EMRA Representative Council Fall Meeting

Tuesday, Oct. 6, 2026
Chicago, Illinois



Fireside Chat: A Conversation with ABEM

Felix Ankel, MD

- *After 7 rounds of certifying exams, reported it's going very well ("more human, less robot")*
- *No currently planned changes for exams*
- *Reported on ACGME proposal that would weaken RC-EM's regulatory power for the specialty*



Fireside Chat: A Conversation with ACEP

Ryan Stanton, MD, FACEP

- *Encouraged unity among EM organizations*
- *Wants to build opportunities for immediate post-residency*
- *Called for transparency from ACGME and support of EMRA's voice*



Fireside Chat: A Conversation with CORD

Jason Wagner, MD

- *Discussed alignment as part of future application process*
- *Spoke on new, stricter pediatrics requirements for training*
- *Cautioned against ACGME's proposed changes to Common Program Requirements*

ELECTION of the EMRA BOARD OF DIRECTORS

- 5 positions filled in 2026
- Total of 18 candidates, including those who ran from the floor

2026-2027 EMRA Board of Directors

Elected October 2026



President-elect Katie Tucker, DO
University of Oklahoma-Tulsa



Vice Speaker Breyanna Dulaney, MD
University of Missouri-Kansas City



Director of Health Policy Sydni Williams, MD, MSc
University of Chicago



Director of Leadership Dev. Jared Erb, DO
Yale New Haven Medical Center



EMRA Rep. to ACEP Kate Jones, MD, MPH
Rutgers/NJMS

Outgoing Board

Thank you for your years of service!

- David Wilson, MD, *Past President*
- Ian Brodka, MD, *Vice Speaker*
- Grace Bunemann, DO, *Director of Leadership Development*
- Katarina Jones, MD, *Director of Health Policy*
- Kelsey Morgan, MD, *EMRA Representative to ACEP*

Consent Agenda

Adopted on consent:

- F'26-03: Sports Medicine: A Growing Subspecialty Within Emergency Medicine

NEW POLICY COMPENDIUM LANGUAGE: EMRA support the advancement of sports medicine as a viable and valuable fellowship pathway for emergency medicine physicians, including through collaboration with relevant sports medicine organizations (such as the American Medical Society of Sports Medicine) to raise awareness of the qualifications and unique contributions of EM-trained sports medicine physicians. EMRA supports increased transparency from Primary Care Sports Medicine fellowships regarding their true capacity and willingness to accept and match emergency medicine applicants, allowing EM residents to make more informed application decisions. EMRA supports the development of infrastructure within Primary Care Sports Medicine fellowships — including clear plans for ACGME-required continuity training — necessary to successfully match and train emergency medicine residents.

Consent Agenda

Adopted on consent:

- **F'26-04: Military Service Members in Civilian Residency Programs**

NEW POLICY COMPENDIUM LANGUAGE: EMRA encourages civilian residency and fellowship programs to develop flexible policies that allocate appropriate time annually for resident physicians and fellows who are members of the Uniformed Services of the United States to complete required military-specific responsibilities such as military-specific trainings, didactics, professional military education, job assessments, and conferences; and be it further. EMRA will collaborate with its Government Services Committee to identify and disseminate best practices from civilian residency programs that have successfully implemented such flexible scheduling policies; and be it further. EMRA will develop model language or a best-practices guide that residency programs can reference when creating policies to accommodate the military-specific responsibilities of resident physicians and fellows serving in the Uniformed Services.

Consent Agenda

Adopted on consent:

- **F'26-06: Supporting Funded Transportation for Trainee Physicians After Extended or Overnight Shifts**

NEW POLICY COMPENDIUM LANGUAGE: EMRA supports sponsoring institutions providing access to fully-funded transportation options (including, but not limited to, shuttle services, rideshares, and taxis) and other appropriate fatigue-mitigation resources for trainee physicians following extended duty periods or night shifts when fatigue may impair safe travel.

Consent Agenda

Adopted on consent:

- **F'26-07: Street Medicine Programs in Residency and Medical School Education**

NEW POLICY COMPENDIUM LANGUAGE: EMRA encourages resident participation in Street Medicine electives, when available, to broaden resident education with out-of-hospital medicine and increase access to care for people experiencing homelessness; and be it further. EMRA encourages medical student involvement in Street Medicine programs, when available, for exposure to both emergent and non-emergent out-of-hospital care, as well as exposure to the social determinants of health that drive patient outcomes in emergency Departments.

Consent Agenda

Adopted as Amended, on consent:

- F'26-01: Digital Health Information and Physician-Patient Communication

NEW POLICY COMPENDIUM LANGUAGE: EMRA recognizes the growing impact of artificial intelligence, social media, and other digital health information on emergency medicine and supports initiatives to prepare emergency medicine residents and physicians to navigate these challenges EMRA encourages the development of asynchronous, optional evidence-based communication modules related to health information obtained from social media and other digital health information. EMRA supports collaboration with emergency medicine organizations to develop and disseminate best practices for preserving the physician–patient relationship in the evolving digital health landscape.

Consent Agenda

Adopted as Amended, on consent:

- F'26-05: Resident Involvement in Labor Organizations

NEW POLICY COMPENDIUM LANGUAGE: EMRA supports the autonomy of resident physicians and fellows to participate in or form labor organizations.

Consent Agenda

Adopted as Amended, on consent:

- F'26-12: Standardizing Evidence-Based, Rapid, and Empathetic Emergency Management for Sickle Cell Vaso-Occlusive Crises

NEW POLICY COMPENDIUM LANGUAGE: EMRA supports the development and/or improvement of ED treatment protocols for SCD vaso-occlusive crises that prioritize rapid analgesia and integrate supportive, non-pharmacologic measures that patients find helpful in the setting of their pain crises (e.g, including warm blankets and targeted topical therapies). EMRA supports emergency medicine education that emphasizes early recognition of acute SCD complications, medication continuity (including emergency refills for hydroxyurea), and mitigates implicit bias and stigmatizing labels surrounding pain management in SCD patients.

Consent Agenda

Adopted as Amended, on consent:

- F'26-14 - Title: Pre-Exposure Prophylaxis (PrEP) Initiation in the Emergency Department

NEW POLICY COMPENDIUM LANGUAGE: EMRA support efforts to increase resident education about initiating PrEP from the Emergency Department, including enhancing exposure to best practices from programs/departments/systems that have been successful in expanding PrEP access to patients seeking care in the Emergency Department.

Consent Agenda

Adopted as Amended, on consent:

- F'26-15: Reducing the Impact of Uncompensated Emergency Care

NEW POLICY COMPENDIUM LANGUAGE: EMRA recognizes that uncompensated care in emergency departments has substantial impact on patient care and contributes to the risk of emergency medicine graduate medical education program closure. EMRA supports efforts to reduce the burden of uncompensated emergency care in the United States, such as expanding Medicaid, and increasing Medicaid reimbursement for facility and professional services.

Consent Agenda

Adopted as Amended, on consent:

- F'26-16: Advancing Prehospital Harm Reduction Efforts and Alternative Transport Pathways for Patients with Substance Use and Psychiatric Emergencies

NEW POLICY COMPENDIUM LANGUAGE: EMRA supports policies that allow pre-hospital providers access to and allow for the distribution of naloxone and opioid overdose educational material without requiring an active overdose at the time of distribution, consistent with applicable state and local laws.

Extracted from Consent Agenda

- **F'26-10 Title: Access to Qualified Medical Interpreters in Prehospital Emergency Settings**

  ADOPTED FOLLOWING TESTIMONY

  NEW POLICY COMPENDIUM LANGUAGE: EMRA supports the use of qualified medical interpreter services by Emergency Medical Services (EMS) personnel when caring for patients with Limited English Proficiency (LEP) when clinically able without endangering the wellbeing of the patient and does not delay time-sensitive or lifesaving treatment or endanger EMS personnel safety. EMRA encourages EMS agencies to provide 24/7 access to qualified medical interpreter services for patients with Limited English Proficiency (LEP); and be it further EMRA encourages EMS Agencies to ensure the information on utilizing and directly contacting these qualified medical interpreter services are clearly displayed in every EMS vehicle and accessible to EMS personnel while involved in patient care and that the accuracy of this information is periodically assessed; and be it further EMRA encourages EMS Agencies to provide annual training for EMS personnel regarding the use of qualified medical interpreter services.

Consent Agenda

Not Adopted:

- F'26-02: Management of Patient Belongings
- F'26 - 08: Anaphylaxis Preparedness in School Settings
- F’26-09: Preparedness for In-Flight Medical Emergencies
- F'26 - 11: Toxicology Education During Emergency Medicine Residency
- F'26 - 13: Rural Access to Pediatric Emergency Department and Inpatient Wards

Consent Agenda

Review of Current Policies: Board Recommendations Adopted

- F'26-Report 02 Workplace Violence
- F'26-Report 03 Moonlighting and the Physician-Led Workforce
- F'26 Report 05: Sunset Review of EMRA Policy XI.I Availability of Childcare at Conferences

Review of Policy

Review of Current Policies: Board Recommendations

Adopted after discussion

- F'26 Report 04: The Impact of Transportation of Discharge Patients on the Boarding Crisis

Save the Date: Spring 2027 Meeting

MARCH 26: Resolution Deadline

- Set EMRA policy through resolutions
- Submit online: www.emra.org/representative-council

MAY 10: ATTEND AND VOTE

- Spring meeting held in conjunction with ACEP Leadership & Advocacy Conference
- Washington, D.C.

Thank you!

Thank you for your dedication and commitment to the EMRA and the specialty!

Connect with us!

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