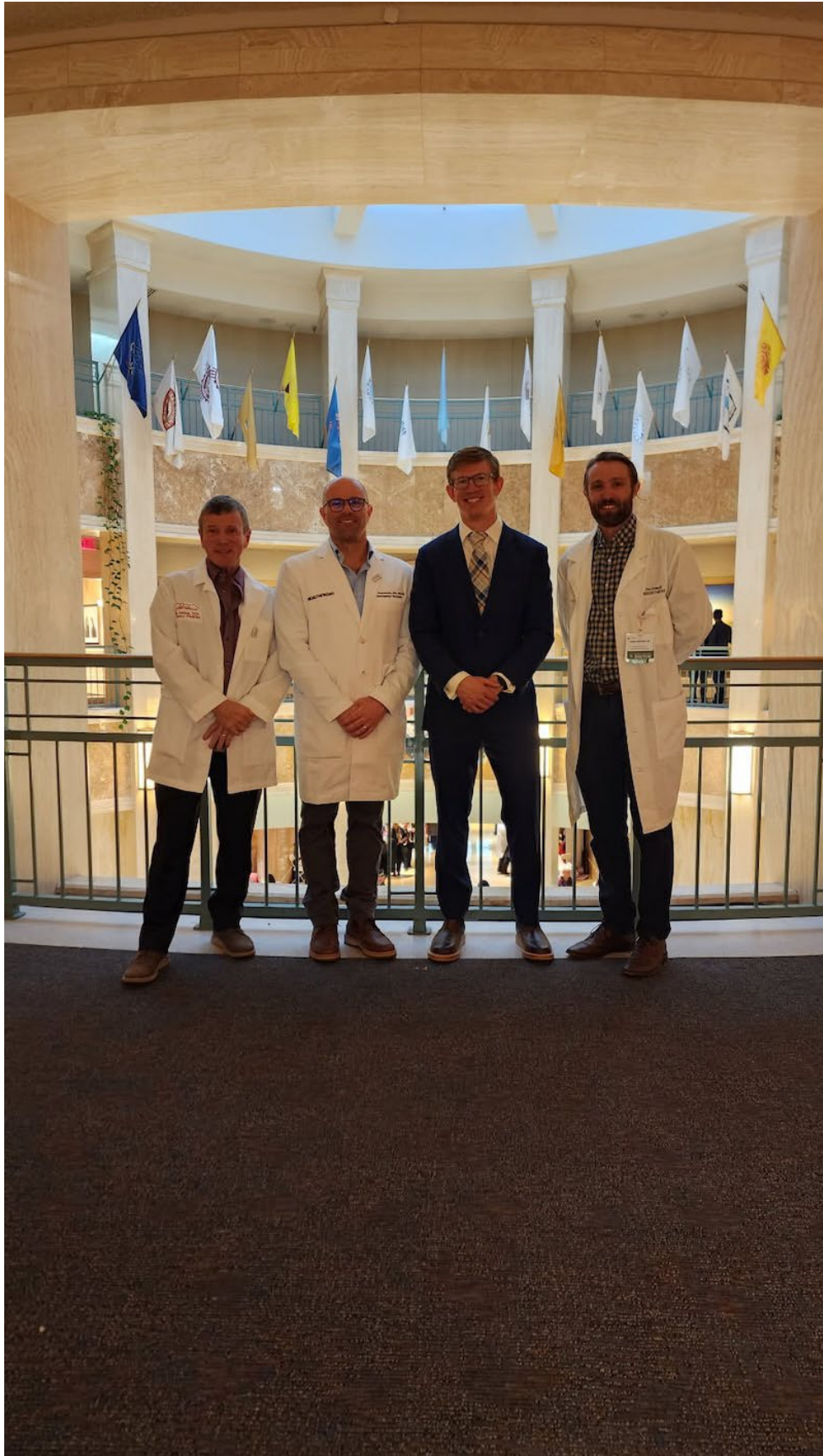
Looking for a grassroots voice to help further our causes, I have independently reached out to other professional medical organizations' leadership. Each of our organizations has its own members, staff, and distribution lists. Creating an informal Leadership Round Table, I am hoping we can all work together to keep each group abreast of changes, short notice meeting or hearing changes, and to lend our voices to each other's causes. This has already been quite fruitful, as we have been texting and emailing about bills as they are numbered. For example, the New Mexico Society of Anesthesiologists reached out to us about supporting a **Truth and Transparency Bill (HB 247)**. They aim to make it easier for patients to know the qualifications and credentials of who is taking care of them. I have been in touch with Family Medicine, Ophthalmology, Anesthesia, General Surgery, Oncology, OB/GYN, Cardiology, Peds Cardiology, Pediatrics, several nurse lobbyists, the New Mexico Hospital Association, and various lobbyists from other organizations.



White Coat Day at the Roundhouse on January 29, 2025

Picture below from left to right:

Knox Kinlaw, MD, Dominic DiDomenico, MD, Aaron Snyder, MD, Dane Abruzzo, MD



The Meat and Potatoes

I have looked over our membership list to identify everyone's state house and senate representatives. These individuals sit on committees that determine whether bills can proceed. We need members to be at the roundhouse supporting or opposing measures, but we also need to contact them as constituents. I have sent focused emails to members with pre-written information and contact email addresses for the legislators and their aids. We can make our voices heard. This past week the House Health and Human Services Committee voted to advance legislation for optometrists to perform laser surgery. Several members were on the fence and were presented with inaccurate or false data from the optometry society. They wanted to vote "no", but need to hear why from their constituents. These issues matter. Bad medicine in other fields leads to high-risk cases in our emergency departments and for our friends and colleagues as patients.

The following are the bills I am currently aware are being considered, who is sponsoring them, and the link to the language. Amendments can be made but we need to be pushing the conversation. We are the backbone of New Mexico's healthcare: days, nights, weekends. What's the phrase: "The nurse line said, "Go to the ER."

As always, I am happy to speak on any of these topics. Please let me know how you feel and what matters. After the 60-day session is over, I will be reaching out to various departments across the state to come visit. I'm looking forward to meeting you all.

What you do matters,
Aaron Snyder, MD
NM ACEP President
arsnydermd@gmail.com
914-364-2214

**List of bills NM ACEP is monitoring and status updates
as of 1:00 PM on February 13, 2025.**

SB = Senate Bill

HB = House Bill

GREEN = Pending THIS WEEK (2/10-2/14)

PURPLE = JUST in COMMITTEE

YELLOW = In Committee and not Scheduled yet

RED = Dead

Behavioral Health Trust Fund and Supporting Legislation

SB 1 - [BEHAVIORAL HEALTH TRUST FUND](#)

SB 2 - [PUBLIC HEALTH & SAFETY INITIATIVES](#)

SB 3 - [BEHAVIORAL HEALTH REFORM & INVESTMENT ACT](#)

Senate Finance Committee

- Establishes a State Trust Fund specifically to address behavioral health issues and crisis, the funding mechanism for the trust, the parameters for how the money is spent, and guardrails for implementation and continued development
 - Similar to the pre-K fund, college education fund, school lunch fund

SB 12 – [OUT OF STATE TELEHEALTH PROVIDERS](#)

Senate Health and Public Affairs Committee

- Allow out of state provider (that has a Medicaid provider identification number) to provide a second opinion and consultations that directly addresses a diagnosis made by a provider licensed in NM

SB 46 – [INTERSTATE MEDICAL LICENSURE COMPACT](#)

Senate Health and Public Affairs Committee

- Adds NM to the interstate medical license compact.

SB 57 – [MEDICAL PROVIDER PATIENT IPRA INFO](#)

**Scheduled for: Senate Health and Public Affairs Committee on Friday,
February 14, 2025 - 1:30 or half hr after floor session - Room 311**

- Adds protecting personal, identifying or sensitive information about practitioners from the public record for those involved in abortion care

SB 176 – [MEDICAL MALPRACTICE CHANGES](#)

Senate Health and Public Affairs Committee

- Sponsored: by the only physician in the legislature, Martin Hickey, MD, and Senate Minority Leader (R) Pat Woods
- Regarding malpractice: capping fees, ending lump sum payments, redirecting punitive damages to a trust fund.

SB 278 – [CORONARY ARTERY CALCIUM SCREENING INSURANCE](#)

Senate Health and Public Affairs Committee

- Relating to insurance; amending the health care purchasing act, the public assistance act and sections of the New Mexico insurance code to prohibit cost sharing for coronary artery calcium screening; broadening eligibility for coronary artery calcium screening.

SB 295 - [GROSS RECEIPTS TAX CHANGES](#)

Senate Tax, Business and Transportation Committee

- Would repeal New Mexico's gross receipts tax on medical services.

SB 296 - [PHYSICIAN INCOME TAX](#)

Senate Tax, Business and Transportation Committee

- Physician Income Tax Credit – Claim a tax credit against state income tax liability if medical residency is completed and has an outstanding student loan balance (to defray the cost of medical debt repayment). \$50K annually for up to 5 years. That portion of the tax credit that exceeds a

taxpayer's income tax liability in the taxable year in which the credit is claimed shall be refunded to the taxpayer.

SB 297 - HEALTH CARE AUTHORITY MARKET ASSESSMENT

Senate Tax, Business and Transportation Committee

- Increase Medicaid reimbursement rate to 200% (from 130%) OR avg regional commercial reimbursement rate for private insurance markets based on a study completed every two years. 75% of funds need to be directed to compensation of patient facing healthcare workers OR hiring of additional patient facing healthcare workers

SB 298 – 10-YEAR EXEMPT HEALTH PRACTITIONERS FROM TAX

Senate Tax, Business and Transportation Committee

- For taxable years ending prior to January 1, 2035, a resident who is a health care practitioner and practices full-time in New Mexico is exempt from income tax on income derived from providing health care in New Mexico within the scope of the health care practitioner's practice.

HB 35 - CHILDREN'S HEALTH PROTECTION ZONES

House Health & Human Services Committee

2/5/25: HENRC: Reported by committee with Do Not Pass but without recommendation on Committee Substitution

- Restricting oil and gas operations in children's health protection zones; requiring oil and gas operators to create a protection zone inventory and map; requiring oil and gas operators located in a children's health protection zone to develop and implement a leak response and detection plan and alarm response protocol and conduct water quality sampling and testing; suspending oil and gas operations in children's health protection zones that are in violation of the air quality control act; providing penalties.

HB 54 - DEFIBRILLATORS IN EVERY HIGH SCHOOL

House Education Committee

- Funding for defibrillators in public schools. Prior law required teaching and training for use of defibrillators but most schools still do not have them. This allows funding for the purchase, maintenance, and continued training for them on school campuses. Would be a good addition for the syncope, seizure, etc that occurs for young adults and sports as well as teachers/staff, and family attending school functions and sporting events.

HB 36 – BOARD OF OPTOMETRY POWERS AND DUTIES

House Calendar

2/10/25: HJC: Reported by committee with Do Pass recommendation and placed on temporary calendar

- Expands scope of practice for optometrist including use of lasers for surgical procedures

HB 56 – MEDICAID REIMBURSEMENTS FOR BIRTH CENTERS

House Calendar

2/11/25: HCEDC: Reported by committee with Do Pass recommendation with amendment(s)

- Would likely cause expansion of non-physician birthing centers by making them financially solvent. Good for access, not patient safety. Bad for areas with low access and these last minute complications show up in our EDs with bad outcomes. Closure of L&D around the state is increasing the rise of these centers.

HB 52 – RURAL HEALTH CARE TAX CREDIT ELIGIBILITY

House Taxation & Revenue Committee

- Wrote to Linda Siegler (lobbyist working with Sponsor Miguel Garcia) about the language. We support adding workers for the tax credit but many full time EM docs don't qualify due to the hourly cut off being higher than 1.0

FTE for EM docs. They needed specific numbers but were amiable to an amendment. Current legislation states 1584 annual hours but full time, 1.0 FTE, for emergency medicine is 1440 (120hr/month)

HB 72 - NURSING STAFF-TO-PATIENT RATIOS IN HOSPITALS

House Judiciary Committee

2/4/25: HHHC: Reported by committee with Do Pass recommendation

- Creates advisory board to create guidelines for nursing staff ratios for various types of medical care. Gives waivers and ability for the hospitals to circumvent the staffing ratios in order to remain open, during an emergency, etc. Creates some guidelines but would be fairly easy for hospitals to abuse/bend the rules. Does not say they have to waive staffing ratios for rural general acute care hospitals as needed to increase operational efficiency; provided that doing so would not jeopardize the health, safety and well-being of patients. By July 1, 2026, the authority, with the advice of the staffing advisory committee, shall hold hearings and promulgate rules regarding:
- (1) minimum, specific and numerical staffing ratios for hospitals licensed by the authority pursuant to the Health Care Code, which shall include:
 - licensed nurse-to-patient ratios by licensed nurse classification and hospital unit; and
 - unlicensed employee-to-patient ratios by unlicensed classification and hospital unit for unlicensed employees involved in direct patient care;
- (2) rural general acute care hospital staffing needs; provided that the ratios promulgated pursuant to Paragraph (1) of this subsection may be adjusted to accommodate these needs;
- (3) emergency department staffing, which shall include the ratios provided pursuant to Paragraph (1) of this subsection but shall distinguish between regularly scheduled core staff licensed nurses and additional licensed nurses required to treat critical care patients.

HB 76 – CONGENITAL HEART DISEASE TESTS FOR INFANTS

House Consumer & Public Affairs Committee

Scheduled for House Consumer & Public Affairs Committee on 2/15/2025

2/3/25: HHHC: Reported by committee with Do Pass recommendation

- Adds EKG and Echo to mandatory testing for family history of congenital issues, **any family member ever syncopized, had exercise related sob or cp, or sudden death of family member before age 50 including drowning or car accident**
- Extensive conversation with Peds and Peds Cards – Do Not PASS recommendation by both
 - Inappropriate testing, unnecessary cost burden by families, unnecessary travel for families to get this testing done, likelihood of not covered by insurance if not medically indicated but still mandated and bill does not address this.
 - “The problem I have is that significant VSD's are always heard (the larger ones present in other ways, so we always know about them too).

HB 136 – FENTANYL EXPOSURE AS CHILD ABUSE

House Consumer & Public Affairs Committee

- Adds fentanyl to a list (meth) as a prima facie (true until proven otherwise) as evidence of child abuse.
 - I am reaching out to Peds about weather this is a good addition or not. Seems like yes at first glance but how to determine fentanyl vs other opiate (methadone or sub) or that mother knew she was pregnant at time of premature birth
 - May pass on support or oppose. We care for a lot of these patients (parents and kids) and this is a very personal and charged topic

HB 138 – HOSPITAL PATIENT SAFETY ACT

2/11/25: HHC: Reported by committee with Do Pass recommendation with amendment(s)

House Judiciary Committee

- Requiring hospitals to establish hospital staffing committees for the purpose of developing hospital staffing plans to prioritize patient safety; declaring an emergency.

HB 162 - REPEAL FIREARM SALE WAITING PERIOD

House Consumer & Public Affairs Committee

- Repealing the seven-day waiting period for the sale of a firearm

HB 178 – NURSING PRACTICE CHANGES

House Judiciary Committee

- Huge changes to the practice of nursing – strong opposition. Looking to expand scope, to add conscious sedation to NPs, limit information the nursing board has to provide to public, etc. This was kicked up to national ACEP lobbyist expert for review.
- -- B. A [person] registered nurse currently licensed pursuant to the Nursing Practice Act [from using hypnosis or from administering local] may, upon the successful completion of required training programs, administer anesthetics or moderate sedation to any person."

HB 189 - CHIROPRACTIC LICENSING CHANGES

Permanently tabled on 2/10/25

House Health & Human Services Committee

- Expands scope of practice to include operative terminology and increase prescribing practices

HB 226 – INCREASE RURAL HEALTH CARE TAX CREDIT

2/12/25: HRDLC: Reported by committee with Do Pass recommendation

House Taxation & Revenue Committee

- Changes the annual credit for physicians from 5K annually to 15k annually. This would be huge. Needs language change from 1584 hours to 1440 hours like HB 52.

HB 243 - INTERSTATE MEDICAL LICENSURE COMPACT

Scheduled for House Health & Human Services Committee on Friday, 2/14/2025 at 8:30 AM - Room 307

- Enters NM into the physician interstate licensing compact

HB 234 – MEDICAL CARE FOR ALL INFANTS BORN ALIVE

Scheduled for House Consumer & Public Affairs Committee on Thursday, 2/13/2025 at 1:30 PM - Room 317

- Any infant born alive will receive medical/legal protection for resuscitation and have all rights as any other alive person. Does not define an age for when a delivered fetus is imminent death (before 24 weeks) and if attempts to resuscitate are not made: 1st degree felony.

HB 247 - HEALTH CARE PRACTITIONER TRANSPARENCY ACT

Scheduled for House Consumer & Public Affairs Committee on Thursday, 2/13/2025 at 1:30 PM - Room 317

- Creates a mandate for all people working in healthcare settings to correctly identify themselves with their credentials (MD, DO, NP, PA, etc, etc) including the title of doctor to apply to physicians and healthcare practitioners to be all others
- Most importantly: “An advanced practice registered nurse shall verbally identify as an advanced practice registered nurse during each initial patient interaction in a clinical setting. An advanced practice registered nurse who holds a doctorate degree and identifies with the title "doctor"

while in a clinical setting shall clearly state that the title does not refer to the advanced practice registered nurse as being a medical doctor or physician.”

HB 266 – SUPERVISION OF PHYSICIAN ASSISTANTS

**Scheduled for House Health & Human Services Committee on Friday,
2/14/2025 at 8:30 AM - Room 307**

- Amending the physician assistant act to eliminate certain requirements regarding the supervision of physician assistants by physicians; repealing section 61-6c-8 nmsa 1978 (being laws 1973, chapter 361, section 6, as amended).

HB 267 - PHYSICIAN ASSISTANTS SUPERVISING OTHERS

**Scheduled for House Health & Human Services Committee on Friday,
2/14/2025 at 8:30 AM - Room 307**

- Amending the physician assistant act to allow certain experienced physician assistants to supervise newly licensed physician assistants.

FROM NATIONAL ACEP



ACEP Resources & Latest News

ACGME Releases Proposed Changes to EM Program Requirements

The Accreditation Council for Graduate Medical Education (ACGME) has released [new proposed emergency medicine program requirements](#) and [rationale](#) for the updates. The public comment period is open now through May 1, 2025. [Read more.](#)

Indiana ACEP Aims to Strengthen Prudent Layperson Standard Enforcement

Indiana ACEP is refusing to tolerate insurer bad behavior. The chapter was instrumental in the drafting and introduction of a new state senate bill that would reinforce the prudent layperson standard and help make sure that insurance companies fairly and promptly reimburse emergency physicians for care. [Read more.](#)

ACEP Calls for Administration to Ensure Robust Federal Health Infrastructure

The American College of Emergency Physicians (ACEP) respectfully calls on the Administration to recognize the critical importance of a robust federal health infrastructure in safeguarding the prosperity and security of our nation, and the health and well-being of our people. [Read more.](#)

Act Now to Reverse the Medicare Cuts

With ACEP's strong support, new bipartisan legislation has been introduced to reverse the harmful Medicare Physician Fee Schedule (PFS) cuts. [Read more.](#)

Change is Happening Fast: ACEP is Your Voice in Washington When it Matters Most

The first days of the Trump Administration include seismic policy shifts with significant implications for emergency physicians and patients. [Read more.](#)

ACEP Strongly Applauds Senate Bill Supporting Physician Mental Health

Bipartisan legislation introduced in the Senate this week would reauthorize funding for the law named in honor of the life and legacy of Dr. Lorna Breen, an emergency physician who died by suicide during the pandemic. [Read more.](#)

Ohio ACEP is Protecting Emergency Physicians from Violence

A new Ohio law will help protect the state's emergency physicians and health care workers from violence. Ohio ACEP advocacy supported the effort from start to finish. [Read more.](#)

ACEP Applauds HHS for Raising Corporatization Concerns, Continues to Press for Change

ACEP strongly applauds the [new report from the Dept of Health and Human Services \(HHS\)](#) regarding consolidation in health care. [Read more.](#)

AHRQ Announces 'Special Emphasis' on Research to Reduce Boarding

The Agency for Healthcare Research and Quality (AHRQ) is doubling down on efforts to address boarding in the emergency department, building on ACEP-generated momentum. [Read more.](#)

Connecticut ACEP Leads Efforts to Boost Hospital Transparency Around Boarding Crisis - UPDATE

With the state legislative session now underway, ACEP members are leading the call for changes to alleviate the boarding crisis. Read

the [report](#) prepared for legislators by Dr. Christopher Moore and the committee of physicians. [Read more.](#)

ACEP Applauds Reauthorization of Emergency Medical Services for Children Law

The ACEP-supported bipartisan Emergency Medical Services for Children (EMSC) Reauthorization Act of 2024 was signed into law December 23, 2024. [Read more.](#)

Upcoming ACEP Events and Deadlines

- [**Shift Change: Part II The First 100 Days of the 119th Congress and Trump Administration**](#)

February 13, 2025

2:00 PM - 3:00 PM Central time

A recording will be available.

Almost a quarter of the way into the first 100 days of the new Trump Administration and the 119th Congress, and the news cycle has been filled with new developments. Join ACEP advocacy staff to cut through the noise and learn what it all means for you as an emergency physician and for your patients. If you missed Part I, [view it here on demand.](#)

- [**ACEP Council 101**](#)

April 10, 2025

2:00 PM - 3:00 PM Central time

Join ACEP Council Speaker Melissa W. Costello, MD, FACEP, and ACEP Council Vice Speaker Michael J. McCrea, MD, FACEP, to learn about how the

ACEP Council works and how even a single member can make a big impact on the policy and direction of the College. The ACEP Council is a deliberative body that meets once a year for two days in conjunction with the College's annual Scientific Assembly. The Council votes on resolutions that guide the activities of the College. Learn how to craft your resolution and weigh in on the pressing issues in emergency medicine.

- **[ACEP Leadership & Advocacy Conference](#)**

April 27-29, 2025

Join your colleagues in Washington, DC, and make your collective voices heard to inspire change for your patients and your specialty. Both chambers of Congress are expected to be in session. Together, we'll:

- tackle problems facing EM such as the current boarding crisis,
- develop tools to advocate at all levels, and
- build relationships with policymakers and fellow advocates.
[Register today!](#)

- **[ACEP25 Scientific Assembly](#)**

September 7-10, 2025

For the first time, ACEP's annual meeting will be in the beautiful city of Salt Lake City, UT. The world's largest emergency medicine educational conference bringing together the global EM community.

Contact New Mexico ACEP

Aaron Snyder, MD - President

Maude Surprenant Hancock, CAE - Executive Director

mhancock@acep.org | 469.499.0242 | [Website](#)

New Mexico Chapter ACEP

c/o ACEP

P.O. Box 619911

Dallas, TX 75261-9911

© 2025 New Mexico Chapter ACEP. All rights reserved.

Getting too many emails? Update your [ACEP Email Subscription Center](#) and select only what you want to receive.