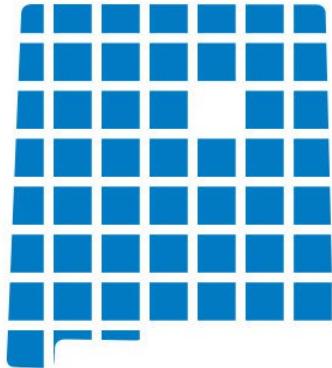


A Newsletter for the Members of the New Mexico Chapter - September 2025

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**NEW MEXICO CHAPTER**

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**Message from the President****September 26, 2025**

Aaron Snyder, MD

NM ACEP President



Dear Fellow Emergency Medicine Colleagues,

I hope this letter finds you well-rested and caffeinated as we wrap up another intense quarter in our beloved emergency departments.

Your NM ACEP leadership has been busy networking, advocating, and occasionally sleeping, so let me catch you up on what we've been accomplishing on your behalf.

**Legislative Updates and Advocacy**

Since my last letter, we've been deep in preparation for the upcoming legislative activities. The October 1st special session is approaching quickly, and lawmakers plan to address several healthcare-related issues including:

- Funding for the Rural Health Care Delivery Fund to provide stabilization grants for quality healthcare providers.
- Actions to make health insurance premiums more affordable in the marketplace
- Additional resources to help the Health Care Authority prepare for upcoming Medicaid enrollment changes.

Looking ahead, the 2026 legislative session specific dates:

- Legislation may be pre-filed starting January 2, 2026, with the session running through January 16th.

- Official opening day is January 20th at noon, with February 4th as the deadline for bill introduction.
- Session ends February 19th at noon, and any legislation not acted upon by the governor by March 11th will be pocket vetoed.

I've been attending town hall meetings throughout Albuquerque over the past couple of months, and I'll be honest with you—the trial lawyer-backed representatives continue pushing the narrative that medical malpractice reform isn't necessary, claiming that the data we've presented is being misrepresented. Rather than argue in circles, I've taken a direct approach and reached out to the Office of Superintendent of Insurance here in New Mexico. They regulate health insurance plans, rates, and medical malpractice policies, and I'm working to obtain official data that we can make widely available to refute these ongoing claims.

Meanwhile, Think New Mexico continues to push for our state to join the interstate compact for physician licensing among other initiatives from their 2024 campaign release. I've also spoken with representatives from NM AAP about collaborating on public support and advocacy for vaccine recommendations and safety. NM DOH has helped ease the burden of receiving annual respiratory pathogen vaccines. Please let me know if you are having additional barriers or problems in your departments or your patients report issues in the community.

### **Collaborative Patient Advocacy**

On a more positive note, the New Mexico Medical Society and Greater Albuquerque Medical Association have collaborated to launch an exciting patient advocacy website called Patient-Led New Mexico. Their mission is to ensure that every New Mexican can access timely, high-quality healthcare by championing patient-centered reforms that strengthen our healthcare system. This nonpartisan initiative brings together patients, providers, communities, and lawmakers to build a stronger healthcare future for all New Mexicans. The founding organizations include the New Mexico Medical Society, New Mexico Hospital Association, Sacramento Mountains Foundation, and Greater Albuquerque Medical Association. I encourage you to check out their website

<https://www.patientlednm.org/share-your-story/> and consider sharing your stories there.

## **National ACEP Engagement**

We held our Q3 NM ACEP meeting in August, where we reviewed our progress and upcoming plans. Several of us then attended the ACEP Council meeting in Salt Lake City in early September, including Dr. Lucas Maestas, MD and Dr. Mike Candaleria, MD from UNM Residency, along with Dr. Riemer Praamsma, MD (NM ACEP Secretary), Dr. Scott Mueller, DO (NM ACEP Past President), and myself. We were also honored to have some of our retired but still engaged colleagues present, including Dr. David P. Sklar, MD, FACEP (Past ACEP Chair 2009-2010) and George W. Molzen, MD, FACEP (ACEP Past President 2002-03).

During the Council meeting, I submitted what became an emergency resolution after missing the regular submission deadline by just one minute. The resolution addressed current national healthcare concerns, particularly regarding RFK Jr.'s firing of the entire CDC vaccine committee membership in June 2025 and his replacement of qualified members with vaccine skeptics and unqualified personnel. After firing the head of the CDC and subsequent resignations of three top CDC officials who wouldn't support his vaccine recommendation changes, Florida's Surgeon General announced planned removal of mandated school vaccine policies. California, Oregon, and Washington subsequently announced a West Coast Healthcare Alliance for medical guidelines and vaccine availability. Our emergency resolution asked ACEP to publicly support vaccine recommendations announced by the American Academy of Pediatrics, American College of Cardiology, and American College of Obstetricians and Gynecologists in August 2025. I'm pleased to report that the resolution passed without opposition. Read [ACEP's public statement](#) endorsing evidence-Based vaccine schedules released on September 19.

NM ACEP continues to increase our involvement in national ACEP activities. I've been participating in meetings with the ACEP Small and Medium-sized Chapters caucus led by Steve Anderson from Washington ACEP, and I volunteered for the reference committee this year, specifically Ref Com C. This experience led to an

invitation to join the ACEP Steering Committee for the coming year. Additionally, Scott Mueller has been asked to join the ACEP National/Chapter Relations committee, and I've been invited to the ACEP International Medicine Committee. These positions will help us bring our state's unique needs to national discussions while reporting back valuable insights to our membership.

## **Upcoming Opportunities and Events**

- Our next meeting is scheduled for November 19th, and we'll confirm the format and location soon. Let us know if you have an interest in attending by [RSVP'ing here](#).
- White Coat Day will take place in January at the Roundhouse—this is always a powerful opportunity to show our unified presence to state legislators, and I'd love to see emergency medicine physicians from across the state participate.
- For those interested in federal advocacy, the [Leadership and Advocacy Conference](#) in Washington DC is scheduled for April 26-28, 2026. This is an excellent opportunity to speak directly with our federal legislators about nonpartisan issues that desperately need reform, including reimbursement challenges, violence in emergency departments, and provider burnout.

## **National Information**

A school aged child has died from known, delayed complications from measles in LA county. Though the child recovered from their initial illness, they later developed subacute sclerosing panencephalitis, which is also known as SSPE. Officials said that the complication is universally fatal and can occur in people who had measles early in life.

SSPE is a rare, progressive brain disorder that can develop two to 10 years after a person's initial measles infection, even if the patient has seemingly fully recovered, officials said. It is characterized by a gradual loss of neurological function, with death occurring one to three years after it is initially

diagnosed. Please continue to support and recommend your patients complete the MMR vaccine series.

The CDC's ACIP is met this past week to discuss vaccine guidelines including MMRV, Hepatitis B and Covid-19. ACIP committee members voted 8-3 to no longer recommend the combined MMRV (measles, mumps, rubella, varicella) and the new recommendations will align with the Vaccines for Children (VFC) program. This means MMRV will no longer be covered at the 15-18 month age range moved back to age 4. These changes were due a small increased risk for febrile seizures when varicella is included in the MMR series. Hepatitis B was also on the docket with the committee eventually voting to table changing the recommendation from administration at birth to age 1 month. Debate was centered around no evidence of issue with the current age guideline or benefit in delay to 1 month of age. This was a major issue raised by Senator Cassidy (R-LA), a GI physician, the prior week. Covid-19 vaccine recommendations were significantly changed with new guidelines. New recommendations are per individual as a case-by-case decision made from age 6 months and older.

Conversations and advocacy continue at the federal level by both sides for extension of ACA subsidies, Medicaid cuts, and CMS reimbursement. Government funding will run out Oct 1 and part of the negotiations is the extension of certain subsidies for individuals to purchase health insurance under the Affordable Care Act and reverses some cuts to Medicaid enacted this summer; those cuts were projected by CBO to cause 10 million people to lose coverage. We'll see what happens soon.

### **Professional Development Resources**

I want to highlight some valuable opportunities you might not know about. ACEP offers free online courses to all ACEP and EMRA members through their [\*\*Practice Essentials program\*\*](#), providing a maximum of 27.5 ACEP Category 1 Credits. The comprehensive curriculum includes:

- Contracts and Practice Models (2.5 CME)

- Negotiations (1.5 CME)
- Billing and Coding (2 CME)
- Reimbursement (2.25 CME)
- Operations (3.5 CME)
- Quality Improvement and Patient Safety (2 CME)
- EM Informatics (1.75 CME)
- Risk Management (2 CME)
- Leadership and Innovation (3.25 CME)
- Legal and Regulatory Issues (2.75 CME)
- Personal Finance (3.75 CME).

I'm currently working through these modules myself and finding them quite valuable. You can access these courses at

<https://www.acep.org/education/practice-essentials>.

Additionally, ACEP is hosting an Independent EM Group MasterClass at their headquarters from February 9-12, 2026. While it requires a \$1,300 investment, our President-elect Dominic DiDominico, DO attended last year and enthusiastically recommended it for anyone interested in cutting-edge emergency medicine practice management. This program is designed for leaders looking to bring their established EM group to the next level, future leaders of established EM groups, engaged members of independent EM groups who want to stay informed, and leaders considering starting new independent EM groups. More information is available at <https://www.acep.org/indyclass>.

## **Moving Forward**

Over the next few months, I'll be reaching out to our newly joined members to help get them engaged with our organization. Please remember that membership

renewals are crucial—they help us maintain our Councillor participation numbers and fund the advocacy work we do at both state and federal levels.

Thank you for your continued dedication to emergency medicine and for supporting NM ACEP's mission. In the words of "The Pitt" Emmy Award Winning Actor, Noah Wiley, "To anybody who's going on shift tonight, or coming off shift tonight, thank you for being in that job. This is for you."

Best,

Aaron Snyder, MD  
President, New Mexico ACEP  
[arsnydermd@gmail.com](mailto:arsnydermd@gmail.com)  
914-364-2214

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### **Upcoming NM ACEP Quarterly Meeting - Mark Your Calendar!**

Please [RSVP](#) to let us know you're coming and we'll send you a calendar invitation.

**Wednesday, November 19, 2025**

5:00 PM - 7:00 PM

Hybrid: In-person location TBC Virtual on Zoom

[RVSP here](#)

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## **New Membership Dues Payment Option Helps Minimize Fees**

ACEP now offers the option to pay your membership dues through direct ACH transfers, also known as electronic check. ACH transfers are electronic, bank-to-bank money transfers processed through the Automated Clearing House (ACH) Network. Not only does this make your renewal seamless, but it also saves ACEP and our chapter money! **Paying by ACH greatly reduces the fees we must remit to the credit card companies and allows us to put more dollars directly towards the advocacy efforts and other member benefits that you value.**

This new payment option is available on the membership application for new and renewing members, while those who are using installments and auto-renew can easily update their payment information any time by accessing the [Payment Methods](#) section of [My Account](#) on ACEP's website.

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## **Reflections on the 2025 ACEP Council**

Lucas Maestas, MD

*Resident Representative*

New Mexico ACEP

Attending the 2025 ACEP Council as an emergency medicine resident from New Mexico was both energizing and eye-opening. I had the privilege of serving as one of our state's Councillors, which meant I was able to vote alongside hundreds of emergency medicine physicians on a wide range of resolutions that will shape the future of our specialty. Being surrounded by colleagues from across the country showed me how collective advocacy directly shapes the environment we will practice in.



## Highlights from Council

This year's Council carried a sense of urgency. With health care under intense scrutiny, delegates debated ED crowding, reimbursement, patient access, and workforce stability. Seeing these discussions as a resident underscored how policy decisions made today affect our practice tomorrow.

### Key themes included:

- **Medicaid Preservation:** Resolutions stressed the need to sustain funding, reduce barriers to care, and support hospitals serving vulnerable patients, which is a critical issue in rural states like New Mexico.
- **Residency Pathways:** A major debate centered on whether all EM residencies should be four years. Most programs remain three years. Council sent a clear message supporting both models to preserve flexibility, control debt, and maintain recruitment.

- **Public Health Leadership:** One of my proudest moments was seeing our NM ACEP president introduce and pass an emergency resolution on public health and vaccine guidance. This showed how a single chapter can shape national policy.
- **Innovation and Evidence:** Councillors also examined AI's growing role in insurance and reaffirmed commitments to diversity, equity, and evidence-based public health.

### **New Mexico's Role and Looking Ahead**

Our chapter's perspective, shaped by rural challenges and a strong community ethic, added an important voice to national discussions. Watching our president's resolution pass showed me that advocacy is open to everyone in emergency medicine at every stage of training and practice, and that each person brings a vital voice to the table. Residents can step up, share ideas, and vote on issues shaping our future. I return to New Mexico eager to involve more trainees and continue strengthening our specialty.

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### **Sepsis: Improving Early Recognition and Treatment**

J. Ian McIsaac, MD

*Board Director*

New Mexico ACEP

Many of us entered this field with the noble goal of "saving lives". The understanding of how this occurs tends to evolve throughout one's career. Initially, we imagine the heroic code, only to learn in our early years of training that most codes do not survive, and those who do rarely survive neurologically intact. It is often a few years into training that we realize that most lives saved by emergency physicians are not through expertly run codes, but rather by thorough evaluation and thoughtful timely treatment. Almost

no disease exemplifies this better than sepsis. Delayed treatment or missed diagnosis can lead to permanent disability, prolonged hospital stay, or even death. Early recognition and treatment are key to improving outcomes.

How can we do better? Let's start with a recent case seen at one of our rural hospitals.

A 59-year-old male presented with 1 week of right knee pain radiating into the right thigh and right lower back. He noted that symptoms had started following a bicycle ride and thought symptoms may be related to knee strain. He had been seen in the ED 4 days prior, and x-rays of the right knee were unremarkable. On the current visit, vital signs were normal except for a borderline elevation in his heart rate at 100. The patient denied fevers and was afebrile in the emergency room. Examination of the back and lower extremities was remarkable only for mild tenderness along the distribution of pain. No skin changes or swelling were seen.

This case could have easily been brushed off as muscular strain. There was a clear precipitating event and his presentation was benign. Yet there was something off. Pain was progressive and appeared out of proportion with the mechanism of injury. Our astute physician dug deeper. Given the severity and rapid progression of pain with no preceding trauma, infectious cause was considered and workup proceeded with a laboratories showing a marked leukocytosis of 19.9 as well as marked elevation in inflammatory markers. This prompted further evaluation with MRI of the thoracolumbar spine showing septic arthritis of the facet joints with the associated paraspinal myositis and early vertebral osteomyelitis. Blood cultures later returned positive for MRSA bacteria. The patient was admitted and improved rapidly with IV antibiotics. After 3 days, he was discharged on continued oral antibiotics and infectious disease follow up.

Again, how can we do better treating sepsis? **First, we need to consider it. Look for subtle clues.** Think of the patient with atrial fibrillation who has been well controlled and now presents with a rapid ventricular response. Could the cause be an undiagnosed serious infection? Think of the return ED visitor like the

patient above. Rather than feeling annoyed at a patient returning for what appears benign, we should consider the patient's return as a second chance to get it right. Through high vigilance for sepsis, we can identify even the cryptic cases early and make a huge difference for our patients.

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### **Between Challenges and Gratitude: A Perspective on Practicing Medicine in New Mexico**

Matthew Gunderson, MD

*Board Director*

New Mexico ACEP

Practicing medicine in New Mexico has always been challenging. Even before the arrival of COVID-19, 32 of the state's 33 counties were listed as "medically underserved" by the federal government. The pandemic, obviously, did not help. State leadership made things even worse in March 2021 when they passed legislation that effectively chased hundreds of healthcare providers out of the state due to massive increases in the cost of malpractice insurance. New Mexico stands out as the only state in the United States that has suffered a net loss of physicians in the past five years – a rather unfortunate accomplishment.

As a healthcare provider in such an environment, it is easy to feel frustrated and upset. We all cope in different ways. I try to remind myself frequently of the many benefits that I enjoy as a physician practicing in this state. New Mexico is, we all agree, an extraordinarily beautiful place, with endless opportunities for outdoor recreation, as much delicious food as you could possibly eat, and cultural heritage that is among the most unique in the country.

The overwhelming majority of New Mexicans are wonderful people. Whenever I interact with physicians from other states, I always tell them that I treat the most

rewarding patient population in the United States. And being a pediatric emergency physician, I can also claim to treat the cutest and most fun patient population in the United States, which definitely adds extra layers of job satisfaction on every shift.

I am also very fortunate to have an impact on the future of medicine. As faculty at UNM, I teach medical students, residents, and fellows on every shift. Even as I slowly transition into a cranky old man physician, I find myself feeling inspired and refreshed frequently by the energy and enthusiasm of our learners. I am impressed by their intelligence and their sincere desire to learn and improve themselves on every shift. It motivates me to continue learning and trying to improve myself on every shift.

Of course, we still face many challenges every day. Difficult cases, often being overcrowded and understaffed, sometimes having sad outcomes. Some shifts are worse than others. But I recognize that I have much to be grateful for, and I am glad of that. I hope all of my colleagues across the state have similar feelings of gratitude and satisfaction in the work we do. As cliché as it sounds, we are all in this together, and I am proud of the work that we do.

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#### **FROM NATIONAL ACEP**



## ACEP Resources & Latest News

### **New Analyses Highlight Gaps and Emerging Risks of Health Care**

#### **Consolidation and the Role of Private Equity in Health Care**

ACEP is pleased that federal policymakers and expert healthcare economics researchers continue to analyze the effects of various business practices across health care.

[Read more.](#)

### **National Coalition Improves Access to Mental Health Care for Health Workers**

In recognition of Suicide Prevention Month, ACEP and ALL IN: Wellbeing First for Healthcare, a national coalition led by the Dr. Lorna Breen Heroes' Foundation, announced major progress on the shared goal to improve access to mental health care for health care workers. [Read more.](#)

### **Tylenol is Safe and Effective for Pregnant Patients**

The American College of Emergency Physicians (ACEP) addresses the safety and efficacy of Tylenol (acetaminophen) for pregnant patients in the emergency department. [Read more.](#)

### **Emergency Physicians: Everyone Should Learn the Signs of Suicide Risk**

The American College of Emergency Physicians (ACEP) urges everyone to learn to recognize the [warning signs of suicide](#), know what to do if someone is in a crisis, and understand the mental health resources available in your community. [Read more.](#)

### **Leading Physician Organizations Say Turmoil at the CDC Puts Lives at Risk**

Our organizations believe that the turmoil that occurred at the Centers for Disease Control and Prevention (CDC) last week will have harmful consequences for the health of the American public. [Read more.](#)

## **ACEP Endorses Evidence-Based Vaccine Schedules**

ACEP affirms its strong support for the use of high-quality, evidence-based vaccine schedules as an essential component of public health and patient safety.

[Read more.](#)

## **ACEP Reaffirms Support for Banning Noncompete Agreements in Health Care**

The American College of Emergency Physicians (ACEP) today reaffirmed its strong support for eliminating restrictive noncompete agreements in health care, following news that federal regulators have [issued warning letters](#) to large health care employers and staffing companies. [Read more.](#)

## **ACEP Names Dr. L. Anthony Cirillo as New President**

The American College of Emergency Physicians (ACEP) is pleased to announce L. Anthony Cirillo, MD, FACEP, as president for the 2025-2026 term. [Read more.](#)

## **ACEP Announces 2025-2026 Board of Directors and Council Officers**

The American College of Emergency Physicians (ACEP) is pleased to announce its 2025-2026 board of directors and officers, as voted by the ACEP Council, during ACEP25.

[Read more.](#)

## **Annual ACEP Awards Recognize Emergency Physician Leaders**

The American College of Emergency Physicians (ACEP) proudly recognizes outstanding leaders in emergency medicine during [ACEP25](#), the world's largest emergency medicine conference. [Read more.](#)

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## Upcoming ACEP Events and Deadlines

- [Employer Protection Workgroup](#)

**October 9, 2025**

4:30 PM - 5:30 PM Central Time

ACEP would like to investigate strategies that can be used to help prepare physicians by giving them the skills and knowledge needed to best protect themselves up front, consolidate more resources to be able to help immediately when new situations occur, and advocate at both the state and national level for better protections for emergency physicians and patients when employer groups are at risk of dissolution.

- [Mass Casualty Planning in Crowded ED and Hospital Settings and ASPR TRACIE Overview](#)

**October 21, 2025**

12:00 PM - 2:00 PM Central Time

The University of Massachusetts Division of EMS and Disaster Medicine, in collaboration with the National Center for Disaster Medicine and Public Health (NCDMPH) and the American College of Emergency Physicians (ACEP), invites you to a live, CME-accredited webinar addressing the most pressing educational needs in disaster medicine.

- [2026 ACEP Accelerate](#)

**January 18 - 23, 2026**

San Diego, California

Emergency medicine continues to move beyond traditional routes. And more and more emergency physicians are looking for ways to elevate their career fulfillment. With multiple meetings in one location within the same week, ACEP Accelerate offers different tracks to forge ahead and rise to your career goals. [Register Today!](#)

- [2026 ACEP Leadership & Advocacy Conference](#)

**April 26 - 28, 2026**

Washington, District of Columbia

Join your colleagues in Washington, DC, and make your collective voices heard to inspire change for your patients and your specialty. [\*\*Register Today!\*\*](#)

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### **Contact New Mexico ACEP**

Aaron Snyder, MD - President

Maude Surprenant Hancock, CAE - Executive Director

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

### **New Mexico Chapter ACEP**

**c/o ACEP**

**P.O. Box 619911**

**Dallas, TX 75261-9911**

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