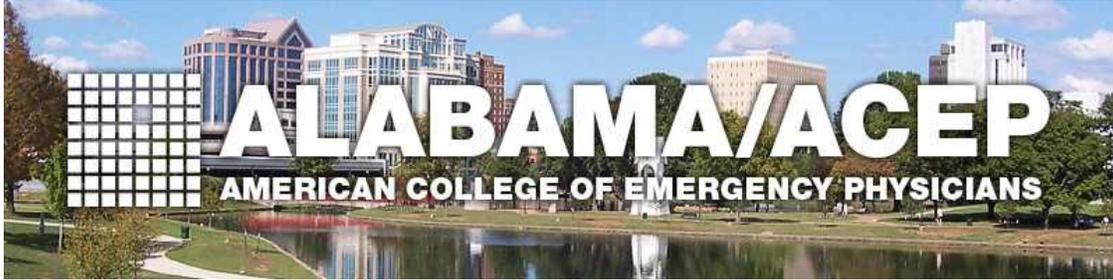


A Newsletter for the Members of the Alabama Chapter - Winter 2026

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AL Senate Bill 80 Update: Emergency Physicians Testify on Proposed ED Staffing Requirements

Senate Bill 80, currently under consideration by the Alabama Legislature, would require all Alabama hospital emergency departments to have a physician physically on-site 24 hours a day, seven days a week as a mandatory condition for hospital licensure.

Last week, two ALACEP members, Dr. Jaron Raper and Dr. Sean Vanlandingham, testified before the Senate Health Committee, offering firsthand insight into how emergency departments function on the ground and how staffing models directly affect patient safety.

During the hearing, Dr. Vanlandingham emphasized that patient outcomes suffer and healthcare disparities increase when emergency departments operate without a physician present. He noted that the risks are especially acute in rural hospitals, where access to surgeons, OB-GYNs, and other specialists for backup care is often limited or unavailable. In time-sensitive emergencies, the absence of an on-site emergency physician can delay critical decisions and escalation of care.

The Medical Association of the State of Alabama has expressed support for SB 80, viewing the legislation as a necessary patient safety standard to ensure all Alabamians, regardless of location, have access to physician-led emergency care, particularly when seconds matter.

However, the Alabama Hospital Association has voiced strong opposition to the bill, citing concerns related to workforce availability, operational feasibility, and potential impacts on hospitals, especially in rural areas already facing significant challenges.

Update: Senate Bill 80 was not voted on during this week's Senate Health Committee meeting. A vote is now anticipated next Wednesday, as committee members continue weighing the arguments presented and determining the bill's path forward.

In the days following the hearing, multiple media outlets have covered the proposed legislation and its potential implications for emergency care across Alabama.

Further Reading:

- **AL.com** *"Alabama may require doctors in emergency rooms 24/7 — could it cause hospitals to close?"*
<https://www.al.com/politics/2026/02/alabama-may-require-doctors-in-emergency-rooms-247-could-it-cause-hospitals-to-close.html>
- **Alabama Reporter:** *"Bill to mandate physician staffing in ERs considered at Senate Healthcare"*
<https://www.alreporter.com/2026/01/29/bill-to-mandate-physician-staffing-in-ers-considered-at-senate-healthcare/>
- **Alabama Reflector:** *"Senate committee considers bill requiring 24/7 physicians at emergency rooms"*
<https://alabamareflector.com/2026/01/29/senate-committee-considers-bill-requiring-24-7-physicians-at-emergency-rooms/>

ALACEP remains actively engaged as this legislation moves forward and thanks its members who continue to advocate on behalf of emergency physicians and the patients they serve.



Major CPR & Resuscitation Changes: What the Latest AHA Guidelines Mean for the ED

The **American Heart Association's latest CPR and Emergency Cardiovascular Care (ECC) guideline updates** represent one of the most meaningful shifts in resuscitation standards in recent years. These updates address **choking response, opioid-related cardiac emergencies**, and a revised **Chain of Survival**, reflecting emerging evidence from both prehospital and emergency department settings.

For emergency physicians, these changes reinforce the importance of rapid, coordinated team responses, particularly as opioid overdoses and polysubstance exposures increasingly complicate resuscitation efforts. The updated guidance also emphasizes system-level preparedness, ensuring that EDs and EMS agencies align protocols and training to maximize survival.

As frontline resuscitation leaders, emergency physicians play a central role in implementing these changes through education, simulation, and departmental policy updates.

Further reading: American Heart Association overview:

<https://newsroom.heart.org/news/updated-cpr-guidelines-tackle-choking-response-opioid-related-emergencies-and-a-revised-chain-of-survival>



Federal Policy Update: 2026 HHS Funding Package Delivers Major Wins for Emergency Medicine

Congress has passed a bipartisan funding package to keep the federal government operating through **September 30, 2026**, delivering significant

funding and policy extensions that directly impact emergency physicians, emergency departments, and patients nationwide. The package reflects years of sustained advocacy by the American College of Emergency Physicians (ACEP), with many provisions long championed by emergency medicine finally receiving bipartisan support.

Notably, the legislation **reauthorizes and extends the Dr. Lorna Breen Health Care Provider Protection Act through FY2030**, reinforcing federal commitment to physician mental health, burnout prevention, and suicide mitigation, an especially critical issue for emergency physicians working in high-stress environments.

The package also extends **Medicare telehealth flexibilities through calendar year 2027**, preserving tools that improve access to care, reduce ED crowding, and support follow-up for vulnerable patient populations. Emergency departments will also benefit from continued funding for the **ACEP-developed Emergency Department Alternatives to Opioids (ALTO) program**, which receives **\$8 million** to support non-opioid pain management strategies.

Additional provisions with direct relevance to emergency medicine include:

- Extension of the **Geographic Practice Cost Index (GPCI) work floor through CY2026**
- Continued funding for **implementation of the No Surprises Act through CY2026**
- Extension of **ground ambulance add-on payments through CY2027**
- Prevention of **Medicaid Disproportionate Share Hospital (DSH) cuts** through FY2027

- Extension of the **Acute Hospital-at-Home waiver program through FY2030**

The package also makes substantial investments in emergency preparedness and trauma readiness, including:

- **\$4 million** for **MISSION ZERO**, a military-civilian emergency preparedness partnership
- **\$2 million** for the **Trauma Care Readiness and Coordination Program**
- **\$3.7 billion** for the **Administration for Strategic Preparedness and Response (ASPR)**, including:
 - \$1 billion for **BARDA**
 - \$1 billion for the **Strategic National Stockpile**
 - \$79 million for the **National Disaster Medical System**
 - \$307 million for the **Hospital Preparedness Program**

Importantly for pediatric emergency care, the package maintains **level funding for the Emergency Medical Services for Children (EMSC) program at \$24.3 million**, while also continuing funding for injury prevention research through the CDC and NIH.

Collectively, these investments strengthen emergency medicine’s clinical infrastructure, workforce support, and disaster readiness—demonstrating the tangible impact of sustained advocacy on behalf of emergency physicians.



ACEP Declined to Endorse the Latest Surviving Sepsis Campaign Guidelines

After a comprehensive review by a panel of emergency medicine experts, the **American College of Emergency Physicians (ACEP)** has formally notified the **Surviving Sepsis Campaign (SSC)** that it will **not endorse the organization's most recent sepsis treatment guidelines for emergency departments.**

ACEP's decision reflects multiple concerns about both **clinical content** and **real-world applicability.** Central among these is the introduction of **separate adult and pediatric sepsis guidelines** that are not aligned in either treatment recommendations or operational pathways. ACEP warned that divergent guidelines for the same clinical condition could lead to confusion among ED staff and increase the risk of patient safety events.

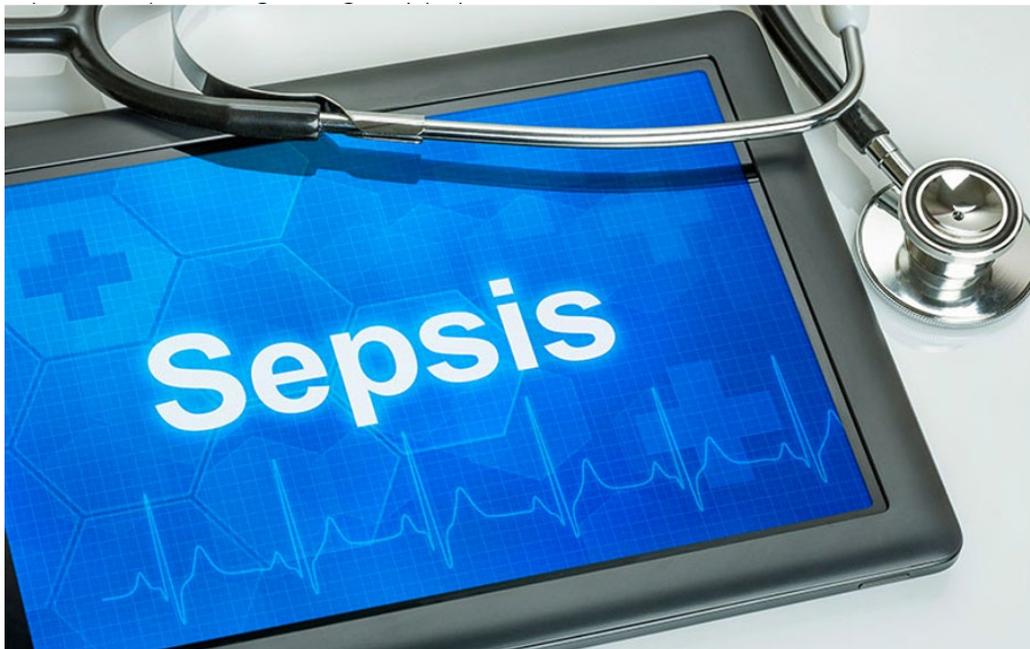
The expert panel also raised concerns that the guidelines do not adequately reflect the **unique operational realities of emergency departments**, particularly in the context of crowding, boarding, workforce shortages, and competing life-threatening priorities. While sepsis remains a critical diagnosis, emergency physicians must simultaneously manage trauma, stroke, myocardial infarction, respiratory failure, and other emergent conditions, often with limited resources and time pressure.

ACEP further expressed concern that the SSC's governance structure lacks formal representation from emergency physician organizations. While individual emergency physicians participate in writing groups, overall governance is comprised solely of critical care medicine representation, limiting the perspective of clinicians who practice at the front door of the hospital.

From a clinical standpoint, ACEP highlighted potential harms associated with **overly aggressive fluid resuscitation and antibiotic administration**, particularly when applied broadly to meet rigid time-based metrics. The panel emphasized that such approaches may expose patients without true sepsis to unnecessary risk, including fluid overload and antibiotic-related complications.

Although ACEP provided detailed, evidence-based feedback and citations during the guideline development process and reviewed a revised draft, the final version did not sufficiently address these concerns in a manner consistent with emergency department practice in the United States.

ACEP reaffirmed its commitment to advancing **sepsis care grounded in the strongest available science**, while ensuring that guidelines are practical, safe, and implementable within the realities of emergency medicine. The College will continue to advocate for inclusive guideline development that meaningfully incorporates the expertise of practicing emergency physicians.



Xylazine and the Evolving Opioid Crisis: New Clinical Clues for Emergency Physicians

As the opioid crisis continues to evolve, **xylazine-fentanyl combinations** are emerging as a growing concern for emergency physicians. Recent clinical research has identified a **distinctive pattern of abnormally slow heart rate** associated with xylazine-involved overdoses—an important physiologic clue that may help clinicians recognize and manage these complex cases earlier.

Xylazine, a veterinary sedative not reversed by naloxone, complicates traditional overdose management and may contribute to prolonged respiratory depression, hypotension, and bradycardia. While much of the early data comes from northeastern states, experts warn that drug supply patterns can shift rapidly, underscoring the need for nationwide clinical awareness.

Emergency physicians should remain alert to atypical overdose presentations and evolving toxicology trends, particularly as polysubstance exposures become more common.

Further reading: Newswise clinical summary:

<https://www.newswise.com/articles/an-abnormally-slow-heart-rate-is-associated-with-xylazine-fentanyl-overdose-primarily-seen-in-northeastern-united-states>

Save the Date for the 2026 EMerald Coast Conference!

Come examine Emergency Medicine trends, then catch up with friends - and bring your family to play on the Panhandle! We're bringing together the best and the brightest of our participating ACEP chapters to cover a wide range of topics.

Target Audiences:

- Physicians (from medical students through advanced career physicians)
- Physician Assistants
- Nurse Practitioners
- Nurses
- EMTs
- Administrators
- Recruiters
- Corporate Suppliers
- ALL EMERGENCY MEDICAL SERVICE PERSONNEL!

Room rates begin at \$204 per night. For room reservations call (800) 320-8115 with group code 24Y127 or book online at <http://www.Sandestin.com/24Y127>. The deadline to reserve a room at the discounted rate is April 29, 2026

[Register here!](#)



SAVE THE DATE

THE

EMERALD COAST

CONFERENCE

JUNE 1-4, 2026

TARGET AUDIENCES:
PHYSICIANS | PAs | NPs | NURSES | EMTs
ADMINISTRATORS | RECRUITERS | CORPORATE SUPPLIERS
ALL EMERGENCY MEDICAL SERVICE PERSONNEL

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MISSOURI | MONTANA | OKLAHOMA | TENNESSEE

www.alacep.org/education-and-cme/

FROM NATIONAL ACEP



ACEP Resources & Latest News

ACEP Advocacy Win: DEA Issues Long-Awaited EMS "Standing Orders" Final Rule

In a long-awaited victory, the Drug Enforcement Agency (DEA) issued the **Registering Emergency Medical Services Agencies under the Protecting Patient Access to Emergency Medications Act of 2017 Final Rule** to ensure continued access to pain and anti-seizure medications for patients experiencing medical emergencies. [Read more.](#)

Updated ACEP Policy Raises Standard for Emergency Physician-Led Care

On January 27th, the ACEP Board of Directors voted to amend the policy statement “Guidelines Regarding the Role of Physician Assistants and Nurse Practitioners in the Emergency Department.” [Read more.](#)

2026 HHS Funding Update

A bipartisan bill passed by Congress today funds the government through September 30, 2026. New HHS funding means bipartisan support for ACEP-led efforts. [Read more.](#)

ACEP Will Not Endorse New Sepsis Guidelines from the Surviving Sepsis Campaign

After a thorough and comprehensive review by a panel of experts convened from the membership of the College, the American College of Emergency Physicians (ACEP) today informed the Surviving Sepsis Campaign (SSC) that ACEP will not endorse the organization’s latest update to guidelines for treatment of sepsis in emergency departments. [Read more.](#)

NYACEP-Supported Law Strengthens ED Security and Violence Prevention

A new law championed by the New York chapter of ACEP (NYACEP) requires hospitals in the state to establish violence prevention programs. [Read](#)

[more.](#)

Emergency Departments Should be Safe Zones for Patients

The American College of Emergency Physicians (ACEP) is committed to ensuring that emergency departments remain places where all individuals can safely seek emergency medical care without fear. [Read more.](#)

ACEP Advocacy: Advancing Rural Care, Opposing Non-Competes, Fighting Bad Insurer Behavior

ACEP advocacy keeps delivering key wins for emergency medicine at the federal and state levels. The newest installment of our [members-only Capitol Rounds webinar series](#) keeps you current on advocacy wins, policy changes and important developments in DC and across the country. [Read more.](#)

ACEP to Congress: Stronger Policies, Accountability Can Stop Bad Insurer Behavior

The American College of Emergency Physicians (ACEP) welcomes today's Congressional hearings examining the bad insurer behavior that drives up premiums and increases health care costs for millions of people, limiting access to affordable insurance. [Read more.](#)

ACEP and National Health Care Groups Issue Joint Statement on Pediatric Readiness in Emergency Departments

The lives of more than two thousand children could be saved with new recommendations included in a [joint statement](#) issued by organizations focused on caring for young people in emergencies. [Read more.](#)

ACEP Leads Call for CMS Guidance on Signage to Prevent Violence Against Health Care Workers

The American College of Emergency Physicians (ACEP) and a coalition of health care organizations [sent a letter](#) urging the Centers for Medicare & Medicaid Services (CMS) to issue guidance that facilitates the posting of

signage in emergency departments (EDs) discouraging violence. [Read more.](#)

Update on ABEM Physician Portal

ABEM recently transitioned to a new physician portal, MyABEM, and some physicians experienced account access challenges during the transition. [Read more.](#)

Upcoming ACEP Events and Deadlines

- [Talk with Tony](#)
February 12, 2026
6:00 PM – 7:00 PM Central Time
Join ACEP President Dr. Tony Cirillo for his monthly chat with ACEP members. Get the inside scoop on the latest at ACEP and in emergency medicine.
- [Capitol Rounds: The Plot Thickens in DC and Statehouses](#)
February 25, 2026
2:00 PM – 3:00 PM Central Time
Capitol Rounds is back—and the plot is definitely thickening. Join us for a fast, practical rundown of the latest developments important to emergency medicine in Washington, DC, and across statehouses nationwide, including key legislative and regulatory moves, what’s gaining traction, and what to watch next.
- [The Role of HHS in Disaster Response and MASCAL Response and Medicine](#)
March 17, 2026

12:00 PM – 2:00 PM Central Time

Explore key concepts, practical considerations, and real-world applications relevant to emergency medicine, disaster medicine, and prehospital care professionals. Gain insight into current challenges, emerging best practices, and strategies that can be applied across a variety of clinical, operational, and disaster response settings.

- [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.

- [2026 ACEP Scientific Assembly](#)

October 5-8, 2026

Chicago, Illinois

The world's largest emergency medicine educational conference bringing together the global EM community. Registration is coming soon!

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