

EPIC

THE MAGAZINE OF THE GEORGIA
COLLEGE OF EMERGENCY PHYSICIANS

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Greetings from seat 13C –

I started writing this intro on the plane as I was headed back from EDPMA. It's always a good conference and loaded with information that is helpful though not always welcome. On a similar note, ACEP's Legislative and Advocacy Conference last month had interesting talks, some great speakers, and it's always nice to be in DC in the Spring. But legislative wins are hard to come by, as evidenced by the Medicare cuts that weren't reversed this year and HHS's continued refusal to

comply with the No Surprises Act. Locally in Georgia, the medical community had some success this session, though not in the area most of us feel is the most important – medical liability reform.

Maybe what it boils down to is that healthcare is hard. Just this week, Walmart Health announced it is closing all of its centers. And Steward Health, which operates thirty-three hospitals, filed for bankruptcy (lots of concern about the role of Private Equity and Cerberus in the closures – a good story to read up on when you have time). In Emergency Medicine, the 2024 match was better than 2023 but still shows a concerning trend regarding fill rates and the perception of EM amongst medical students. I could go on about high burnout rates, low job satisfaction, ED violence, doctors on strike in Michigan, etc....

Despite all of the above, I'm optimistic about our future as a specialty. I know the value we bring to the hospitals and communities that we serve. I get to work beside amazing physicians and nurses every day that keep coming back, even after tough shifts, because they know how much our patients need the care we provide. And I'm looking forward to this offseason to meet with legislators and to keep working on our priorities – for our colleagues, our specialty, and our patients.

The point I wanted to come to is this. Emergency Medicine is in a difficult position, and it's very much the time to engage and remain (or become) involved. For sure it's not the time to give up. So I invite you over the summer months to work with GCEP (or MAG or your county medical society) and meet with an elected official about your concerns. Or meet with a hospital administrator about an idea to improve something at your ED. Or sign-up for an upcoming ACPE / GCEP meeting. And if you're already doing all of those things, please grab a colleague and invite them to tag along.

Healthcare is hard. We're going to need everyone's help to make it better.

Brett Cannon MD JD MBA FACEP FCLM
President, Georgia College of Emergency Physicians



CAPITOL WATCH

2023-2024 Legislative Term Summary

The 2024 Legislative Session ran from Monday, January 8th through Wednesday, March 28th. This following report includes key passed legislation as well as carried over legislation to the 2024 legislative session.

The 2023 - 2024 Legislative Term and 2024 Legislative Session has come to an end. Legislative Days 39 and 40 never fail to keep legislators and lobbyists alike on their toes. Late-arriving Rules Committee substitutes and amendments, measures being sent to the floor only to be recommitted for further perfection, and outright flops on final consideration made for long days. The session wrapped up around 1:30am on Friday, March 29th with a call of Sine Die from both chambers.

The final Fiscal Year 2025 budget includes agreed upon by conference committee in the late evening hours of day 40 includes the following highlights:

- 4% raises for State employees and an additional \$3,000 supplements for certain POST-certified State employees, DFCS employees, and some others.
- Medicaid and DBHDD provider rate increases "across the board," annualizes 513 NOW and COMP waivers, and adds 100 more.
- Appropriation of \$108 million for school safety grants and over \$200 million for pupil transportation.
- \$1M to expand pilot program for home visiting in at-risk and underserved rural communities during pregnancy and early childhood.
- \$979K to increase funds for newborn screening to include two additional disorders approved by the Georgia Newborn Screening Advisory Committee.
- \$796K for outreach and breast cancer screening services.
- \$150K for one congenital syphilis and HIV case manager
- \$34.5M for the Mercer School of Medicine grant
- \$33.4M for Morehouse School of Medicine grant
- \$15.9M for the Georgia Pediatric Program
- \$5.6M in state funding for continuous glucose monitor provision as a Medicaid benefit (from SB 35)
- \$4.6M for the Georgia Composite Medical Board (GCMB) including to hire investigators and modernize licensure application software
- \$2.7M to increase select primary care and OBGYN codes
- \$2M for 105 new residency slots in primary care

A full tracking sheet of the final Fiscal Year 2025 budget can be [found here](#).

Like the budget, most new laws take effect on July 1 unless another date is specified in the bill itself. The Governor has forty days following the legislative session to veto entire bills or line items in the budget. Below is a full breakdown of key identified pieces of legislation and their final status for 2024.

Legislation Sent to Governor Kemp for Signature or Veto
Senate Legislation

SB 12 - Sen. John Albers

Protecting Victims and Dismantling Georgia Street Gangs Act

The underlying legislation was stripped of its original language and added **HB 375 - Rep. Rob Leverett, Guardianship Cooperation** - Seeks to revise the list of providers who are authorized to participate in the processes for appointment of a guardian for an adult, the modification and termination of such guardianship, and the appointment of an emergency guardian. Additionally, **HB 1264 - Rep. Ron Stephens, Provider Wellness Program** was added to authorize the Georgia Composite Board of Professional Counselors, Social Workers, and Marriage and Family Therapists to establish a professional health program to provide for monitoring and rehabilitation of impaired healthcare professionals. It also authorizes the Georgia Board of Nursing to establish a professional health program to monitor and rehabilitate impaired healthcare professionals.

SB 35 - Sen. Nikki Merritt

Continuous Glucose Monitors - Seeks to require the Department of Community Health to include continuous glucose monitors as a benefit for Medicaid recipients via the most cost-effective benefit delivery channel. Additionally, a total of \$5.6 million was allocated in the Fiscal Year 2025 budget for implementation.

SB 198 - Sen. Sally Harrel

Georgians with Intellectual and Developmental Disabilities Innovation Commission, Now HB 1363 - Rep. Karen Mathiak, PBM Transparency

- Seeks to require that drugs dispensed to a covered person for self-administration under a state health plan be reimbursed using a transparent, index-based price, plus a dispensing fee. The legislation is an attempt to bring stability, transparency, and savings and encourages the use of the National Drug Acquisition Cost to set pricing and dispensing fees.

SB 293 - Sen. Ben Watson

Public Health District Directors - Seeks to establish in code that district health directors, appointed by the DPH Commissioner, serve as the chief executive officer of county boards of health. This bill removes the requirement that district health directors be a non-physician, as long as the Chief Medical Officer is one. This bill further clarifies the right of the Commissioner to appoint an interim director to fill temporary vacancies without county board of health approval.

SB 348 - Sen. Rick Williams

Death Pronouncement - Seeks to reduce the time from 180 to 60 days from when the deceased person last saw their physician and to be considered an unattended death. This improves the timeline to receive someone's death certificate.

SB 370 - Sen. Mike Hodges

Human Trafficking Hotline Postings - Seeks to require certain establishments to post human trafficking hotline information. Specifically, the bill extends this posting requirement to medical offices, convenience stores, body art studios, manufacturing facilities, and massage therapy businesses. The bill also provides for surprise inspections of massage therapy practices, requires that massage therapy licenses bear a photo of the therapist and that massage therapy board members receive training on human trafficking.

SB 395 - Sen. Clint Dixon

Opioid Antagonists in Schools - Seeks to to authorize the possession of opioid antagonists in schools. Additionally, **HB 1170 - Rep. Lee Hawkins, Government Buildings Accessing Opioid Antagonists** - Seeks to require that certain state government buildings, courthouses, and university buildings maintain and make accessible opioid antagonists was substituted into this legislation. Lastly, is has **HB 1035 - Rep. Sharon Cooper, Opioid Antagonists** - Seeks to expand the exemption of naloxone from the definition of a dangerous drug to include any opioid antagonist when used for drug overdose prevention.

SB 426 - Sen. Blake Tillery

Motor Vehicle Insurance Tort - Seeks to revise requirements for joining of a motor carrier and motor carrier's insurer to a cause of action; to provide for subrogation for unpaid final judgments relative to causes of action involving motor carriers. This legislation now awaits signature by the Governor.

SB 449 - Sen. Larry Walker

Medical Military Personnel - Seeks to exempt certain military medical personnel from certain requirements to qualify for their healthcare position within 24 months of service. Additionally, the bill allows the exemption from an examination requirement to qualify as a certified nursing aide. Substitute language was added in committee to have a separate license for advanced practice registered nurses and adds a definition for rural hospital organizations.

SB 480 - Sen. Mike Hodges

Mental Health Workforce - Seeks to provide student loan repayment for mental health and substance use professionals serving in certain capacities. The Board for Physician Workforce will create the rules and regulations. The measure is contingent on appropriations.

SB 495 - Sen. Sam Watson

Low THC Update - to provide for the term of validity of a registration card and to provide for delivery of registration cards.

SB 502 - Sen. Clint Dixon

State Agency Contracting - Seeks to prohibit state agencies from contracting for advertising or marketing services with certain companies or from supporting certain companies. Additionally, **HB 883 - Rep.**

Devan Seabaugh, State Boards Teleconference - Seeks to authorize county boards of health directors and community services boards to conduct meetings via teleconference, has been substituted into this legislation.

SB 505 - Sen. Blake Tillery

Hospital Transparency - Seeks to revise provisions relating to required publication by hospital of certain financial documents on its website. The legislation reverted back to the as-introduced version of the bill but also added language around how county and municipal hospital authorities are to fill vacancies. Under current law, the governing body of the area of operation submits a list of three eligible persons to the board of the hospital authority, and the board then selects one of the three named on such list or declines to make that selection. This revision eliminates the option for them to reject the names. The bill also eliminates the requirements for reporting by for-profit hospitals and eliminates the community benefit language in the prior version.

SR 476 - Sen. John Albers

Senate Study Committee on Artificial Intelligence - Seeks to create the Senate Study Committee on Artificial Intelligence.

SR 542 - Sen. Gloria Butler

Colorectal Cancer Screenings Minimum Age - Seeks to encourage the changing of the minimum age of colorectal cancer screenings.

House Legislation

HB 63 - Rep. Noel Williams

Furnishing of Insurance Claims - Seeks to require insurers providing policies for groups of 20 or more to timely furnish claims experience at the request of a group policyholder and to allow such insurers that use other methods to apply to the Commissioner for approval of the use of an alternative form of claims experience reporting.

HB 362 - Rep. Karen Mathiak

Insurance Disclosure - Seeks to require an insurer or other entity which provides for payment or reimbursement of health care expenses to disclose to a treating provider a written accounting of all payments and reimbursements for such provider's health care services.

HB 441 - Rep. Katie Dempsey

Teledentistry - Seeks to authorize and regulate teledentistry in this state by licensed dentists pursuant to permits issued by the Georgia Board of Dentistry.

HB 451 - Rep. Devan Seabaugh

First Responder Occupational PTSD - Seeks to require the provision of supplemental, illness-specific insurance to certain first responders diagnosed with occupational post-traumatic stress disorder.

The new version addresses a definition for diagnostician (eliminating APRN and Physician's Assistant); a decreased benefit (lowering the amount from \$10,000 to \$3,000 lifetime benefit after diagnosis); and a requirement that the Department of Insurance to provide an annual report on the benefit activity so that changes may be made in the future.

HB 455 - Rep. John LaHood

Physician Safe Haven - Seeks to provide confidentiality protections to participants in a wellness program for health care workers.

HB 502 - Rep. Deborah Silcox

Georgia Cosmetic Laser Services Act- Seeks to update the definition of "cosmetic laser services" and addresses supervision requirements, eliminating the requirement for a senior cosmetic laser services practitioner to be "on-site". This legislation now awaits signature by the Governor.

HB 557 - Rep. Ron Stephens

APRN Schedule II Prescribing - Seeks to authorize physicians to delegate the authority to advanced practice registered nurses and physician assistants to prescribe limited Schedule II controlled substances with a maximum 5-day supply.

HB 663 - Rep. Matt Hatchett

No Patient Left Alone Act - Seeks to establish certain rights of minors and adults admitted to hospitals to authorize hospitals and long-term care facilities to limit or restrict visitation in certain circumstances and to require visitors to wear personal protective equipment.

HB 872 - Rep. Lee Hawkins

Dental Student Service Cancellable Loans - Seeks to expand the service cancelable loan program for physicians and other health care providers in underserved areas to include dental students.

HB 874 - Rep. Lee Hawkins

School Automatic Defibrillators - Seeks to require automated external defibrillators in all schools, provide for the establishment of emergency action plans to address a person in cardiac arrest, provide for internal response teams, and provide for practice drills. This legislation now awaits signature by the Governor.

HB 1010 - Rep. Jan Jones

Paid Parental Leave - Seeks to increase the number of hours permitted for paid parental leave to 240 for state employees.

HB 1028 - Rep. John LaHood

Department of Public Health Cleanup - Seeks to to repeal the requirement of screening of public school children for scoliosis, to amend Title 31 of the Official Code of Georgia Annotated, relating to health, so as to revise the state health officer's authorization to issue standing orders, to repeal provisions relating to the Georgia Diabetes Control Grant Program, to repeal provisions relating to a pilot program for preexposure prophylaxis drug assistance or services; to repeal provisions relating to control of mass gatherings. This legislation now awaits signature by the Governor.

HB 1046 - Rep. David Clark

APRN/PA Death Certificates - Seeks to authorize advanced practice registered nurses and physician assistants to sign death certificates under delegating authority by the physicians. The new version stripped out the permissions for APRNs and PAs the ability to write home health orders; it left intact the permission for them to sign death certificates and granted them the authority to do so in Titles 31 and 43. The APRN or PA would be required to have such authority in the practice agreement or protocol from the physician. Additionally, they will be required to complete biennial continuing education regarding the recognition and documentation of the causes of death and appropriate execution of death certificates, as approved by the Composite Medical Board and check a box that the certificate is signed by a non-physician. Additionally, SB 460 - Sen. Clint Dixon - APRN/PA Supervision; was added, revising provisions relating to the number of advanced practice registered nurses and physician assistants that a physician can authorize and supervise at any one time from 4 to 8. Senator Rick Williams added language to provide immunity from liability. Lastly, the legislation now includes HB 1037 - Rep. Lauren Daniel Georgia Commission on Maternal and Infant Health which seeks to create the Georgia Commission on Maternal and Infant Health.

HB 1072 - Rep. Sharon Cooper

Drug Repository - Seeks to provide for pharmacist to pharmacy technician ratios in the program, require reverse drug distributors to make and document diligent efforts to donate drugs rather than destroy them and provide for substitution of drugs in some instances. This legislation received a Do Pass and moved on to the Senate Rules committee. **HB 546 - Rep. Rick Jasperse, Pharmacy Practice Act** - Seeks to revise the definition of "pharmacy care," and allows pharmacists to perform prescription adaptation. It adds a new definition for "pharmacy care" to allow for the adaptation of a prescription drug order. It allows the pharmacist to change the quantity of medication prescribed under certain conditions; change the dosage of the prescription prescribed if in the best interest of the patient; or complete missing information on a prescription drug order if there is evidence to support the change. There is a requirement for the pharmacist to document any adaptation.

1078 - Rep. Jesse Petrea

PACE Program Establishment - Seeks to create a new adult day center licensure exclusion; to authorize the Department of Community Health to establish and implement the Georgia Program of All-Inclusive Care for the Elderly (PACE) as part of the state's medical assistance program. This legislation passed the House floor, 165-1 and passed the Senate floor, 49-1.

HB 1083 - Rep. Bruce Williamson

Residential Mental Health Services Licensing - Seeks to extend grace periods applicable to the Department of Community Health, including creation and promulgation of rules and regulations and the issuance of a one-time provisional license. This legislation now awaits signature by the Governor.

HB 1114- Rep. Will Wade

Data Analysis for Tort Reform Act - Seeks to provide for data collection from certain insurers, insurance rating organizations, and state agencies. This legislation failed on an initial Senate floor vote, 28-22, it is set for reconsideration for next week.

HB 1326 - Rep. Ron Stephens

Dangerous Drug Clean Up - Seeks to provide for certain provisions relating to Schedule I controlled substances, Schedule III controlled substances, and Schedule IV controlled substances. This legislation received a Do Pass and moved on to the Senate Rules committee. This legislation now awaits signature by the Governor.

HB 1339 - Rep. Butch Parrish

Hospital Certificate of Need Update - Seeks to amend Title 31 relating to the State's Certificate of Need Law. The final language left in place the capital thresholds in place for physician owned and hospital joint venture ASCs. The original House version of House Bill 1339 and the Senate version of the bill removed the capital thresholds. A few key points of the bill are:

- Exempting proposals to build hospitals in rural counties from having to obtain a CON if they plan to have a full-time emergency room, accept psychiatric and substance-abuse patients, participate in Medicaid, provide indigent care, and offer a training program.
- Allow ambulatory surgical centers to be utilized by physicians who are of the same single specialty, who may include physicians who are not owners or employees of the single group practice of physicians that own and operate the center.
- Allow for entering into an arrangement with an outside entity for practice management and/or administrative services
- Allow rural hospitals that have been closed to reopen without a CON, a provision aimed at the planned reopening of a closed hospital in Cuthbert.
- Exempting a proposed hospital in southern Fulton County from having to get a CON would pave the way for a new facility to replace the Atlanta Medical Center, which closed its doors in 2022.
- Raise the state's rural hospital tax credit from an annual cap of \$75 million to \$100 million.

HB 1409 - Rep. Rob Leverett

Mental Health Tort Relief - Seeks to limit liability for mental health care providers under certain circumstances. Specifically, the bill limits liability for mental health care providers providing care to individuals age 21 or under to instances of gross negligence (instead of mere negligence), provides considerations for the jury in such cases, and limits liability for punitive damages.

Defeated Legislation Senate Legislation

SB 109 - Sen. Shelly Echols

Continuous Glucose Monitors for Medicaid Recipients - Seeks to require the Department of Community Health to include continuous glucose monitors as a pharmacy benefit for Medicaid recipients. This would increase patient access to monitors because access to a pharmacy is more accessible than to an endocrinologist (**This underlying legislation was passed on SB 35**). **HB 417 - Rep. David Knight Insurance Discrimination** was added which seeks to prohibit insurers from discriminating against certain health care facilities and providers in connection with the procurement, delivery, and administration of provider administered drugs.

SB 307 - Sen. Kay Kirkpatrick, MD

Gold Card - Seeks to require insurers operating in the state to create and register a prior authorization program with the Department of Insurance. The legislation will streamline the approval process for providers that meet certain thresholds as it relates to prior authorization. Substituted into the original bill is also **HB 924 - Rep. Mandi Ballinger, Insurance Discrimination (Whitebagging)** - Seeks to prohibit insurers from discriminating against certain health care facilities and providers in connection with the procurement, delivery, and administration of provider administered drugs. Specifically, the bill targets “white bagging” and “brown bagging” practices and prohibits insurers from requiring insureds to obtain provider administered drugs through specific specialty pharmacies. The bill does not prohibit these practices if optional and selected, but it does bar insurers from requiring insureds to secure pharmaceuticals in this way.

SB 320 - Sen. Doc Rhett

Sentencing and Imposition of Punishment of HIV - Seeks to provide for time frames for HIV testing relating, for sentencing and imposition of punishment, to provide for additional testing and to provide for disclosure of test results.

SB 336 - Sen. Kay Kirkpatrick, MD

Behavioral Health Coordinating Council Designees - Seeks to amend Titles 37, 39, and 49. This measure allows designees to be assigned to the Behavioral Health Coordinating Council. It also repeals two reports from DBHDD. The measure authorizes the Board of Professional Counselors, Social Workers, and Marriage & Family Therapists the ability to waive experience requirements for those coming from states with similar experience requirements. An amendment to include a designee for the Commissioner of Veteran Services was approved.

SB 427 - Sen. Blake Tillery

Pharmaceutical and Legal Disclosures - Seeks to provide for disclosure requirements for advertisements for legal services and for drugs. An amendment was made and accepted to remove lines 39-42 to clarify the drug portion that follows federal guidelines.

SB 428 - Sen. Blake Tillery

Motor Vehicle Injury Tort - Seeks to provide for a cap on damages recoverable against foster parents in personal injury actions involving the use of a motor vehicle by a child where the liability of the foster parent is based solely upon application of the family-purpose car doctrine or the negligent entrustment doctrine.

SB 431 - Sen. Blake Tillery

APEX Doctrine - Seeks to remove certain factors from consideration in discovery determinations (Bill seeks to strike 2023 update to GA law).

SB 455 - Sen. Brian Strickland

Medical Assistance Provisions - Seeks to bar liable third-party payers from refusing payment solely because a health care item or service did not receive prior authorization and to require a third-party payer to respond to a state inquiry regarding a health care claim within 90 days.

Additionally, **HB 1179 - Rep. Sharon Cooper, Mental Health Step Therapy** - Seeks to provide that step therapy protocols may not be required for medications prescribed for the treatment of serious mental illness under health benefit plans to establishment by health benefit plans of step therapy protocols, exception process, time requirements, appeals, construction, and application and to provide that step therapy protocols may not be required for medications prescribed for the treatment of serious mental illness under health benefit plans. This legislation awaits an agree by the Senate.

SB 460 - Sen. Clint Dixon

APRN/PA Supervision & CRNA Independent Practice - Seeks to revise provisions relating to the number of advanced practice registered nurses and physician assistants that a physician can authorize and supervise at any one time from 4 to 8. Additionally, a floor amendment was made by Senator Brass to amend Title 43 to expand a nurse anesthetist's scope of practice. The measure seeks to allow certified nurse anesthetists to administer anesthesia in rural county hospitals that qualify for the Rural Hospital Tax Credit.

SB 473 - Sen. John Albers, Georgia Consumer Privacy Protection Act - Seeks to enact the "Georgia Consumer Privacy Protection Act"; to protect the privacy of consumer personal data in this state.

SB 481 - Sen. Mike Hodges

Georgia Health Care Professionals Data System - Seeks to provide for the establishment of the Georgia Health Care Professionals Data System.

SB 519 - Sen. Ben Watson

Puberty Blockers - Seeks to prohibit prescribing or administering certain hormone replacement therapies and puberty blocking medications to minors.

SB 529 - Sen. Kim Jackson

Foreign Medical Graduates - Seeks to provide for certain licensure for qualifying foreign medical graduates and to provide for a nonrenewable limited provisional license under certain conditions.

House Legislation

HB 226 - Rep. Sharon Cooper

HIV Medicaid Treatment Services - Seeks to require the Department of Community Health to submit a Section 1115 waiver request to the federal Centers for Medicare and Medicaid Services for a demonstration project to provide treatment services under Medicaid to persons in this state living with HIV. This legislation addresses the ability for individuals to get access to HIV medications and allows individuals to live normally if they take their medications with their viral suppression load so that they do not transmit the disease. It allows individuals who have HIV to go into Medicaid when eligible – it costs about \$10,000 to treat folks, and if AIDS, it costs \$30,000 annually (without hospitalizations). Changes were made to reflect the legislation taking the cap from 138 to 100.

HB 278 - Rep. John LaHood

Athletic Trainers Supervision - Seeks to require athletic training students to be under the direct supervision of a physician or licensed athletic trainer.

HB 343 - Rep. Mark Newton

Lowering Prescription Drug Costs for Patients (Share the Savings)- Seeks to require pharmacy benefits managers to calculate defined cost sharing for insureds at the point of sale. Patients often receive explanations of benefits which outline the list price for a service and contract price. The bill addresses exemptions, and it omits self-funded plans which are federally regulated.

HB 434 - Rep. Lee Hawkins

Radiologist Assistants - Seeks to provide for the licensing of radiologist assistants.

HB 470 - Rep. Sharon Cooper

CANDOR - Seeks to establish a CANDOR system that would allow for voluntary open communications related to healthcare that are protected from future disclosure in a civil suit.

HB 498 - Rep. Danny Mathis

Funeral Directors and Embalmers Licensing Provisions is now **SB 473 - Sen. John Albers, Georgia Consumer Privacy Protection Act** - Seeks to enact the "Georgia Consumer Privacy Protection Act"; to protect the privacy of consumer personal data in this state. This legislation originated back to previous versions and stronger than the language that left the House Technology committee. All HIPPA and clinical research protection languages remain intact.

HB 822 - Rep. Kasey Carpenter

HIV in Sex Education - Seeks to amend Title 20 to provide that the prescribed course of study in sex education and HIV prevention instruction is age-appropriate and medically accurate. It also requires that such courses include instruction on consent.

HB 856 - Rep. Michelle Au, MD

Urgent Insulin Safety Net Program Act - Seeks to make insulin accessible to individuals who are in urgent need of a short-term affordable insulin supply, provide for a pharmacy to dispense one additional short-term affordable urgent insulin supply under certain conditions and require the Department of Community Health to develop an application form, an information sheet, and satisfaction surveys regarding such program.

HB 857 - Rep. Michelle Au, MD

Continuing Insulin Safety Net Act - Seeks to make insulin accessible, under certain conditions, to an eligible individual who needs an affordable supply of insulin for up to one year, with the option to renew annually, allow the pharmacy to collect a copayment not to exceed \$75.00 for insulin dispensed through such program, and provide for re-orders and renewals; to provide for the development of an application form, an information sheet, and satisfaction surveys.

HB 1030 - Rep. Clint Crowe

Safe Place for Newborns - Seeks to codify what a newborn safety device is and defines ambulance services. A parent can leave a newborn no more than 30 days old with staff at a licensed ambulance service, fire station, medical facility, police station, or in a newborn safety device. The measure allows for these devices to be installed at medical facilities, police stations, fire stations, and ambulance service locations.

HB 1050 - Rep. Karen Mathiak

Licensing Provisions for Professional Counselors - Seeks to change licensing provisions relative to professional counselors, social workers, and marriage and family therapists

HB 1081 - Rep. Darlene Taylor

Prenatal Biomarker Testing - Seeks to provide for mandatory preeclampsia biomarker testing for pregnant women if they are admitted and at the physician's discretion after the 23 week period.

HB 1104 - Rep. Omari Crawford

Note: SUBJECT CHANGE: Mental Health Resources Student Athletes - Seeks to require schools to make mental health resources available to student-athletes. The legislation would mandate no additional screenings. Specifically, the bill requires that school athletic associations collaborate with the Department of Behavioral Health and Developmental Disabilities to develop mental health awareness materials for posting online and requires coaches to review mental health awareness materials annually. A substitute was presented that includes the following:

- Requiring notification to parents and legal guardians of public school students of the right to receive email notification each time their child obtains school library materials
- Authorizing Georgia public school to operate or facilitate separate teams for members of each gender where selection for such teams is based upon competitive fairness or student safety
- Prohibiting sex education for public school students in this state before the 5th grade.

Additionally, there was an amendment offered replacing references to "mental health" with "suicide risk and prevention" and removing private schools from the requirement.

HB 1113 - Rep. Matt Reeves

Personal Privacy Protection Act - Seeks to prohibit state agencies from disclosing certain information but does not interfere with law enforcement or political disclosures. Additionally, nonprofits are protected by this legislation. This legislation received a Do Pass and moved on to the House Rules committee.

HB 1125 - Rep. Sharon Cooper

Phase Out Subminimum Wage Person Disabilities - Seeks to phase out the payment of subminimum wage to persons with disabilities and to repeal provisions concerning exemptions to the state minimum wage law for persons with disabilities.

HB 1170 - Rep. Lee Hawkins

Government Buildings Accessing Opioid Antagonists - Seeks to require that certain state government buildings, courthouses, and university buildings maintain and make accessible opioid antagonists (**Underlying bill was passed on SB 395**). Additionally, **SB 519 - Sen. Ben Watson, Puberty Blockers**, was added to the legislation which seeks to prohibit prescribing or administering certain hormone replacement therapies and puberty blocking medications to minors.

HB 1175 - Rep. Chas Cannon

Physical Therapy Direct Access - Seeks to remove the requirement for physical therapists to receive a referral from the patient's provider to continue treatment after 21 days or 8 visits.

HB 1260 - Rep. Houston Gaines

Georgia Nicotine Vapor Products Directory Act - Seeks to protect retailers and convenience stores from inappropriate vape products. The new Substitute allows products pending FDA approval to be sold along with already approved products. Currently, there are 23 approved products.

HB 1264 - Rep. Ron Stephens

Provider Wellness Program - to authorize the Georgia Composite Board of Professional Counselors, Social Workers, and Marriage and Family Therapists to establish a professional health program to provide for monitoring and rehabilitation of impaired healthcare professionals. It also authorizes the Georgia Board of Nursing to establish a professional health program to monitor and rehabilitate impaired healthcare professionals (**Underlying bill was passed on SB 12**) Additionally, **SB 529 - Sen. Kim Jackson, Foreign Medical Graduates** - Seeks to provide for certain licensure for qualifying foreign medical graduates and to provide for a nonrenewable limited provisional license under certain conditions.

HB 1244 - Rep. Todd Jones

Intellectual Property Protection Act - Seeks to provide for the establishment of dispute financing provisions.

HB 1301 - Rep. Karen Mathiak

Duchenne Muscular Dystrophy - Seeks to amend Georgia's law on newborn screening in order to add Duchenne Muscular Dystrophy to the current listing of diseases.

HB 1340 - Rep. Scott Hilton

Credentialing of Qualified Behavioral Health Analysts - Seeks to provide for credentialing of qualified behavior analysts and qualified autism services practitioner-supervisors.

More information: Please reach out to our office at 770.435.5586 or reach out to us personally via our cell phones.

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Emory University School of Medicine Department of Emergency Medicine Updates

Residency News

We are excited to announce Emory EM’s newly elected Chief Residents! Congratulations, Dr. Rohit Anand, Dr. Emily Geyer, Dr. Antonio Jackson, and Dr. Brooks Reiber.



EMORY UNIVERSITY | Department of Emergency Medicine

Chief Residents 2024-25






Dr. Rohit Anand Dr. Emily Geyer Dr. Antonio Jackson Dr. Brooks Reiber

Introducing the **Emory EM Residency Class of 2027**. The Emory EM team is looking forward to meeting the Residency’s **50th Class in July!**

Emory University Emergency Medicine Residency Program Class of 2027



Kinza Ahmed
*University of Arizona
College of Medicine, Tucson*



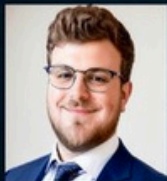
Louisa Baidoo
*University of Chicago
The Pritzker School of Medicine*



Christopher Barry
*The Warren Alpert
Medical School of Brown Univ.*



Phudit Buaprasert
*Faculty of Medicine
Vajira Hospital
Navamindradhiraj University*



Jordan Couceyro
*Emory University
School of Medicine*



Meagan D'Antone
*University of New England
College of
Osteopathic Medicine*



Jiselle Gill
*New York
Medical College*



Nabeel Janjua
*Morehouse School
of Medicine*



Kushagra Kumar
*Pennsylvania State University
College of Medicine*



Christopher Lanyon
*University of Texas
School of Medicine,
San Antonio*



Ashley Luu
*Texas A&M Health Science
Center College of Medicine*



Bobak Ossareh
*Wayne State University
School of Medicine*



Emily Otiso
*Wayne State
University School of
Medicine*



Cymone Reed
*Medical University of
South Carolina College
of Medicine*



Clifford Reilly
*University of Vermont
College of Medicine*



Josue Rodriguez
*Emory University
School of Medicine*



Carleigh Schley
*Tulane University
School of Medicine*



Harriera Siddiq
*Medical College of Georgia at
Augusta University*



James Thorndike
*The Warren Alpert Medical
School of Brown University*



Kelsey Yenney
*Washington State
University
Elson S. Floyd
College of Medicine*

Dr. Kieran Kristensen was accepted into the Emory University Global Health Residency Scholars Program (GHRSP) 2024-25.

Dr. Vidhya Balasubramanian and Dr. Laura Motard were selected for the Emory School of Medicine's Health Equity, Advocacy, and Policy Residency Track. The 24-month track will support residents & fellows to gain the knowledge, skills, and methods necessary to effectively address the social determinants of health and advocate for health policies that address them systemically to further health equity.

Recent Emory EM Distinctions

Dr. Alex Isakov is the Chair-Elect for the EMS Sub-Board of the American Board of Emergency Medicine

Dr. Steven Lindsey has been appointed a Small Group Advisor in the School of Medicine

For the first time in Atlanta, Grady EMS is now able to give whole blood transfusions in the ambulance on the way to the ED. Dr. Lekshmi Kumar, Emory EM Associate Professor and Medical Director of Grady EMS, said, "In trauma patients with significant blood loss, prehospital blood transfusion bridges the critical gap between injury and definitive care to restore perfusion and oxygenation. Donate blood, give the gift of life!" Read more about it here:

<https://www.ajc.com/news/health-news/this-will-save-lives-grady-paramedics-begin-blood-transfusions/75ZXUC3KBFFJBBTZIXIXMTB2PY/>

New Emory EM Centers, Lab, and Section

- The new Critical Care section within the Department of Emergency Medicine was established to not only to advance the care of critically ill patients in the emergency department and intensive care unit through world class clinical care, innovative research, and education of the next generation of physicians, but also to codify, support, and promote the interests of emergency medicine/critical care medicine (EM/CCM) faculty at Emory University
- New Center for Advanced Emergency Care will offer tiers of certificate training and an annual conference for professionals in the field (national and international) seeking additional subspecialty training
- The Emory Neurotrauma Translational Research Center (ENTiRE) is a cutting-edge interdisciplinary research hub at Emory University. By fostering collaboration and innovation, ENTiRE aims to accelerate the discovery and translation of groundbreaking therapies for neurotrauma
- The **Translational Neurotrauma Research Laboratory** aims to accelerate the discovery and translation of new treatments for traumatic brain injury (TBI), spinal cord injury (SCI) and neuropathic pain

Events and Publications

A new Tox book was published in March. "What do I do now: Medical Toxicology," co-edited by **Dr. Joe Carpenter** and Dr. Brian Patrick Murray (Emory EM Med-Tox Fellowship grad) is a case-based book that includes almost 30 Emory affiliated authors including residents, fellows, rotators, faculty, and alumni. [Access the book here.](#)

The screenshot shows the Oxford University Press Academic website. At the top, there is a navigation bar with the Oxford University Press logo and the word 'Academic'. Below this is a search bar with the text 'Keyword, Aut'. A blue navigation bar contains links for 'Arts & Humanities', 'Dictionaries & Reference', 'Law', 'Medicine & Health', 'Science & Mathematics', and 'Social Sciences'. Below the navigation bar, there is a breadcrumb trail: 'You are here: Home Page > Medicine & Health > Clinical Medicine > Medical Toxicology'. The main content area features a sidebar on the left with a blue arrow pointing to 'Overview', and other links for 'Description', 'Table of Contents', and 'Author Information'. The central focus is the book cover for 'Medical Toxicology', which is red with a yellow speech bubble containing the title. The cover also includes the text 'WHAT DO I DO NOW? EMERGENCY MEDICINE' and 'EDITED BY Brian Patrick Murray and Joseph Carpenter'. To the right of the book cover, the title 'Medical Toxicology' is displayed, followed by the authors' names 'B. Patrick Murray and Joseph Carpenter'. Below the title, there is a section titled 'What Do I Do Now Emergency Medicine' with a list of bullet points: '• Interactive and case-based format', '• Detailed and goes beyond initial management', '• Provides the next step of care for complicated cases', and '• Provides a background as to the pathophysiology of severe overdoses'.

Emory EM and the Southern Regional Disaster Response System (SRDRS)

The Healthcare and Public Health Planning for a Chemical Emergency Webinar Series last webinar is on Tuesday, May 7 from 3-4 pm ET. The webinar will focus on the Federal Response in Chemical Emergencies. Registration in advance is required:

https://zoom.us/webinar/register/WN_CA1B4T7kRCW6I9QfaMyPdQ. The **SRDRS website** Events tab has the previous webinar topics and recordings.

Emory EM will be participating this May (Valdosta) and June (Bainbridge) in the Emory Farmworker Project. The Farmworker Project has been providing free healthcare for more than 25 years to Georgia farmworkers and their families, who without help and donations from volunteers would lack access to basic medical care.

<https://med.emory.edu/departments/family-preventive/divisions-programs/physician-assistant-program/farmworker-project.html>

Drs. Ratcliff, Hall, and Wright are co-authors in the New England Journal of Medicine describing the results of the ENRICH trial. ENRICH was the first successful trial of surgical hematoma removal for patients with ICH.

<https://www.nejm.org/doi/full/10.1056/NEJMoa2308440>

ORIGINAL ARTICLE

f X in ✉

Trial of Early Minimally Invasive Removal of Intracerebral Hemorrhage

Authors: Gustavo Pradilla, M.D. , Jonathan J. Ratcliff, M.D., M.P.H., Alex J. Hall, D.H.Sc. , Benjamin R. Saville, Ph.D., Jason W. Allen, M.D., Ph.D., Giorgio Paulon, Ph.D., Anna McGlothlin, Ph.D. ,  +20, for the ENRICH trial investigators* [Author Info & Affiliations](#)

Published April 10, 2024 | N Engl J Med 2024;390:1277-1289 | DOI: 10.1056/NEJMoa2308440

VOL. 390 NO. 14

Hope everyone is enjoying spring and taking time for your personal wellbeing. Link here to [Explore Georgia this spring](#).



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MEDICINE

**Department of
Emergency Medicine**

Dealing With the Stuffers in the Emergency Department

Authors: Al Yaqdhan Al Atbi, MD & Brent W Morgan, MD FACEP

Case:

The police brought in a 22-year-old male to the ED for an examination to assess the potential for body stuffing. One of the officers witnessed the patient ingesting something before apprehending him. The patient's vital signs are BP135/85 mmHg, PR 90 beat/min, RR17 breath/min, SpO2 96% in room air, Temp 36.5C. His systemic physical examination is unremarkable. The police officer asked for a medical clearance before proceeding to transport the individual to the detention center.

Background:

The described scenario suggests that the suspect is engaging in body stuffing, also known as "mini packer" or "quick swallower." Body stuffers are individuals who ingest drugs that are usually poorly packaged in an attempt to avoid apprehension by law enforcement. Conversely, the term "body packing" describes individuals who typically ingest well-wrapped drugs intending to smuggle the drugs internationally.

Despite the fact that body stuffing can involve any illegal drug, reports showed that the most frequently stuffed drugs are cocaine, heroin, and amphetamine(1) (2) (3). Other drugs have been reported with less frequency, for example, cannabis, ecstasy, lysergic acid diethylamide (LSD) and combination drugs (2) (4).

Typically the amount of drugs swallowed varies according to the intentions behind the act. Body packers have intention to distribute drugs internationally, so the expected ingested amount will be large. Body stuffers carry small amounts with the intention for individual use or local drug trafficking (5). The average amount of drug carried by body packers is 1kg, distributed in 50-100 packets (2) (4). While body stuffers may ingest relatively small quantities of drugs, their likelihood of experiencing drug intoxication can be higher due to the concealment occurring in an unplanned manner.

Notably, drug parachuting is a distinct drug ingestion technique. Parachuting involves wrapping a large dose of a drug, commonly 3,4-methylenedioxymethamphetamine MDMA or methamphetamine, in materials like cigarette paper, tissue paper, or plastic baggies. This wrapping allows the drug to slowly unravel within the gastrointestinal tract, gradually releasing the ingested drug and sustaining its effects(6) (7).

Managing body stuffers in the Emergency Department (ED) poses numerous challenges for several reasons. These challenges manifest in the difficulty of eliciting information from the patient, obstacles encountered during laboratory and radiological assessments, and the notable variations in guidelines governing the management approach for such cases. This report aims to elucidate these medical challenges and provide insights into their resolution.

Highlights the possible challenges in history taking?

Important historical information includes time of ingestion, substance ingested, amount ingested, packaging, and current symptoms. However, an accurate history is often difficult to obtain. Due to concerns about potential legal consequences, body stuffers may withhold or omit vital historical information. Others may anticipate a secondary gain of delay to incarceration by reporting the ingestion of drugs. There is also the possibility that the patient has been falsely accused of swallowing illicit drugs. The ability to talk with the arresting officer can sometimes provide clues about what substance could have been ingested.

Although body stuffers are at significant risk of developing intoxication, some studies have demonstrated that most body stuffers present in the ED are asymptomatic (3) (8). Conversely, a retrospective single-center study reported contrasting findings, showing around 75% of body stuffers presented to ED were symptomatic. The most common symptoms were tachycardia and hypertension. Notably, the study highlighted a mean time of 2 hours and 50 minutes (range: 1 hour 50 minutes - 5 hours 36 minutes) for the development of symptoms post-ingestion. Interestingly, sometimes these symptoms were reported to be not consistent with the type of drugs ingested (ex: tachycardia in a sedative ingestion) and were attributed to various medical etiologies(9).

As mentioned earlier, the most commonly concealed drugs by body stuffers were found to be cocaine, heroin, and amphetamines. As an emergency physician, it is crucial that you look for symptoms and signs of opioids and sympathomimetics toxidrome.

How do you evaluate a patient in the Emergency Department suspected of body stuffing?

The primary evaluation of body stuffers involves clinical assessment and ongoing observation. Although they may not alter the management of the patient, the combined use of laboratory tests and diagnostic imaging are frequently used to assist in the evaluation.

Diagnostic imaging:

The use of imaging in diagnosing body stuffers is limited. Studies have shown that in body stuffers, the sensitivity of computed tomography (CT) without contrast is notably lower, measuring 28.6%, compared to body packers, which range from 96.5% to 100% (10). Similarly, studies have reported variable sensitivity for X-ray imaging, ranging from 40% to 100% (10) (11).

The limitations of diagnostic imaging in body stuffers can be attributed to variable reasons, including the preparation technique, the material used, and a limited number of packets stuffed in the body(10) (12). Nevertheless, the wide availability and low cost of X-ray abdomen render it a common screening tool for body stuffers.

Laboratory testing:

Routine blood tests may not contribute significantly to establishing a possible diagnosis. In asymptomatic patients sending blood samples for a baseline value in case the patient's condition deteriorates later is reasonable. In symptomatic body stuffers, blood tests, including a complete blood count, chemistry panel, CPK, lactate and blood gases, should be considered to assess the severity of toxicity. Tachycardia and other cardiac manifestations have been reported in body stuffers; therefore, baseline electrocardiography (ECG) should also be considered.

Urine drug screening (UDS) is an additional test that can be considered if body stuffing is suspected. However, a positive +UDS may not represent the drug that was stuffed but from recent illicit drug use that differs from the stuffed substance. In addition, a negative test does not prove that the patient did not stuff a drug. Thus, the outcomes of a UDS test may not alter the management of the patient.

Will you consider Gastrointestinal (GI) decontamination for this patient?

There is no study assessing the benefit of GI decontamination in asymptomatic body stuffers. However, because ingested illicit drugs are bound by charcoal, single dose activated charcoal in an awake and cooperative patient is recommended (11). Using whole bowel irrigation (WBI) as a decontamination measure in asymptomatic body stuffers is not recommended. There is no data to support that WBI would be superior to activated charcoal. Plus there is a theoretical concern that the polyethylene glycol may function as a solvent, leading to an increased risk of packet leakage and absorption in the gastrointestinal system.(13).

What is the most appropriate observation period for this patient?

Body stuffers who remain asymptomatic for six hours are at low risk to develop life-threatening complications from their ingestion. Moreira M. et al validated this recommendation based on a retrospective chart review of 106 cocaine body stuffers(14). Therefore, patients who complete six hours of observation with no symptoms and has no radiological findings supporting the presence of packets can be discharge from the emergency department. Given the possibility of delayed clinical manifestations, extending the observation period for patients who engage in body stuffing for parachuting purposes is advisable(6).

How would you manage the patient if he exhibited signs of intoxication?

Excellent supportive care is the cornerstone of managing body stuffer intoxication. Further management is determined by the clinical manifestations exhibited by the patient. For example, patients exhibiting signs and symptoms of opioid toxicity may benefit from treatment with naloxone, whereas those showing hyperactivity from cocaine toxicity may benefit sedation with benzodiazepines. All symptomatic body stuffers necessitate admission to an intensive care unit for continuous monitoring and supportive care. There is also a risk for surgical complications like bowel obstruction and perforation(15). These complications necessitate surgical consultation for management.

Case progression:

The patient remained asymptomatic throughout the observation period of six hours in the ED. Chemical biomarkers showed no abnormalities, and a urine drug screen positive for cocaine. X-ray abdomen results was reported as normal. The patient was discharged from the ED with instructions for police officers to bring him back if any signs of intoxication developed.

- Body stuffers have higher risk to have life-threatening complication when compared with body packers.
- History taking in body stuffer is difficult and EM physicians needs to be vigilant when dealing with the stuffers.
- Both diagnostic imaging and laboratory testing exhibit limited role in cases involving body stuffers.
- In asymptomatic body stuffers, the likelihood of developing serious complications after 6 hours is low.

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Residency Updates

Medical College of Georgia | Augusta University

Spring marks an exciting time of the year for Emergency Medicine Residency Programs. Residents prepare for the next stage in their career, whether that be promotion to the next PGY class, beginning a fellowship, or starting your first job as an attending. We discover who the new members of our EM family are with the Match. We also deliberate on who will be our next cadre of chief residents. We also see the handoff of leadership amongst our chiefs.

I am proud to announce our chiefs for the next academic year: Drs. Cooper Barber (Simulation/Research), Ben Caviston (Academic), Nicole Fuller (Administrative), and Brendan Miccio (Recruitment/Wellness). Our other candidates Ben Gold and Chijioke Ohamadike are strong residents who are enthusiastic to leave their own legacy through leadership committee opportunities in the upcoming year.

We've had a multitude of academic accomplishments to be proud of this quarter:

Dr. Maya Alexandri has had her submission "Law and Medical School Admissions in the Aftermath of Students for Fair Admissions v. Harvard" awarded first place to the American College of Legal Medicine. She will present her paper in March at their national conference in March. Dr. Alexandri has also been invited to speak at UCSF - Fresno for their Medicine of the Extremes Conference in May.

Dr. Susan Brands was inducted into the Gold Humanism Honor Society for her contributions to patient care, advocacy and medical education. We are excited for her to stay on as one of our Wilderness Medicine Fellows this summer.

We are thrilled to have fielded a team for StratOps Simulation Wars in April at GSACEP in April. Drs. Matt Brown, Ben Caviston, Karly Flemmons and Sam Lyon represented us in San Diego. Drs. Flemmons, Lyon and Brown were participants in the first-time speaker forum, with Dr. Lyon winning 1st place in the first-time speaker forum. Dr. Brown was also the winner of the 2024 ACEP Scientific Assembly Grant. One of our incoming interns Josh Berk also was given the Outstanding Student Award.

Dr. Chijioke Ohamadike recently presented at the Southern Society of Pediatric Research Regional Meeting in New Orleans, LA on his poster titled, "A Rapid Progression of Amebic Meningoencephalitis."

Lastly, graduation is quickly approaching! We have three months before the end of the academic year and even less before graduation. We're so proud to see our seniors moving to the next stage in their careers. We have just a short time left with many of them and are grateful to retain a few who will stay on for fellowship. We are sad to see our graduates leave, but look forward to seeing what amazing accomplishments they will make in coming years.

Nicholas J Musisca, MD FACEP
Residency Program Director
Associate Professor
Department of Emergency Medicine
Wellstar/Medical College of Georgia
Augusta University

Wellstar Kennestone Updates

This spring in Atlanta has been absolutely beautiful and is always a time for reflection and renewal. As we draw closer to saying farewell to another class of graduating seniors, we also get to welcome our newest class of residents. We were thrilled with this year's matched class, so please join me in congratulating the following group:



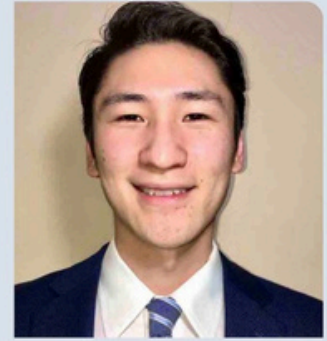
Madalyn Acker, DO
Alabama College of
Osteopathic Medicine



Lance Anderson, DO
Liberty University College
of Osteopathic Medicine



J'Lynn Baker, MD
Mercer University
School of Medicine



Daniel Cha, MD
Medical College of Georgia
at Augusta University



Chase Clark, DO
Philadelphia College of
Osteopathic Medicine



Jad Elkhalil, DO
Philadelphia College of
Osteopathic Medicine



Brian Goldstone, DO
Philadelphia College of
Osteopathic Medicine



Kaitlyn Holder, MD
Mercer University
School of Medicine



Yash Patel, MD
Mercer University
School of Medicine



Tatiana Peduri, MD
Medical College of Georgia
at Augusta University



Nathan Sablowski, MD
Drexel University
College of Medicine



Hayley Vietti, DO
California Health
Sciences College of
Osteopathic Medicine

We are excited to welcome back seven of our acting interns as PGY1s this June!

I am extremely proud of our son-to-be alumni in the EM3 class, who have secured fantastic jobs and fellowships. It's incredible to see our graduates continue to be recruited and hired around the country. Well done!

- **Andrew Smith** remaining is at Kennestone for his Administrative Fellowship
- **Chimeziri Ahuruonye** will be moving to the University of Florida for his EMS Fellowship
- **Sahil Patel** is going to Ann Arbor to be an Ultrasound Fellow at the University of Michigan
- **Ryan Ferguson** will remain in the area working at Piedmont Cartersville
- **Sarah Price** and **Kelsey Woods** are taking their chief partnership to Piedmont Newnan
- **Eman Ismael** will remain in Georgia at Piedmont Rockdale
- **Cole Godwin** is moving to our neighboring community at Floyd Medical Center
- **Paul Hann** has taken a position in South Carolina at the MUSC Health Florence Medical Center
- **Allison Auchter** is escaping west to TriCity medical center in Oceanside, CA
- **Kyle McDonough** will be caring for patients Huntsville, Alabama
- **Sandeep Bala** will be moving to Florida and working for TeamHealth Orlando
- **Abi Snider** is joining Riverside Medical system in Eastern Shore, VA
- **Matt Smoot** is moving to the northeast to work at Cape Cod Healthcare

Section updates:

Medical Student Education

We are seeing record numbers of applicants to our acting internship, well above where we were last year. This bodes well for another strong group of rotators, and we cannot wait until they start this summer!

EMS

We are excited to welcome our new EMS director and full-time core faculty James Infanzon in July. Dr. Infanzon graduated from our program last year and has been completing his fellowship at Orlando Health. He has already had a substantial impact on our residency, having created an MS4 elective in pre-hospital medicine available in VSAS. He has also designed a resident advanced elective in tactical medicine and is brimming with energy and ideas to continue to expand our EMS education and clinical mission.

Ultrasound

Now that we have expanded our teaching team with the promotion of Jordan Leumas to US Education Faculty, we are looking forward to ongoing educational growth. Alex Cantrel and Tom Li, two of our rising third-years, have been appointed as resident assistant ultrasound directors. We are immensely proud of our director, Dr. Embertson, for passing his ultrasound boards!

Education and Outreach

Our department was an integral part of the recent 2024 Wellstar Trauma Symposium. Derrick Ashong, one of our APDs delivered an insightful lecture on bystander medical care/response, emphasizing the critical role bystanders play in emergency situations. For those of you familiar with Dr. Ashong's notorious medical black cloud, much of his talk was based on real life experience. Additionally, Ashton Paris, a 2022 graduate of the program and palliative fellowship trained emergency physician led a poignant discussion on palliative care medicine and its application in treating trauma patients, shedding light on the importance of holistic care and comfort in challenging medical scenarios.

Much more to share, but this will have to wait until next time....

Ted Stettner, PD

Emergency Medicine Program Director

Kennestone Regional Medical Center

Associate Professor, Augusta University

Northeast Georgia Health System Updates

Overview

NGHS opened its new hospital in Lumpkin County. This replaces a hospital that was located in the town of Dahlonega. With expanded space our providers and staff are excited to treat our patients in an up to date facility for years to come.



Residency Updates

Our EM residency continues to attract more attention and applicants. This year we had a record number of applicants to our EM residency program. We had a very successful Match and look forward to introducing our new intern class at the next quarterly update.

Our NGHS EM team took 2nd place at the southeastern MedWars wilderness medicine race. Congratulations to our team!



L to R: Dr. Seth Illu, PGY-2, Brian Legvold, MSIV (incoming intern), Dr. Leyanet Gonzalez PGY-2, Dr. Andy Ball, Faculty

EMS Division Updates

On January 1st NGHS EMS was approved to hire a new position of EMS Quality Assurance and Continuing Education Manager to help improve patient care. This individual will review all high fidelity EMS charts with the goal of identifying areas of improvement. They will also help to improve continuing education within the various counties NGHS serves in partnership with the NGHS EMS Medical Director.

Pediatric Division Updates

Our providers are fully committed to providing great care to the children in our community and assuring our emergency medicine residents will be well equipped to do the same upon leaving residency.

One area of focus has been on pediatric observation medicine. GEDS and NGHS have a robust observation unit with more than 30 protocols in place with roughly 13,000 patients on an annual basis. In an effort to reduce unnecessary pediatric transfers out of our system, we have established pediatric observation protocols for those children who are not ready for discharge at the end of an emergency visit but do not necessarily require admission. Our initial protocols included gastroenteritis as well as head injury. So far, patients and families have been very pleased with this addition.

Simulation Division Updates

The Simulation Division recently established a Simulation Fellowship and is recruiting 1-2 board-eligible emergency medicine graduates to participate in a one year fellowship focused on simulation education as well as using simulation for quality assurance and quality improvement processes within the medical system. Interested applicants can find more information on the website.

--

Jason Konzelmann, MD, FACEP

Observation Units Medical Director

Director of Administrative Division, Northeast Georgia EM Residency

Clinical Asst Professor, Dept of Emergency Medicine, MCG-Augusta

Georgia Emergency Department Services (GEDS)

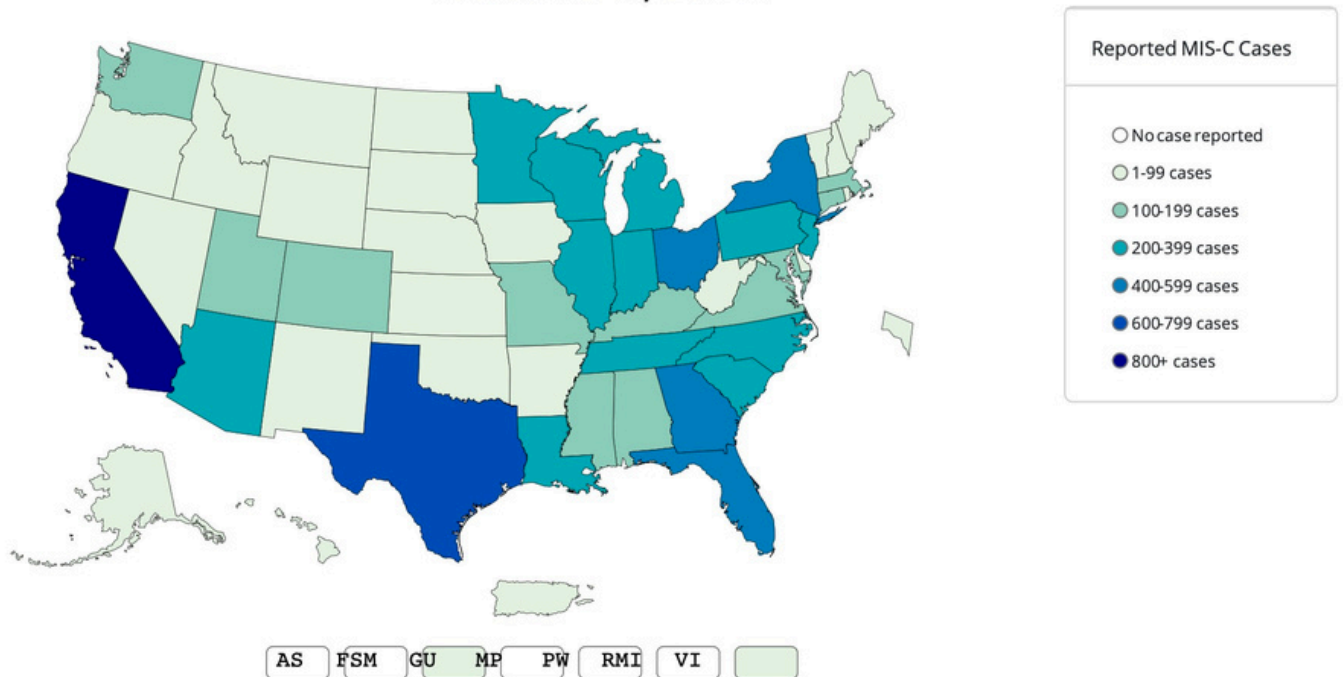
Multisystemic Inflammatory Syndrome in Children (MIS-C)

Becky Burger, MD

Multisystemic Inflammatory Syndrome in Children (MIS-C) was first identified as a complication of SARS-CoV-2 infection in April of 2020. In the United Kingdom there was a cluster of children with hyperinflammatory shock starting within 2-4 weeks of a COVID-19 infection with positive COVID-19 serologies.¹ These patients presented with fever, rash, conjunctivitis, peripheral edema, gastrointestinal symptoms, shock, and elevated inflammatory and cardiac indices.¹

Starting in May 2020, The Centers for Disease Control and Prevention (CDC) starting tracking cases of MIS-C. As of October 3, 2023 there have been 9,558 patients meeting MIS-C criteria and 79 deaths from MIS-C.² Of these patients with MIS-C, median age was 9 years old, half were between 5-13 years old, and 60% were male.² A large number of US MIS-C cases have occurred in the southeastern United States (see map below), many of which have been treated at Children's Healthcare of Atlanta.

Reported MIS-C Case Ranges by Jurisdiction, on or before October 3, 2023*



There is no confirmatory laboratory test available to diagnose MIS-C or to distinguish it from acute SARS-CoV-2 infection, Kawasaki disease (KD), or other auto-immune processes, however the age distribution of MIS-C is broader than for KD and often MIS-C patients present with gastrointestinal symptoms which are not common in KD. A report of 570 patients with MIS-C found that the three most common presenting symptoms and signs of MIS-C were gastrointestinal, cardiovascular and hematologic abnormalities (Table 1).¹

Table 1: MIS-C Presenting Symptoms, Signs on Examination or Laboratory Work-up¹	# (% of 570 total)
Gastrointestinal (abdominal pain, vomiting, diarrhea)	518 (91%)
Cardiovascular (shock, elevated troponin, elevated BNP, CHF, cardiac dysfunction, myocarditis, coronary artery dilatation/aneurysm, hypotension, pericardial effusion, mitral regurgitation)	493 (87%)
Hematologic (Elevated d-dimer, thrombocytopenia, lymphopenia)	421 (74%)
Dermatologic & mucocutaneous (Rash, mucocutaneous lesions, conjunctival injection)	404 (71%)
Respiratory (cough, dyspnea, chest pain, pneumonia, ARDS, pleural effusion)	359 (63%)
Neurologic (headache)	218 (38%)
Renal (acute kidney injury)	105 (18%)

An international survey published in February 2021 found that 62% of 183 MIS-C cases had severe disease: 39% required inotropic support, 24% required mechanical ventilation, and 2% required ECMO.³ Shorter duration of symptoms before need for admission was found to correlate with poor outcome.³

The CDC's committee on infectious disease and the Council of State and Territorial Epidemiologists (CSTE) developed a MIS-C case definition to include:⁴

Any patient less than 21 years of age with:

- 1) Clinical criteria: subjective or documented fever (Temperature > 38°C) of any duration, **AND**
- 2) Clinical severity requiring hospitalization or resulting in death, **AND**
- 3) Evidence of systemic inflammation (CRP > 3.0 mg/dL), **AND**
- 4) New manifestations in at least two of the following categories:
 - a. Cardiac involvement:
 - i. Left ventricular ejection fraction <55%, **OR**
 - ii. Coronary artery dilatation, aneurysm, or ectasia, **OR**
 - iii. Elevated troponin
 - b. Mucocutaneous involvement:
 - i. Rash, **OR**
 - ii. Inflammation of oral mucosa (mucosal erythema or swelling, dry or fissured lips, strawberry tongue), **OR**
 - iii. Conjunctivitis or conjunctival injection, **OR**
 - iv. Extremity findings (erythema or edema in hands or feet)
 - c. Shock
 - d. Gastrointestinal involvement:
 - i. Abdominal pain, **OR**
 - ii. Vomiting, **OR**
 - iii. Diarrhea
 - e. Hematologic involvement:
 - i. Platelets <150,000 cells/µL, **OR**
 - ii. Absolute lymphocyte count (ALC) <1000 cells/µL

The CDC and CSTE outlined laboratory criteria as: detection of SARS-CoV-2 RNA by PCR or detection of SARS-CoV-2 antigen up to 60 days prior to or during hospitalization or in a post-mortem specimen or by detection of SARS-CoV-2 antibodies associated with current illness resulting in or during hospitalization.⁴ They also count any person in close contact with a confirmed or probable case of COVID-19 within 60 days prior to hospitalization.⁴

The treatment of MIS-C is primarily supportive including fluid resuscitation, inotropic and respiratory support as indicated. The use of aspirin, IVIG and steroids should be considered in a stepwise approach based on severity per The American College of Rheumatology guidelines.⁵

If you have a patient that you suspect has MIS-C, we recommend referring them to one of Children's Healthcare of Atlanta's emergency departments for further evaluation. If you have a patient with suspected MIS-C who appears in shock or is not stable for transport by car, please call CHOA transfer center or local EMS to transport to the nearest emergency department for stabilization.

For more information on MIS-C, visit the CDC's website:

<https://www.cdc.gov/mis/index.html>.

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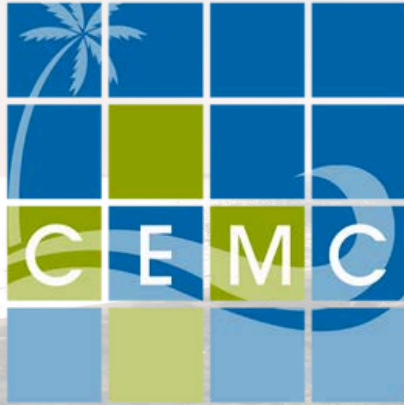
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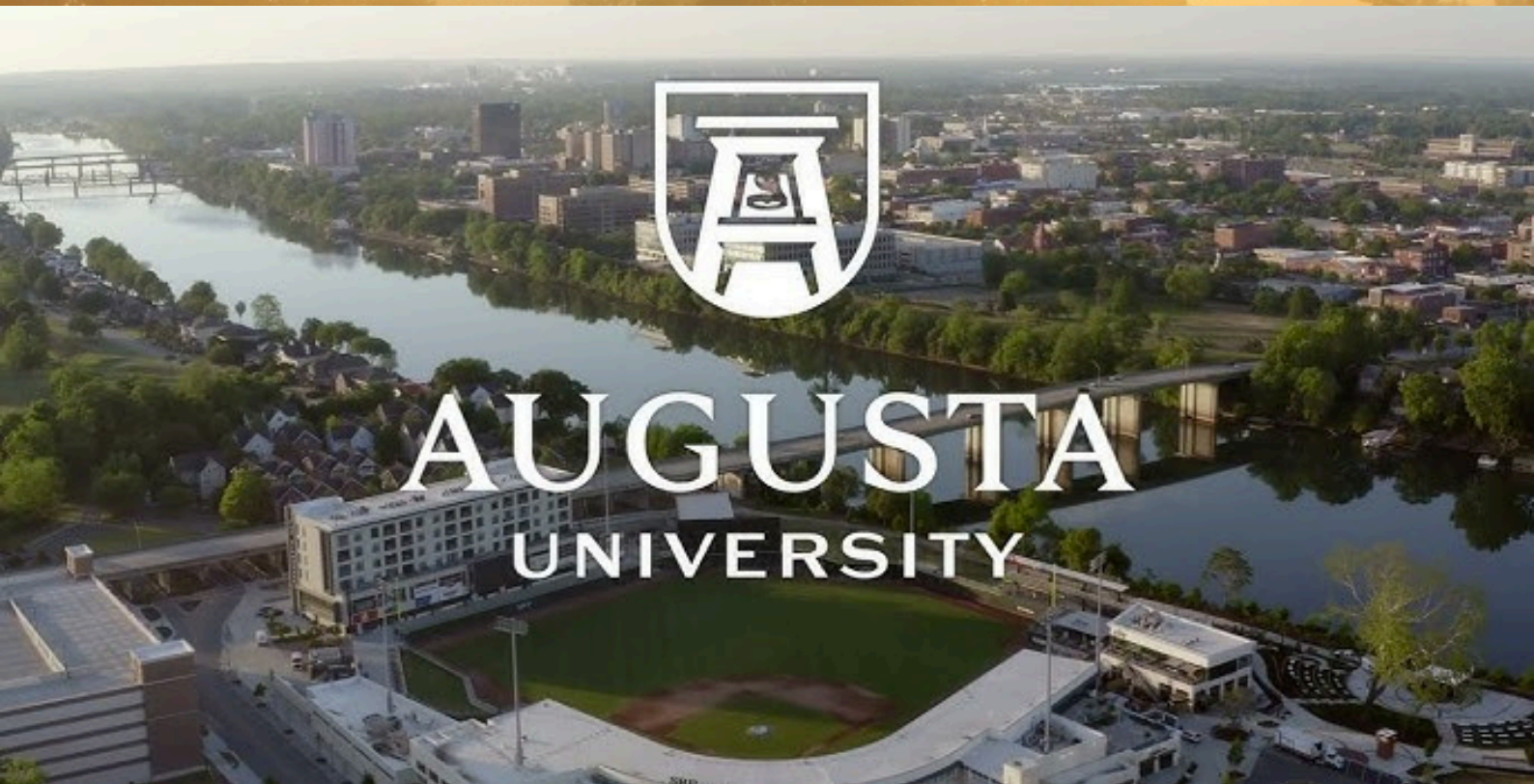


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