2026 General Assembly Handbook

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2026 General Assembly
Business Agenda

SATURDAY, SEPTEMBER 26

6-7 p.m.……..Delegate Orientation

SUNDAY, SEPTEMBER 27

6:30-7:30 am ..... Breakfast/Keypad Registration
7:30-7:55 am ..... General Assembly & Annual Business Meeting
- Opening Ceremonies
- Call to Order
- Credentials Report
- Adoption of General Assembly Standing Rules of Procedure
- Adoption of Business Agenda

7:55-8:40 am ..... ENA Leadership Remarks
8:40-9:30 am ..... Open Reference Hearings
9:30-10 am ..... **BREAK**
10 am-12 pm ..... Open Reference Hearings
12 pm..... Wrap Up/Adjournment
7-7:45 pm ..... Amendments Assistance

MONDAY, SEPTEMBER 28

7-8 a.m. ..... Breakfast/Keypad Registration
8-8:15 a.m. ..... General Assembly
- Call to Order
- Credentials Report
- Adoption of Business and Consent Agendas

8:15-9:50 a.m. ..... Consideration of Proposed Resolutions (Debate and Vote)
9:50-10 am ..... Memorial Presentation
10-10:30 a.m. ..... **BREAK**
10:30 a.m.-12 p.m. ..... Consideration of Proposed Resolutions (Debate and Vote)
12-1:30 p.m. ..... **LUNCH BREAK (on own)**
1:30-3 p.m. ..... Consideration of Proposed Resolutions (Debate and Vote)
3 p.m..... General Assembly Adjournment

2026 General Assembly Officials

General Assembly Chair/President	Dustin Bass, DNP, MHA, RN, CEN, NEA-BC *North Carolina*
Credentials Chairperson/Immediate Past President	Ryan Oglesby, PhD, MHA, RN, CEN, CFRN, NEA-BC *Florida*
President-Elect	Chris Parker, MSN, RN, CNL, CEN, CFRN, CPEN, TCRN, NPD-BC, NRP *Virginia*
Secretary/Treasurer	Vanessa Gorman, DNP, MSN, RN, CCRN, FAEN, FCENA *Australia*
Directors	Tyler Babcock, MSN, MBA, RN, CEN, NEA-BC, TCRN *Pennsylvania* Benjamin Coe, PhD, DNP, MA, BS, RN, APRN, EMT-P, CEN, CPEN, FNP-BC, NHDP-BC, NREMT-P, PCCN, TCRN *Missouri* Heidi Gilbert, MSN, RN, CEN, SANE-A, TCRN *Oklahoma* Vanessa Gorman, MSN, RN, CCRN, FAEN, FCENA *Australia* Shawntay Harris, DNP, MBA, MHA, RN, NEA-BC, NE-BC, TCRN, CPEN, CEN, CFRN, CTRN, CENP, FAEN, FAAN *Texas* Leslie Kees, MSN, RN, CEN *Washington* Lauren Plaine, MPS, BSN, RN, CEN *Virginia* Rachael Smith, MSN, RN, CEN, CCRN, CPEN, CNE, NPD-BC, TCRN *Connecticut*
Emerging Professional	Spencer Jackson, MSN, RN, EMT-B, CEN, CPEN, CCRN, TCRN *Texas*
Interim Executive Director	Bridget Walsh, MBA *Illinois*
Parliamentarian	Michael Taliercio *North Carolina*
Legal Counsel	Kimberly Pendo *Illinois*

Standing Rules of Procedure of the ENA General Assembly

GENERAL

1. The General Assembly Standing Rules of Procedure may be suspended by a majority vote or amended or rescinded by a two-thirds vote.

2. Delegates and alternate delegates shall wear name badges designating their delegate status.

RESOLUTIONS

3. Resolutions may be authored and submitted by the ENA Board of Directors, ENA committees, the *Journal of Emergency Nursing* Editorial Board, a state council or chapter, or by a voting ENA member.

4. The General Assembly may consider resolutions received after the published deadline by a two-thirds vote, provided all other criteria have been met. Notice of such resolutions shall be sent to state captains. Late resolutions that do not meet the published requirements circulated by the Resolutions Committee shall not be considered.

COMPOSITION

5. State council delegates shall be apportioned based on the ratio of members in the state or territory to the total ENA membership as of May 15 in accordance with the ENA Bylaws. International delegates shall be allocated in accordance with the ENA Bylaws. ENA headquarters will send necessary information for designating delegates, alternate delegates and state captains to state councils.

6. Each state council must formally register delegates and alternate delegates with the ENA headquarters no later than September 14, 2026. Following this deadline, any delegate vacancies can only be filled by registered alternate delegates.

7. The delegate captain shall be selected as soon as possible but no later than 75 days prior to the General Assembly (i.e., on or before July 14, 2026)

8. The ENA Immediate Past President shall oversee the credential process.

9. A keypad will be assigned to each delegate. Delegates are responsible for checking out their own keypad from the keypad vendor. Delegates may not give their keypad to another delegate to cast their vote.

10. A member registered as an alternate delegate may be transferred to delegate status, provided that no state delegation exceeds the maximum number of delegates allotted. The state captain shall sign authorizations to change delegates' status. A delegate who turns over his or her duties to an alternate delegate must report to the keypad desk with the alternate to exchange keypads. If the delegate wishes to resume his or her duties, the keypads must be exchanged in the same way.

11. Delegates and alternates shall attend all General Assembly meetings and complete the post General Assembly evaluation in order to receive a certificate of service.

REFERENCE HEARINGS

12. The author (or their designee) of a resolution or bylaw amendment proposal will present, via video, their resolution/proposal at the Reference Hearing for up to 90 seconds. The video must be confined to the merits of the bylaw amendment or resolution proposal. Such time will not be counted in the total time for discussion.

13. The total discussion time for each bylaw amendment or resolution will be 10 minutes. When called upon, each member will be given 90 seconds to speak for or against each proposal.

14. The Resolutions Committee shall determine the order of consideration of action items (except subsidiary amendments) that have been submitted for the second day of General Assembly. Delegates may change this order by a two-thirds vote.

15. The Resolutions Committee shall have the authority to recommend that bylaw amendments or resolution proposals be adopted by unanimous consent by the General Assembly via the Consent Agenda. Any items that are recommended for adoption by unanimous consent will not be discussed unless there is an objection by a delegate to the resolution or bylaw amendment being adopted by unanimous consent.

16. Amendments to bylaws or resolution proposals must be submitted in accordance with the deadline set by the chair of the General Assembly. Amendments not submitted by the deadline shall require a non-debatable two-thirds vote to consider and a two-thirds vote to adopt.

17. Amendments to proposals shall be made available to the delegates as soon as possible after the amendments have been processed by the Resolutions Committee following the reference hearings.

DEBATE

18. The Resolutions Committee will determine the order in which the General Assembly will consider, debate and vote on resolutions and bylaw amendment proposals.

19. After being recognized, delegates and ENA past presidents shall give their name and affiliation before beginning to speak.

20. A delegate may request that an individual without speaking rights be allowed to speak. A majority vote shall be required to grant the request.

21. The author or designee of each motion shall be given the right to speak first for up to 90 seconds, and; such time shall not be counted in the total time for debate.

22. Within the allotted debate time, a delegate may speak for up to 90 seconds when recognized to speak.

23. Debate will alternate for and against as much as possible, and each delegate shall be allowed only one turn to speak in each queue. If an amendment or other debatable motion is made that takes priority over the pending question, the existing queue will be saved and a new queue will be opened. Once that priority motion is completed, the previous queue will be reopened and debate will resume on the pending question.

24. The total debate time allotted for each bylaws amendment proposal and resolution, including any and all discussion on subsidiary, privileged, and incidental motions, shall be 15 minutes. If a bylaws amendment proposal or resolution is divided, then each of the divided portions of the bylaws amendment proposal or resolution shall receive 15 minutes total debate time. If there are speakers in the queue when the total debate time expires, then the chair shall take a vote on whether to extend debate for an additional five minutes.

ADMINISTRATIVE

25. The Resolutions Committee shall be authorized to correct article and section designations, typos, grammatical errors, punctuation and references in the Bylaws, Election Rules, and General Assembly Standing Rules of Procedure as may be necessary to reflect the intent of the General Assembly.

26. Following the conclusion of General Assembly, the draft General Assembly minutes shall be sent electronically to all state captains and the ENA Board of Directors for a 10-day review and comment period. The minutes shall be subsequently approved by the Resolutions Committee.

27. The status of resolutions adopted by the General Assembly will be made available to the ENA membership through ENA publications and the General Assembly website.

Proposal to Amend Bylaws

Proposal Number: **GA26-01**

Title: Separation of the Leadership Development and Elections Committees

Article and Section: Article IV Section 1B; Article IX Section 1; Article IX Section 1B

Current Bylaws Language:

B. President. The President shall be ENA's principal elected officer and shall, in general, supervise ENA's business affairs, subject to the direction and control of the Board of Directors, by communicating with the Chief Staff Officer as necessary regarding ENA's business. The President shall be a member, without vote, of all councils and committees with the exception of the Leadership Development and Elections Committee and except as otherwise provided by these bylaws. The President shall (i) serve as the Chair of the Finance Committee; (ii) serve as ENA's official representative and spokesperson, except as otherwise provided by the Board of Directors; (iii) appoint representatives to ENA's affiliated organizations and other positions as necessary; (iv) fill, subject to the approval of the Board of Directors, vacancies on ENA's committees; and (v) in general, perform all duties customarily incident to the office of President and such other duties as may be prescribed by the Board of Directors. The President shall succeed to the office of immediate past president upon expiration of the President's term of office.

Section 1. Committees

ENA shall have committees appointed by the Board of Directors in sufficient numbers necessary to address mission objectives, and positions of ENA. The President or an appointed board liaison, as well as the Chief Staff Officer, shall serve as non-voting members of all committees, except the Leadership Development and Elections Committee or as otherwise set forth below.

B. Other Standing Committees.

The Board of Directors may establish other standing committees to support ENA's purposes. Such committees shall include, at a minimum, a Finance Committee, Resolutions Committee, and the Leadership Development and Elections Committee. If a standing committee has the authority of the Board of Directors, a majority of its members must be comprised of Directors. Except otherwise set forth in these bylaws: the action establishing a standing committee shall set forth the committee's purpose, authority and required qualifications for membership on the committee;

i. the Board of Directors, or its designee(s), shall determine the composition of ENA's standing committee;
ii. at all meetings of any standing committee, a majority of the members thereof shall constitute a quorum for the transaction of business;
iii. a majority vote by committee members present and voting at a meeting at which a quorum is present shall be required for any action;
iv. vacancies in the membership of a standing committee shall be filled by appointments made in the same manner as the original appointments to that committee;
v. the Board of Directors or its designee(s) shall develop and approve policies and procedures for the operation of all standing committees. All such policies shall be subject to the approval of the Board of Directors; and
vi. all standing committees shall report to the Board of Directors.

Leadership Development and Elections Committee.

1. Composition
   a. The Leadership Development and Elections Committee shall consist of up to eleven (11) Voting Members elected to serve on the Leadership Development and Elections Committee in the ENA national election. The Leadership Development and Elections Committee shall include at least one member from each of six regions (as determined by the Leadership Development and Elections

Committee) who has not previously served on the Board of Directors and one member who has served on the Board of Directors. Leadership Development and Elections Committee members may only represent the region in which they hold a voting membership.

b. The six regions shall be established by the Leadership Development and Elections Committee policy. Each region shall be composed of states with geographic proximity and relatively equal membership distribution.

c. A Leadership Development and Elections Committee chairperson shall be elected each year by the incoming Leadership Development and Elections Committee.

2. Qualifications
   a. Candidates must be a Voting Member in good standing and must have been a Voting Member during each of the previous five years immediately prior to submitting their candidate application.
   b. Candidates shall have served in an elected or committee position on the local, state or national level within the previous five years.
   c. Candidates must also have attended at least one ENA General Assembly within the previous three years.
   d. Members of the Leadership Development and Elections Committee may not run for or serve in any ENA board position during their tenure on the Leadership Development and Elections Committee, and may not serve more than two consecutive elected terms on the Leadership Development and Elections Committee.
3. Elections
   a. Elections for the Leadership Development and Elections Committee shall be held annually. Members shall serve for a three-year terms with terms beginning January 1 and ending on December 31, or until such time as their successors are duly elected, qualified and take office. Voting Members shall be elected to serve on the Leadership Development and Elections Committee each year.
   b. All Voting Members shall have the opportunity to elect Leadership Development and Elections Committee members by ballot from all regions. Candidates receiving the highest number of votes shall be declared elected. In the event of a tie vote for a position on the committee, lots shall be drawn.
4. Overview
   a. The Leadership Development and Elections Committee has general oversight of the national election. The Committee shall solicit and mentor potential candidates and review national candidate applications.
   b. The Leadership Development and Elections Committee will provide periodic updates to the Board of Directors regarding the progress of their charges.
   c. The Leadership Development and Elections Committee shall present a qualified slate of candidates to the Board of Directors for its review and discussion prior to presenting the slate to the membership. Following such review and discussion, the Leadership Development and Elections Committee shall present the slate to the membership through publication in such ENA publications as determined by the Board of Directors or its designee(s).
5. Vacancies
   a. A vacancy in the chairperson position shall be filled by a majority vote of the Leadership Development and Elections Committee.
   b. A vacancy of a committee member shall be filled by the candidate who received the next highest number of votes from that region or as the past board member in the most recently completed election.
   c. In the event of a committee member vacancy from an uncontested election, a qualified candidate must be nominated and elected by the state council presidents of the region affected by the vacancy according to the Leadership Development and Elections Committee election process, meeting the same requirements set forth in the bylaws as any potential candidate.

d. The committee position may remain vacant as approved by the Leadership Development and Elections Committee if less than six months remain of the unexpired term.

Proposed Changes:

B. President. The President shall be ENA's principal elected officer and shall, in general, supervise ENA's business affairs, subject to the direction and control of the Board of Directors, by communicating with the Chief Staff Officer as necessary regarding ENA's business. The President shall be a member, without vote, of all councils and committees with the exception of the ~~Leadership Development and Elections Committee~~ **Elections Committee** and except as otherwise provided by these bylaws. The President shall (i) serve as the Chair of the Finance Committee; (ii) serve as ENA's official representative and spokesperson, except as otherwise provided by the Board of Directors; (iii) appoint representatives to ENA's affiliated organizations and other positions as necessary; (iv) fill, subject to the approval of the Board of Directors, vacancies on ENA's committees; and (v) in general, perform all duties customarily incident to the office of President and such other duties as may be prescribed by the Board of Directors. The President shall succeed to the office of immediate past president upon expiration of the President's term of office.

Section 1. Committees

ENA shall have committees appointed by the Board of Directors in sufficient numbers necessary to address mission objectives, and positions of ENA. The President or an appointed board liaison, as well as the Chief Staff Officer, shall serve as non-voting members of all committees, except the ~~Leadership Development and Elections Committee~~ **Elections Committee** or as otherwise set forth below.

B. Other Standing Committees.

The Board of Directors may establish other standing committees to support ENA's purposes. Such committees shall include, at a minimum, a Finance Committee, Resolutions Committee, and the ~~Leadership Development and Elections Committee~~ **Elections Committee**. If a standing committee has the authority of the Board of Directors, a majority of its members must be comprised of Directors. Except otherwise set forth in these bylaws: the action establishing a standing committee shall set forth the committee's purpose, authority and required qualifications for membership on the committee;

i. the Board of Directors, or its designee(s), shall determine the composition of ENA's standing committee;
ii. at all meetings of any standing committee, a majority of the members thereof shall constitute a quorum for the transaction of business;
iii. a majority vote by committee members present and voting at a meeting at which a quorum is present shall be required for any action;
iv. vacancies in the membership of a standing committee shall be filled by appointments made in the same manner as the original appointments to that committee;
v. the Board of Directors or its designee(s) shall develop and approve policies and procedures for the operation of all standing committees. All such policies shall be subject to the approval of the Board of Directors; and
vi. all standing committees shall report to the Board of Directors.

~~Leadership Development and Elections Committee~~ **Elections Committee**.

1. Composition
   a. The ~~Leadership Development and Elections Committee~~ **Elections Committee** shall consist of **the Immediate Past President and** ~~up to eleven~~ **six** (~~11~~**6**) Voting Members elected to serve on the ~~Leadership Development and Elections Committee~~ **Elections Committee** in the ENA national election **(the "At-Large EC Members")**. **The At-Large EC Members** ~~The Leadership Development and Elections Committee~~ shall include at least ~~one~~ **five (5) Voting** ~~m~~**M**ember**s** ~~from each of six regions (as determined by the Leadership Development and Elections Committee)~~ who ha**ve**~~s~~ not previously served on the Board of Directors and one member who has served on the Board

Proposal to Amend Bylaws

of Directors. ~~Leadership Development and Elections Committee members may only represent the region in which they hold a voting membership.~~

~~b. The six regions shall be established by the Leadership Development and Elections Committee policy. Each region shall be composed of states with geographic proximity and relatively equal membership distribution.~~

~~c~~**b. The Immediate Past President shall serve as the chair of the Elections Committee.** ~~A Leadership Development and Elections Committee chairperson shall be elected each year by the incoming Leadership Development and Elections Committee.~~

2. Qualifications **for At-Large EC Members Positions**
   a. Candidates must be a Voting Member in good standing and must have been a Voting Member during each of the previous five years immediately prior to submitting their candidate application.
   b. Candidates shall have served in an elected or committee position on the local, state or ~~national~~ **global** level within the previous five years.
   c. Candidates must also have attended at least one ENA General Assembly within the previous three years.
   d. **At-Large EC** Members ~~of the Leadership Development and Elections Committee~~ may not run for or serve in any ENA board position during their tenure on the ~~Leadership Development and Elections Committee~~ **Elections Committee**, and may not serve more than two consecutive elected terms on the ~~Leadership Development and Elections Committee~~ **Elections Committee**.
3. Elections
   a. Elections for the ~~Leadership Development and Elections Committee~~ **Elections Committee** shall be held annually. **At-Large EC** Members shall serve for a ~~three~~ **two**-year terms with terms beginning January 1 and ending on December 31, or until such time as their successors are duly elected, qualified and take office. Voting Members shall be elected to serve on the ~~Leadership Development and Elections Committee~~ **Elections Committee** each year. **The terms of the At-Large EC members shall be staggered to the extent possible.**
   b. All Voting Members shall have the opportunity to elect ~~Leadership Development and Elections Committee~~ **Elections Committee** members by ballot during the **ENA national election** ~~from all regions~~. Candidates receiving the highest number of votes shall be declared elected. In the event of a tie vote for a position on the committee, lots shall be drawn.
4. Overview
   a. The ~~Leadership Development and Elections Committee~~ **Elections Committee** has general oversight of the national election. The Committee shall solicit **potential candidates** ~~and mentor potential candidates~~ and review **and vet** national candidate applications**, in accordance with such policies and procedures as developed by the committee and approved by the Board of Directors**.
   b. The ~~Leadership Development and Elections Committee~~ **Elections Committee** will provide periodic updates to the Board of Directors regarding the progress of their charges.
   c. The ~~Leadership Development and Elections Committee~~ **Elections Committee** shall present a qualified slate of candidates to the Board of Directors for its review~~, and~~ discussion**, and approval** prior to presenting the slate to the membership. Following such review and discussion, the ~~Leadership Development and Elections Committee~~ **Elections Committee** shall present the **approved** slate to the membership through publication in such ENA publications as determined by the Board of Directors or its designee(s).
5. Vacancies

~~a. A vacancy in the chairperson position shall be filled by a majority vote of the Leadership Development and Elections Committee.~~

~~b~~**a.** A vacancy of a ~~committee member~~ **At-Large EC Member, with one year or more years left in their term** shall be filled by the candidate who received the next highest number of votes ~~from that region or as the past board member~~ in the most recently completed election.

Proposal to Amend Bylaws

~~c~~**b**. In the event of a committee member vacancy from an uncontested election, a qualified candidate must be nominated and elected by the ~~state~~ council presidents ~~of the region affected by the vacancy~~ according to the ~~Leadership Development and Elections Committee~~ **Elections Committee** election process~~.~~**. Nominated candidate(s) must** meet~~ing~~ the same requirements set forth in the bylaws as any potential candidate. **The Board of Directors will review and approve the slate of candidate(s) before the slate is presented to the council presidents for a vote.**

d. The committee position may remain vacant as approved by the ~~Leadership Development and Elections Committee~~ **Elections Committee.** ~~if less than six months remain of the unexpired term.~~

Bylaws Language if Adopted:

B. President. The President shall be ENA's principal elected officer and shall, in general, supervise ENA's business affairs, subject to the direction and control of the Board of Directors, by communicating with the Chief Staff Officer as necessary regarding ENA's business. The President shall be a member, without vote, of all councils and committees with the exception of the Elections Committee and except as otherwise provided by these bylaws. The President shall (i) serve as the Chair of the Finance Committee; (ii) serve as ENA's official representative and spokesperson, except as otherwise provided by the Board of Directors; (iii) appoint representatives to ENA's affiliated organizations and other positions as necessary; (iv) fill, subject to the approval of the Board of Directors, vacancies on ENA's committees; and (v) in general, perform all duties customarily incident to the office of President and such other duties as may be prescribed by the Board of Directors. The President shall succeed to the office of immediate past president upon expiration of the President's term of office.

Section 1. Committees

ENA shall have committees appointed by the Board of Directors in sufficient numbers necessary to address mission objectives, and positions of ENA. The President or an appointed board liaison, as well as the Chief Staff Officer, shall serve as non-voting members of all committees, except the Elections Committee or as otherwise set forth below.

B. Other Standing Committees.

The Board of Directors may establish other standing committees to support ENA's purposes. Such committees shall include, at a minimum, a Finance Committee, Resolutions Committee, and Elections Committee. If a standing committee has the authority of the Board of Directors, a majority of its members must be comprised of Directors. Except otherwise set forth in these bylaws: the action establishing a standing committee shall set forth the committee's purpose, authority and required qualifications for membership on the committee;

i. the Board of Directors, or its designee(s), shall determine the composition of ENA's standing committee;
ii. at all meetings of any standing committee, a majority of the members thereof shall constitute a quorum for the transaction of business;
iii. a majority vote by committee members present and voting at a meeting at which a quorum is present shall be required for any action;
iv. vacancies in the membership of a standing committee shall be filled by appointments made in the same manner as the original appointments to that committee;
v. the Board of Directors or its designee(s) shall develop and approve policies and procedures for the operation of all standing committees. All such policies shall be subject to the approval of the Board of Directors; and
vi. all standing committees shall report to the Board of Directors.

Elections Committee.

1. Composition
   a. The Elections Committee shall consist of the Immediate Past President and six (6) Voting Members

elected to serve on the Elections Committee in the ENA national election (the "At-Large EC Members"). The At-Large EC Members shall include at least five (5) Voting Members who have not previously served on the Board of Directors and one member who has served on the Board of Directors.

b. The Immediate Past President shall serve as the chair of the Elections Committee.

2. Qualifications for At-Large EC Members Positions
   a. Candidates must be a Voting Member in good standing and must have been a Voting Member during each of the previous five years immediately prior to submitting their candidate application.
   b. Candidates shall have served in an elected or committee position on the local, state or global level within the previous five years.
   c. Candidates must also have attended at least one ENA General Assembly within the previous three years.
   d. At-Large EC Members may not run for or serve in any ENA board position during their tenure on the Elections Committee, and may not serve more than two consecutive elected terms on the Elections Committee.
3. Elections
   a. Elections for the Elections Committee shall be held annually. At-Large EC Members shall serve for a two-year terms with terms beginning January 1 and ending on December 31, or until such time as their successors are duly elected, qualified and take office. Voting Members shall be elected to serve on the Elections Committee each year. The terms of the At-Large EC members shall be staggered to the extent possible.
   b. All Voting Members shall have the opportunity to elect Elections Committee members by ballot during the ENA national election. Candidates receiving the highest number of votes shall be declared elected. In the event of a tie vote for a position on the committee, lots shall be drawn.
4. Overview
   a. The Elections Committee has general oversight of the national election. The Committee shall solicit potential candidates and review and vet national candidate applications, in accordance with such policies and procedures as developed by the committee and approved by the Board of Directors.
   b. The Elections Committee will provide periodic updates to the Board of Directors regarding the progress of their charges.
   c. The Elections Committee shall present a qualified slate of candidates to the Board of Directors for its review, discussion, and approval prior to presenting the slate to the membership. Following such review and discussion, the Elections Committee shall present the approved slate to the membership through publication in such ENA publications as determined by the Board of Directors or its designee(s).
5. Vacancies
   a. A vacancy of a At-Large EC Member, with one year or more years left in their term shall be filled by the candidate who received the next highest number of votes in the most recently completed election.
   b. In the event of a committee member vacancy from an uncontested election, a qualified candidate must be nominated and elected by the council presidents according to the Elections Committee election process. Nominated candidate(s) must meet the same requirements set forth in the bylaws as any potential candidate. The Board of Directors will review and approve the slate of candidate(s) before the slate is presented to the council presidents for a vote.
   c. The committee position may remain vacant as approved by the Elections Committee.

Rationale:

This amendment implements the 2025 General Assembly-adopted Resolution GA25-08, Separation and Reform of the Leadership Development and Elections Committee and ENA Elections, by completing the governance reform approved by the membership. Specifically, it separates the current Leadership Development and Elections

Committee into two distinct standing committees: a Leadership Development Committee and an Elections Committee, allowing each committee to focus exclusively on its unique responsibilities.

Importantly, this amendment preserves the core responsibilities of the current Elections Committee. The committee will continue to oversee ENA's national election process, recruit and evaluate qualified candidates, and present a slate of candidates to the membership in accordance with ENA bylaws and Board-approved policies. The primary change is the removal of leadership development responsibilities so committee members can devote their full attention to administering a fair, transparent, and consistent election process.

Since the 2021 bylaw revision, the Leadership Development and Elections Committee has been responsible for both cultivating future leaders and evaluating candidates for elected office. While both responsibilities are essential, combining them within a single committee creates the appearance of a conflict of interest. The same committee responsible for mentoring and preparing future leaders is also responsible for determining which candidates advance to the election ballot. Although the committee has consistently performed these responsibilities with professionalism and integrity, separating these functions strengthens transparency and reinforces member confidence by ensuring leadership development and candidate evaluation occur independently.

This amendment also modernizes the structure of the Elections Committee to better support its focused mission. The committee is renamed to accurately reflect its sole purpose, its size is streamlined to six elected members plus the Immediate Past President serving as chair, member terms are adjusted to two years with staggered terms to provide both continuity and regular opportunities for new perspectives, and regional representation requirements are removed to allow the membership to elect the most qualified candidates regardless of geographic location. Reducing the number of elected committee members creates a more efficient and collaborative working group while maintaining diverse perspectives through at-large elections and the inclusion of the Immediate Past President. These changes simplify governance while preserving strong member representation and ensuring the committee remains appropriately sized to effectively carry out its responsibilities.

Designating the Immediate Past President as chair provides experienced leadership, continuity, and institutional knowledge while preserving the impartiality of the election process. This governance structure is consistent with other national nursing organizations. For example, both the American Academy of Nursing designates the Immediate Past President as chair of their nominating committee, recognizing the value of experienced past leaders in overseeing leadership succession while maintaining separation from the current executive leadership (AAN, 2022).

The proposed structure reflects recognized nonprofit governance and association best practices by clearly separating leadership development from election administration, establishing a committee size appropriate for its defined responsibilities, providing experienced leadership through the Immediate Past President, and maintaining Board oversight of election policies and the candidate slate. These governance principles help avoid the appearance of conflicts of interest while ensuring each function receives the attention, expertise, and accountability it deserves.

The amendment further strengthens governance by clarifying that election policies and procedures are developed by the Elections Committee and approved by the Board of Directors, requiring Board review and approval of the proposed slate before publication to the membership, modernizing vacancy procedures, and updating qualification language to recognize leadership service at the local, state, national, or global level. These revisions provide greater consistency, accountability, and transparency while maintaining appropriate Board oversight of the election process.

Proposal to Amend Bylaws

The proposed structure reflects recognized nonprofit governance best practices by clearly separating leadership development from election administration. Distinct committees allow each function to develop the expertise, focus, and accountability necessary to effectively fulfill its purpose while avoiding the appearance of conflicts of interest and promoting member trust in ENA's governance processes.

This amendment advances ENA's strategic priorities by:

- Strengthening leadership development through a committee dedicated exclusively to mentorship, succession planning, and leadership growth.
- Enhancing governance by clearly defining committee responsibilities, accountability, and oversight.
- Increasing transparency and member confidence by separating leadership cultivation from candidate evaluation.
- Modernizing the Elections Committee to improve continuity, efficiency, and consistency while maintaining member-driven elections.
- Allowing both committees to fully focus on their respective missions without changing the integrity of ENA's democratic election process.

In summary, this amendment preserves the successful election responsibilities currently performed by the committee while establishing a governance structure that more clearly aligns responsibilities with purpose. By separating leadership development from election administration, modernizing the composition and operation of the Elections Committee, and aligning key governance practices with those used by other national nursing organizations, ENA strengthens its governance framework, reinforces member confidence, and ensures both leadership development and elections receive the dedicated attention each deserves.

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Proposal to Amend Bylaws

Proposal Number: **GA26-02**

Title: Member Classification Language and Criteria Based on Scope of Practice

Article and Section: Article III Section 2

Current Bylaws Language:
Classifications and Criteria. Membership may be granted to any individual who (i) abides by these bylaws, the ENA Code of Ethics, and such other policies, rules and regulations as ENA may adopt; and (ii) meets the criteria for membership set forth in one of the following categories:

A. Voting Members – Only licensed (or the equivalent thereto) professional registered nurses are eligible to be Voting Members. Voting Members shall have the right to vote, hold elected office, serve on the Board of Directors, serve on committees, and attend ENA's meetings and social functions.
B. Nonvoting Members – Nonvoting membership may be granted to any individual who shares interest in and supports the purpose, mission and objectives of ENA, but does not otherwise meet the criteria for voting membership in ENA. Nonvoting Members shall be entitled to serve on ENA committees and attend ENA member meetings and social functions.

Proposed Changes:
Membership may be granted to any individual who (i) abides by these bylaws, the ENA Code of Ethics, and such other policies, rules and regulations as ENA may adopt; and (ii) meets the criteria for membership set forth in one of the following categories:

A. Voting Members ~~– licensed (or the equivalent thereto) professional registered~~ Nurses are eligible to be voting members. Voting members shall have the right to vote, hold elected office, serve on the Board of Directors, serve on committees, and attend ENA's meetings and social functions.
B. Nonvoting Members – Nonvoting membership may be granted to any individual who shares interest in and supports the purpose, mission and objectives of ENA, but does not otherwise meet the criteria for voting membership in ENA. Nonvoting members shall be entitled to serve on ENA committees and attend ENA member meetings and social functions
C. **For purposes of Article III, Section 2 of these Bylaws, the term "nurse" shall mean: A professional who is educated in the scientific knowledge, skills and philosophy of nursing, and regulated to practice nursing based on established standards of practice and ethical codes. *(Adapted from the International Council of Nurses definition of "nurse.")***

Bylaws Language if Adopted:
Membership may be granted to any individual who (i) abides by these bylaws, the ENA Code of Ethics, and such other policies, rules and regulations as ENA may adopt; and (ii) meets the criteria for membership set forth in one of the following categories:

A. ENA endorses the International Council of Nurses (ICN) definition of "nurse.
B. Voting Members –Nurses are eligible to be Voting members. Voting members shall have the right to vote, hold elected office, serve on the Board of Directors, serve on committees, and attend ENA's meetings and social functions.
C. Nonvoting Members – Nonvoting membership may be granted to any individual who shares interest in and supports the purpose, mission and objectives of ENA, but does not otherwise meet the criteria for voting membership in ENA. Nonvoting members shall be entitled to serve on ENA committees and attend ENA member meetings and social functions

Rationale:

Proposal to Amend Bylaws

ENA has explicitly committed to advancing health equity and community inclusion. As stated in our Mission & Values:

The Emergency Nurses Association is firmly committed to embracing the uniqueness of its members, staff, the emergency nursing specialty and, ultimately, the patient communities served by emergency nurses. Aligned with its core beliefs, ENA recognizes the importance of supporting health equity efforts and the value of seeking out and considering different perspectives which are needed to ensure access to quality care for everyone. To fully operationalize this commitment, ENA must ensure that its governing documents, including the bylaws, use language that is inclusive, globally relevant, and aligned with contemporary nursing practice.

This bylaw amendment will further the resolved clauses of resolution *GA22-08: International Inclusivity* as adopted by General Assembly (ENA, 2022). This resolution calls for inclusivity regarding international certifications and global collaboration to "…ensure inclusive educational opportunities, respecting diversity and enabling participation through the removal of geographical, cultural, and language barriers…." The GA discussion about this resolution highlighted the diversity of titles for nurses in other countries, their scope of practice, and how the term "registered nurse" is not universally applied or understood. ENA has committed to advancing excellence and inclusivity to emergency nurses globally, most recently amending the bylaws to state licensed or equivalent registered nurses can vote and to allow members 65 or older access to "senior" membership regardless of their country of residence or non-US membership, further supporting inclusivity. This amendment also addresses *GA24-01: Classification of International Membership Nursing Titles Based on Education, Competency, and Scope of Practice* which passed by unanimous consent (ENA, 2024b). This resolution specifically addresses the use of the term "registered nurse" and resolves that ENA "…consider the review of future ENA materials to adjust the language of RN to include the nurse with equivalent education, competency, and scope of practice consistent with international guidelines…." In addition, it resolves that "…ENA consider use of the 2010 ICN consensus framework S*cope of Nursing Practice and Decision-Making Framework Toolkit* (Morrison, 2010) as a guide for writing bylaws, policies, position statements and educational materials, textbooks, and associated verification-granting courses such as TNCC and ENPC to ensure inclusivity for all ENA members."

The ability to provide safe and effective care in the emergency setting is grounded in the educational preparation and competency-based training of the individual nurse, rather than licensure title alone (Barrett et al., 2021; Spies & Feutz, 2023). This principle is reinforced by the World Health Organization (WHO), which identifies education, competency, and professional development as foundational elements for achieving optimal healthcare outcomes in the *State of the World's Nursing 2020* report (WHO, 2020).

Despite this competency-based framework, licensure titles particularly the term *registered nurse* (RN) can create confusion and unintended barriers in international contexts. Many countries do not use the title "RN," despite nurses possessing equivalent education, competencies, and scope of practice. As a result, reliance on the RN designation alone may exclude qualified international nurses from full participation in professional organizations, including ENA. According to the ICN, a nurse is defined as follows (White et al., 2025, p. 12):

> A nurse is a professional who is educated in the scientific knowledge, skills and philosophy of nursing, and regulated to practice nursing based on established standards of practice and ethical codes. Nurses enhance health literacy, promote health, prevent illness, protect patient safety, alleviate suffering, facilitate recovery and adaptation, and uphold dignity throughout life and at end of life. They work autonomously and collaboratively across settings to improve health, through advocacy, evidence-informed decision-making, and culturally safe, therapeutic relationships. Nurses provide people-centered, compassionate clinical and social care, manage services, enhance health systems, advance public and population health, and foster safe and

sustainable environments. Nurses lead, educate, research, advocate, innovate and shape policy to improve health outcomes.

This competency-focused approach is reflected in other professional standards. For example, the American Heart Association's Advanced Cardiovascular Life Support (ACLS) program defines eligible participants by role, education, and clinical responsibility rather than licensure title, identifying appropriate learners as healthcare professionals involved in the "management of cardiac arrest, stroke, and other cardiopulmonary emergencies" (American Heart Association, 2025). This model prioritizes patient safety and professional competence over jurisdiction-specific terminology.

ENA's vision of "a world where every emergency nurse is fully supported to provide the highest quality patient care" is further strengthened by this amendment (ENA, 2024a, p. 1). The most recent recommendations from the World Health Organization (WHO) and its partners advocate that countries modernize regulatory rules by correlating education requirements and standardizing nurses' credentials globally (Baker et al, 2021). Inclusive leadership practices have been shown to enhance engagement, collaboration, and performance, ultimately improving both patient and staff outcomes (Henshall et al., 2022; Morrison, 2021; Spies & Feutz, 2023).

- Additionally, the WHO's *Global Strategic Directions for Nursing and Midwifery 2021–2025* calls for investment in leadership development and broader engagement of nurses within professional organizations to expand skills and access to development opportunities (WHO, 2021). Current reliance on the RN title as an eligibility criterion may unnecessarily limit access to these opportunities for international members.
- Membership does not equate with the right to serve in roles that require knowledge of current clinical practice under the scope of a registered nurse in the U.S. Hence, requirements for participation in the creation or revision of clinical products, instructors in ENA courses, etc. may be more stringent.

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Proposal to Amend Bylaws

Proposal Number: **GA26-03**

Title: Aligning ENA Standards with the Rehabilitative Ethos of Nursing Regulation

Article and Section: Article III Section 4

Current Bylaws Language:

A. Grounds for Discipline. ENA may discipline a member for any of the following reasons:
   i. Failure to comply with these Bylaws, the ENA Code of Ethics, or any of ENA's rules or regulations;
   ii. Conviction of a felony or a crime related to, or arising out of, the practice of nursing or involving moral turpitude;
   iii. Suspension, revocation, or forfeiture by any state, province, or country of the member's right to practice as a nurse; or
   iv. Immoral, dishonorable, or unprofessional conduct considered prejudicial to the best interests of, or inconsistent with, the purposes of ENA.

Proposed Changes:

A. Grounds for Discipline. ENA may discipline a member for any of the following reasons:
   i. Failure to comply with these Bylaws, the ENA Code of Ethics, or any of ENA's rules or regulations;
   ii. Conviction of a felony or a crime related to, or arising out of, the practice of nursing or involving moral turpitude;
   iii. ~~Suspension,~~ **Permanent** revocation~~,~~ or ~~forfeiture by any state, province, or country of the member's~~ **surrender of the** right to practice ~~as a nurse~~ **nursing by any state, territory, province, or country as the consequence of a disciplinary process;** or
   iv. Immoral, dishonorable, or unprofessional conduct considered prejudicial to the best interests of, or inconsistent with, the purposes of ENA.

Bylaws Language if Adopted:

A. Grounds for Discipline. ENA may discipline a member for any of the following reasons:
   i. Failure to comply with these Bylaws, the ENA Code of Ethics, or any of ENA's rules or regulations;
   ii. Conviction of a felony or a crime related to, or arising out of, the practice of nursing or involving moral turpitude;
   iii. Permanent revocation or surrender of the right to practice nursing by any state, territory, province, or country as the consequence of a disciplinary process; or
   iv. Immoral, dishonorable, or unprofessional conduct considered prejudicial to the best interests of, or inconsistent with, the purposes of ENA.

Rationale:

In 2023, *GA23-10: Licensure Requirements for Emergency Nurses Association Membership* was passed with broad support by the General Assembly after a discussion about membership for nurses who do not possess an unencumbered license (ENA, 2026). The two populations specifically addressed in the GA discussion were retired nurses and nurses in a disciplinary process, frequently for substance use disorder (a recognized medical diagnosis) or non-clinical issues. It was widely acknowledged that these nurses could be ENA members without risk of harm to the public or the Association.

Nursing is deeply intertwined with a nurse's professional identity, which encompasses not only technical skills and knowledge but also a profound sense of purpose, ethical commitment, and social role derived from years of rigorous education, clinical socialization, and patient-centered service. This identity is often described in nursing

literature as a multifaceted construct integral to self-concept, providing structure, meaning, and community affiliation that extend beyond the workplace into personal life (Geoghan Marold et al., 2025; Landis et al., 2025; Pullen & Schroeder, 2025; Vabo et al., 2022). A suspension or revocation of a nursing license disrupts this identity, triggering psychological responses akin to grief or identity loss: diminished self-worth, social stigma, professional isolation, and existential distress over the rupture of one's vocational narrative (Cubelo, 2023; Melnyk et al., 2023; Papinaho et al., 2022; Varaei et al., 2024). The trauma of such identity loss can lead to suicide (Davidson et al., 2021; Pilla, 2021; Schimmels et al., 2023).

From a rehabilitative perspective, regulators impose license suspensions as structured interventions, often paired with probation, remediation, or monitoring, to preserve public safety while enabling the nurse to address deficits and rebuild competence. However, automatic exclusion from professional associations compounds this identity disruption by severing access to the very networks, resources, and affirmation that facilitate recovery and reintegration. Retaining membership during disciplinary periods aligns with evidence-based rehabilitation models, which emphasize continuity of professional ties to mitigate stigma, foster accountability, and support sustained behavioral change, rather than punitive isolation that may exacerbate relapse risks or career abandonment.

Membership in professional nursing organizations, such as ENA, plays a vital role in sustaining nurses' professional development and fostering a sense of community, particularly during periods of career challenge or rehabilitation. These organizations provide structured opportunities for lifelong learning through access to peer-reviewed journals, evidence-based clinical guidelines, national conferences, and continuing education credits, thereby enabling members to maintain and enhance clinical competencies essential to safe, high-quality emergency care. Beyond education, membership in a professional organization cultivates leadership and career advancement by providing pathways to serve on governance committees, assume elected positions, and participate in mentorship programs, thereby building skills in advocacy, policy influence, and interdisciplinary collaboration that often extend beyond workplace roles. Equally critical is the profound sense of belonging these associations provide, countering the isolation inherent in shift-based, high-stress emergency nursing. Through local chapters, state councils, online forums, specialty interest groups, and networking events, members gain peer support, professional affirmation, and a shared identity rooted in the profession's ethical commitment to patient advocacy and resilience under pressure, which are benefits associated with reduced burnout and improved job satisfaction. Additional practical advantages, including discounted certification exams, professional liability insurance, and resources for scope-of-practice advocacy, further empower nurses to navigate complex regulatory and workplace environments effectively (Bazinski & Wilson, 2023; Cline et al., 2019; Morin, 2021; Rowley et al., 2020).

The loss of such membership, however, severs these lifelines at precisely the moment they are most needed. For nurses facing temporary license suspension or probation as part of a rehabilitative disciplinary process, exclusion from a professional organization deprives them of access to the educational remediation, peer accountability, and communal reinforcement that regulators rely on to ensure a safe return to practice. This not only exacerbates stigma and professional isolation but also undermines the corrective intent of nursing boards, potentially hindering full rehabilitation and reintegration into the workforce (DeLeskey, 2003; Esmaeili et al., 2013; Papinaho et al., 2022). Retaining membership under such circumstances aligns with the rehabilitative ethos of modern nursing regulation, enabling disciplined nurses to leverage organizational resources for ethical growth while remaining accountable to conduct-based standards.

Nursing regulatory authorities frequently impose encumbered licenses, such as probation, monitored practice, temporary suspensions, or stayed revocations, as intermediate disciplinary measures rather than resorting immediately to permanent revocation. These actions reflect a deliberate regulatory strategy to balance public protection with the potential for nurse rehabilitation, enabling structured remediation through mandatory education, substance use treatment, mental health support, ethics training, and supervised practice (National

Council of State Boards of Nursing [NCSBN], n.d.-a). Data from organizations such as the NCSBN indicate that a substantial proportion of disciplinary cases result in such encumbrances rather than outright license surrender, with many nurses completing requirements and achieving reinstatement or removal of restrictions. For instance, alternative-to-discipline programs for substance use disorders report positive reinstatement figures for compliant participants, underscoring regulators' confidence in rehabilitation when evidence of fitness to practice is demonstrated (NCSBN, n.d.-b). This progressive approach aligns with evidence-based models of professional accountability, in which temporary encumbrances serve as corrective measures, enabling a safe return to practice and affirming that not all licensure issues constitute permanent unfitness. Professional associations that disregard this distinction by treating any encumbrance as grounds for expulsion risk contradicting the rehabilitative intent of nursing boards and depriving members of resources essential for successful remediation.

Several professional nursing organizations worldwide, particularly those operating as associations rather than regulatory bodies, eschew automatic membership revocation based solely on license suspension or encumbrance, opting instead for criteria centered on direct harm to the organization's interests or the profession's reputation (Deutscher Berufsverband für Pflegeberufe [DBfK], 2019; House of Delegates, 2020; Royal College of Nursing [RCN], 2021). These policies typically enumerate grounds such as non-payment of dues, misrepresentation of qualifications, unethical conduct that discredits nursing, or actions that actively or passively undermine the association's objectives, without referencing licensure status as a categorical bar. The DBfK in Germany exemplifies this model: its statutes emphasize disciplinary action for conduct that damages the association's standing or violates membership obligations, such as spreading misinformation about nursing or failing to uphold professional decorum but notably omit license revocation as an independent sanction. Similar frameworks are found in other European and international nursing federations, including certain specialty groups affiliated with the International Council of Nurses (ICN), where expulsion requires proof of misconduct prejudicial to the collective mission, rather than passive reliance on external regulatory outcomes (DBfK, 2019; House of Delegates, 2020; RCN, 2021). This conduct-focused approach preserves organizational integrity without erecting barriers to rehabilitating members, demonstrating that professional associations can safeguard standards through individualized review under existing ethical clauses, precisely as retained in the proposed ENA bylaw amendment, while fostering inclusivity for nurses navigating temporary licensure challenges.

In conclusion, the proposed amendment to ENA bylaws represents a vital alignment of professional association standards with the rehabilitative ethos of nursing regulation, preserving nursing as a core facet of identity while leveraging the irreplaceable benefits of organizational membership, such as self-development, belonging, and peer support, for nurses undergoing rehabilitation or remediation. By distinguishing temporary encumbrances, which affect a substantial majority of disciplined cases and often resolve through proven rehabilitation, from permanent revocation, ENA can mirror the progressive frameworks of nursing boards and emulate forward-thinking international models like that of the DBfK that prioritize conduct over license status. This change not only upholds ethical integrity through retained clauses on felonies, noncompliance, and unprofessional behavior but also counters the troubling decline in nursing organization memberships amid generational shifts, economic pressures, and competing priorities, ensuring ENA remains a resilient hub for professional growth and public protection rather than a barrier to redemption. Adopting this amendment strengthens ENA's mission by welcoming back rehabilitated members, thereby bolstering collective strength amid workforce challenges.

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Resolution GA26-04

Establishment of the Leadership Development Committee of the ENA

Whereas, in 2025, the Emergency Nurses Association (ENA) General Assembly approved a resolution directing the separation of the Leadership Development and Elections Committee (LDEC) into two distinct entities to promote transparency, accountability, and role clarity within ENA governance (Emergency Nurses Association, 2025b);

Whereas, the combined LDEC structure created overlapping responsibilities between leadership development and election oversight, introducing potential conflicts of interest and limiting strategic focus on leadership identification, education, and mentorship (Emergency Nurses Association, 2025);

Whereas, nonprofit governance best practices emphasize clearly defined governance responsibilities, independent oversight, effective conflict-of-interest management, and governance structures that promote accountability, transparency, and stakeholder trust (BoardSource, 2023; Tacon, Walters, & Cornforth, 2017);

Whereas, establishing a dedicated Leadership Development Committee (LDC) would allow ENA to intentionally identify, mentor, and prepare diverse members for local, state, national, and international leadership roles aligned with ENA's mission, values, strategic goals, and DEI principles (Emergency Nurses Association, 2025); and

Whereas, an LDC independent from election functions ensures transparent and competency-based leadership development, fostering a sustainable leadership pipeline that strengthens the Academy of Emergency Nurses, the association, and the emergency nursing profession (American Nurses Association, 2025; Emergency Nurses Association, 2024).

Resolved, that the Emergency Nurses Association should establish a Leadership Development Committee, with the following purpose: To identify, recruit, develop, and mentor current and emerging leaders across all levels of ENA, supporting the strategic goal of fostering a diverse and sustainable leadership pipeline;

Resolved, that the ENA Leadership Development Committee should be charged with responsibilities such as: designing and implementing leadership education and mentorship programs, collaboration with ENA Councils and the Academy of Emergency Nursing to promote leadership readiness, recommending leadership competency frameworks to the Board of Directors, identifying and supporting potential leaders for committee and appointed positions, ensuring equitable access to leadership opportunities, and submitting an annual report to the ENA Board of Directors outlining progress and recommendations; and

Resolved, that the ENA Leadership Development Committee should be composed of members who have previous leadership experience (such as having previously served on the ENA Board of Directors or in high-level Council leadership positions or the equivalent, e.g., President of the National Emergency Nurses Association in Canada).

Resolution Background Information:

The Leadership Development and Elections Committee (LDEC) of the Emergency Nurses Association (ENA) has historically served two distinct yet interconnected functions: cultivating future leaders and overseeing the evaluation and vetting of candidates for elected office. The dual-role structure was formally codified following the 2023 General Assembly (September 21, 2023), which amended the ENA Bylaws to establish the LDEC as a standing committee (Emergency Nurses Association, 2025a). Subsequent updates to ENA's election rules and campaign materials in 2024 reflected the new structure and sought to streamline governance and leadership processes (Emergency Nurses Association, 2024).

While the intent of combining leadership development with election oversight was to enhance efficiency and continuity, implementation of the combined committee structure revealed several governance challenges. The overlap of developmental and evaluative functions created the appearance of potential conflicts of interest, limited transparency, and introduced ambiguity regarding the committee's purpose.. This dual structure blurred the boundary between mentorship and election administration, potentially undermining both leadership cultivation and member trust in the fairness of elections.

In recognition of these challenges, the 2025 ENA General Assembly adopted resolution *GA25-08: Separation and Reform of the Leadership Development and Elections Committee and ENA Elections* (Emergency Nurses Association, 2025b). This resolution—subsequently incorporated into the organization's adopted proposals (Emergency Nurses Association, 2026)—directed ENA to divide the committee's responsibilities into two discrete entities to reinforce governance integrity, ensure role clarity, and promote equitable access to leadership opportunities.

The present resolution operationalizes that directive by formally establishing the Leadership Development Committee (LDC) as an independent standing committee within ENA governance. This resolution should be considered in conjunction with the companion bylaw amendment establishing the Elections Committee and separating election administration from leadership development, together completing the governance reform adopted by the 2025 General Assembly. The LDC's exclusive purpose will be the intentional identification, mentoring, and preparation of emerging leaders at the local, state, national, and international levels through education, mentorship, and structured leadership pathways. The committee will collaborate closely with ENA's committees, councils, the Academy of Emergency Nursing, and the Board of Directors to align leadership development initiatives with ENA's mission, vision, and strategic plan.

This governance model aligns with recognized best practices for nonprofit organizations and professional associations that emphasize clearly defined governance responsibilities, effective conflict-of-interest management, transparency, accountability, and independent oversight. BoardSource's *Recommended Board Practices* identifies leadership development, board succession planning, and governance oversight as distinct governance responsibilities that should be structured to promote board effectiveness, organizational integrity, and stakeholder trust (BoardSource, 2023). Likewise, research on nonprofit governance demonstrates that governance structures characterized by clear accountability and role clarity strengthen organizational legitimacy and member confidence (Tacon, Walters, & Cornforth, 2017). Consistent with these principles, the American Nurses Association's *Election Manual* outlines procedures designed to ensure impartial, equitable, and transparent election processes through clearly defined governance roles and standardized candidate evaluation practices (American Nurses Association, 2025). By establishing separate committees dedicated to leadership development and candidate evaluation, ENA reinforces its commitment to ethical governance, transparency, and the cultivation of future emergency nursing leaders while preserving the integrity and impartiality of its election process.

Scholarly literature also supports this distinction Tacon et al. (2017) found that clearly defined governance roles and accountability processes strengthen organizational legitimacy, improve oversight, and enhance stakeholder confidence. Furthermore, the Illinois Not-for-Profit Corporation Act (805 ILCS 105) provides the statutory framework guiding ENA's governance, underscoring the importance of structural transparency, fiduciary responsibility, and equitable representation within nonprofit organizations (Illinois General Assembly, 2024).

By establishing the Leadership Development Committee (LDC) as a distinct governance entity, ENA will not only uphold these ethical and legal standards but also demonstrate leadership maturity consistent with high-performing nonprofit organizations. The LDC will foster a sustainable leadership pipeline, providing members with equitable access to professional growth opportunities and aligning leadership development with ENA's

mission, to advance excellence in emergency nursing, and vision, a world where every emergency nurse is fully supported to provide the highest quality patient care.

Ultimately, this reform represents a pivotal step in ENA's ongoing commitment to transparency, accountability, diversity, and member engagement. It ensures that leadership cultivation remains a supportive, educational process, separate from election administration, thereby strengthening both ENA's internal governance and its external credibility as a model professional organization.

Relationship to ENA Bylaws, Mission, Vision, and Strategic Initiatives:

Relationship to ENA Bylaws

This resolution directly supports implementation of Article IX of the ENA Bylaws, which governs the establishment and function of standing committees. The creation of a Leadership Development Committee (LDC) aligns with the bylaws' intent to ensure committees operate with clear, distinct purposes under the oversight of the ENA Board of Directors.

The 2025 General Assembly approved resolution *GA25-08, Separation and Reform of the Leadership Development and Elections Committee and ENA Election*s, directing that the former Leadership Development and Elections Committee (LDEC) be divided into two independent entities to eliminate conflicts of interest and clarify responsibilities. The present resolution fulfills that directive by formally establishing the LDC as a separate committee charged solely with leadership identification, development, and mentorship, distinct from the Elections Committee's oversight of election administration.

This resolution enhances governance accountability and compliance with the principles of fairness and transparency outlined in ENA's bylaws. It is consistent with the Illinois Not-for-Profit Corporation Act (805 ILCS 105), which requires nonprofit boards to operate with integrity, due process, and impartiality.

Relationship to ENA Mission and Vision

The establishment of the Leadership Development Committee directly advances ENA's Mission "to lead the advancement of excellence and innovation in emergency nursing" and its Vision of "a world where every emergency nurse is fully supported to provide the highest quality patient care."

By creating a dedicated structure for leadership cultivation, this resolution ensures that future ENA leaders are identified, developed, mentored, and prepared to guide the profession with excellence. The LDC's focus on competency-based leadership development, mentorship, and diversity directly supports excellence in nursing practice, advocacy, and governance. It also builds the leadership capacity necessary for ENA to remain a credible, innovative, and inclusive voice in emergency nursing worldwide.

Relationship to ENA Strategic Initiatives

This resolution advances multiple components of ENA's Strategic Plan, particularly those related to leadership, membership engagement, and organizational excellence.

Specifically, it supports the following strategic objectives:

- Leadership Development: Builds a sustainable, diverse leadership pipeline to ensure continuity, innovation, and inclusivity in ENA governance.
- Member Engagement: Encourages broader member participation in leadership opportunities by removing structural barriers and increasing transparency in selection processes.
- Organizational Excellence: Strengthens ENA's governance framework by clarifying committee roles, enhancing accountability, and aligning operations with nonprofit best practices (BoardSource, 2023; Tacon et al., 2017).
- Diversity, Equity, and Inclusion (DEI): Promotes equitable access to leadership opportunities for members from varied backgrounds and practice settings, reflecting ENA's ongoing commitment to

inclusive excellence.

Together, these connections reinforce ENA's long-term goal of cultivating resilient, ethical, and visionary leaders who embody the Association's values and ensure the continued advancement of the emergency nursing specialty.

Financial Considerations/Operations Impact:
The scope of work outlined in the resolved clauses has a fiscal impact between $10,000- $25,000. Upon final outcomes of General Assembly, initiatives will be evaluated for resource planning in alignment with ENA's strategic plan and operational goals.

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Resolution GA26-05

Care Expectations for Accidental Cannabis Intoxication

Whereas, cannabis is the most widely misused illicit drug by adults and adolescents in the United States (Center for Disease Control and Prevention, 2025). Worldwide, 2.5% of the global population use the drug (World Health Organization, n.d.);

Whereas, legal provisions allowing recreational cannabis use are becoming more commonplace in many countries, including Canada, Chile, Georgia, Germany, Czechia, Luxembourg, Malta, Mexico, South Africa, and Uruguay. In Australia, the Australian Capital Territory has decriminalized and conditionally legalized recreational cannabis use (Cannabis Business Plan, 2025). In the United States, 24 states, three territories, and the District of Columbia have legalized recreational cannabis sales;

Whereas, evidence suggest that legalization of recreational cannabis is associated with a variety of public health concerns (Cohen et al., 2023) and attitudes have become more permissive. Pediatric hospital admissions for accidental cannabis exposure have risen sharply. Between 2017 and 2021, cannabis exposure in children under age five increased 1365%, with 90% of exposures occurring in the home (Riccchezza et al., 2025);

Whereas, the inadvertent pediatric exposure to cannabis is linked to the increasing prevalence of edible products. Children cannot distinguish between cannabis edibles and regular snacks (Riccchezza et al., 2025). Edible cannabis products are often marketed and sold in forms that are difficult to distinguish from non-cannabis containing products (Pepin et al., 2023). Many products are marketed as products that resemble children's snacks (Rossheim et al., 2025);

Whereas, the concentrations of tetrahydrocannabinol (THC) in cannabis products have steadily increased over time. The presence of non-regulated cannabis products with unknown potency increases the risk of severe toxicity (Walsh et al., 2024). While uncommon in adults, severe intoxication is becoming well documented in the pediatric population under the age of 10, most of which are unintentional ingestions (Dubin et al. 2024). Intoxication symptoms include behavioral changes, seizures, ataxia, respiratory depression, coma, and lethargy (Cohen et al., 2022). Early urine toxicology should be considered in previously health children with a cannabis toxidrome presentation (Dubin et al., 2024); and

Whereas, every state in which recreational cannabis is illegal in the U.S. is bordered by at least one state where it is legal, making pediatric accidental ingestion a growing public health problem (Walsh et al., 2024). Adverse events can be related to product or quality issues and overconsumption during unintentional ingestions. To protect children from unintentional ingestion of gummies, chocolates, and cookies, policies related to packaging and safe storage are needed (Dilley et al., 2024). In a statement by the American College of Medical Toxicology, it is recommended that portions be limited to 5 mg portions and be placed in unappealing, child-resistant packages (2025).

Resolved, the Emergency Nurses Association (ENA) should develop recommendations regarding safe product design, branding, and packaging to avoid inadvertent ingestion by children;

Resolved, ENA should collaborate with partner organizations to develop practice resources to assist ED nurses in educating caregivers and identifying accidental cannabis intoxication; and

Resolved, ENA should review the current literature related to urine toxicology screening in previously healthy children presenting with signs of cannabis exposure and recommends evidence-based diagnostics.

Resolution Background Information:

Analysis of pediatric cannabis poisoning found that 90% of ingestions occur in children under four years of age, with 78% involving the ingestion of cannabis edibles, primarily gummies (Rossheim et al., 2025). Cannabis foods and drinks are easy to access and can contain high levels of Delta-9 THC because of their concentrated weight and formulation. Daily cannabis use exceeded daily alcohol consumption in 2022. Cannabis edibles are often sold resembling candy or snacks, which leads to children unintentionally ingesting large doses of cannabinoids (Rossheim et al., 2025). Children up to and including 11 years are particularly susceptible to adverse cannabis effects. The symptoms of pediatric cannabis poisoning include altered mental status, ataxia, respiratory problems, loss of consciousness, seizure, and death (Rossheim et al., 2025).
In 2018, the Cannabis Act legalized cannabis products in Canada. In October 2019, amendments to the Cannabis Regulations opened access to edible products. As with the U.S. Poison Control data, legalization of cannabis resulted in an increase in the number of calls regarding cannabis ingestion and ED visits in Canada. In 2015, in Ontario Canada, the rate of pediatric cannabis related visits was 0.3 per 100,000 compared to 18.1 per 100,000 in 2021 after legalization. When comparing edible-related poisonings from the same data periods, there were no poisonings related to edibles in 2015 and 140 cases in 2021. Nearly all involved edibles: gummies (49%), candy (12.6%), cookies (11%), and chocolate (9%). The study revealed that 87.7% of exposures were related to inadvertent ingestion secondary to unsafe storage practices, or caregivers or family members accidentally giving cannabis to the child (7.2%). Identification of cannabis toxicity in children can be challenging. Parents and caregivers are not always willing to admit to ingestion. Patients may present with nonspecific symptoms such as agitation, somnolence, seizure, tachycardia, nausea and vomiting, and respiratory depression. Often the child is too young to relay accurate information to the care team (Varin et al., 2023).

Sage et al. (2025) evaluated common presentations related to cannabis ingestion and identified the following clinical presentations: altered level of consciousness (41%), irritability (7.9%), hypotonia (7.2%), lethargy (5.9%), nausea and vomiting (3.3%), mydriasis (2.4%), ataxia (4.5%), coma and seizure (1.8%), and mechanical ventilation (0.2%). Urine toxicology screening (61%) was identified as the most common method for confirming unintentional cannabis exposure. The authors recommend guidance regarding reporting and use of standard questions regarding exposure to drugs during triage assessment.

Advocates of cannabis often state it is natural or harmless, yet that is not always the case in the pediatric population. As cannabis becomes more available, the incidence of pediatric exposure increases with the most common age for accidental ingestion being between 1 and 2 years of age. It is recommended that cannabis products should be stored and locked in child-resistant containers (Leubitz et al., 2021).
There are no studies influencing emergency department management, including referrals to child protective services. One study recommended evaluation by the child abuse team (Dubin et al., 2024).
There is no known material regarding this clinical problem available on the ENA website.

Relationship to ENA Bylaws, Mission, Vision, and Strategic Initiatives:
This resolution is in line with the ENA mission to advance excellence and innovation in emergency nursing (ENA, 2024) by developing resources to assist nurses to advocate for the vulnerable pediatric patient population. Providing resources to ED nurses across the globe will enable nurses to provide excellent care for pediatric patients who have been inadvertently exposed to cannabis.
This resolution relates to the strategic goal of professional excellence by offering timely resources to set up a standard of care for this high-risk patient population. Pediatric exposure to cannabis is a worldwide problem and is affecting the global nursing community.

Financial Considerations/Operations Impact:
The scope of work outlined in the resolved clauses has a fiscal impact of less than $10,000. Upon final outcomes of General Assembly, initiatives will be evaluated for resource planning in alignment with ENA's strategic plan and operational goals.

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Resolution GA26-06

Addressing Nurse Bullying and Incivility

Whereas, workplace bullying, lateral violence, and incivility remain pervasive and well-documented issues in nursing, with up to 60% of nurses reporting exposure to bullying behaviors during their careers (Edmonson & Zelonka, 2019). These behaviors include verbal abuse, exclusion, intimidation, and repeated undermining of professional competence, all of which create hostile work environments;

Whereas, bullying and incivility have been shown to negatively affect nurse well-being, job satisfaction, retention, and mental health, and are directly linked to decreased patient safety, poor team communication, and higher rates of medical errors (American Nurses Association, 2025). Research demonstrates that incivility can impair clinical judgment, hinder collaboration, and increase nurse turnover in already understaffed environments;

Whereas, contemporary research demonstrates that workplace bullying significantly increases the risk of anxiety, depression, suicidal ideation, and suicide attempts—with bullied workers experiencing two- to four-fold higher odds of suicidality compared with non-bullied employees. Emergency nurses face heightened exposure to these behaviors in high-stress clinical environments, despite a documented lack of specialty-specific suicide surveillance data (Workplace Bullying Institute, 2024);

Whereas, the Emergency Nurses Association (ENA) has a responsibility to foster safe and supportive environments for emergency nurses, consistent with its mission to advocate for patient safety, professional growth, and excellence in emergency nursing practice. By addressing bullying and incivility, ENA demonstrates its commitment to protecting both the workforce and the patients served (ENA, n.d.); and

Whereas, addressing workplace bullying and incivility aligns with ENA's strategic priorities of promoting nurse well-being, supporting workforce sustainability, and enhancing professional practice through evidence-based interventions and advocacy. This includes collaborating with healthcare organizations, policymakers, and regulatory agencies to create lasting cultural change (Emergency Nurses Association, 2024).

Resolved, that ENA should prioritize the issue of nurse bullying and incivility within emergency care settings, recognizing it as a significant barrier to nurse retention, patient safety, and organizational effectiveness and champion efforts to address the mental-health consequences of workplace bullying, including anxiety, depression, suicidal ideation, and suicide risk;

Resolved, that ENA should support the development and dissemination of educational resources that promote awareness and understanding of bullying and incivility, while providing emergency nurses and healthcare leaders with practical strategies and accessible resources across diverse practice settings; and

Resolved, that ENA should advocate at the national/international level for policies, accreditation standards, legislation and regulatory requirements that reinforce psychological safety, support reporting mechanisms free from retaliation, and hold organizations accountable for addressing nurse bullying and incivility.

Resolution Background Information:

Bullying and incivility in nursing are widely recognized as systemic, persistent, and consequential threats to clinician well-being, workforce sustainability, and patient safety. Contemporary peer-reviewed research demonstrates that workplace bullying remains highly prevalent across nursing populations. Recent studies estimate that approximately 30%–60% of nurses experience repeated bullying behaviors, while substantially larger proportions report exposure to incivility, disruptive communication, or psychologically unsafe interactions (Havaei et al., 2020; Workplace Bullying Institute, 2024). Emergency and acute care environments demonstrate

particularly elevated rates of incivility due to workload intensity, cognitive demands, and high-stress clinical conditions.

The consequences of bullying are both measurable and clinically significant. Exposure to bullying and incivility has been consistently associated with burnout, emotional exhaustion, anxiety, depression, sleep disturbance, decreased job satisfaction, and increased intent to leave (Havaei et al., 2020). Importantly, research indicates that incivility directly impairs cognitive performance. Clinicians exposed to disruptive behaviors demonstrate reduced attention, diminished working memory, impaired situational awareness, and decreased clinical decision-making accuracy—factors directly linked to patient safety risks (Clark, 2019; Riskin et al., 2015). Emerging evidence further demonstrates that workplace bullying significantly increases the odds of suicidal ideation and suicide attempts, with bullied workers facing a two- to four-fold higher risk compared with non-bullied employees—even after controlling for depression (Kim et al., 2025)

Emergency nurses represent a particularly vulnerable population. High-acuity, time-pressured environments amplify stress, heighten interpersonal friction, and magnify the downstream effects of hostile workplace behaviors. Studies in emergency care settings link incivility with communication breakdown, reduced teamwork, increased psychological distress, and elevated turnover intention. Given the cognitive complexity and rapid decision-making inherent in emergency nursing, even subtle forms of incivility may degrade performance and safety outcomes. Despite this research, a critical gap persists. Although the high-risk mental-health profile of emergency nurses is well documented, specialty-specific suicide mortality data remain lacking. This absence of surveillance data represents a critical barrier to targeted prevention efforts and underscores the urgency of addressing workplace mistreatment as a modifiable risk factor.

The organizational and economic implications are substantial. Workplace bullying contributes to absenteeism, presenteeism, reduced productivity, diminished morale, and increased turnover costs (NSI Nursing Solutions, 2026). Nurse replacement costs frequently exceed a nurse's annual salary, representing a significant operational burden for healthcare systems.

ENA has long affirmed its commitment to safe, respectful, and psychologically supportive work environments. ENA's position statement *Workplace Violence and Its Impact on the Emergency Nurse* recognizes disruptive behaviors as threats to patient safety, professional practice, and workforce stability (Leiding, 2023). ENA initiatives addressing workplace violence prevention, clinician well-being, resilience, and leadership development further reinforce the central importance of psychological safety and professional civility within emergency care environments.

By adopting this resolution, ENA can leverage its national platform to strengthen awareness, education, research, and advocacy efforts addressing nurse bullying and incivility. This resolution supports evidence-informed strategies aimed at improving workplace culture, enhancing psychological safety, protecting clinician well-being, and reinforcing the professional standards essential to safe, high-quality emergency care.

NOTE: In June 2026, the American Nurses Association Membership Assembly further strengthened the profession's commitment to addressing workplace violence, incivility, and bullying by approving Professional Policy Committee recommendations reaffirming these issues as national nursing priorities. This action reflects growing recognition that creating psychologically safe workplaces requires organizational accountability, evidence-based prevention strategies, and sustained professional leadership. Adoption of this resolution would position the Emergency Nurses Association to advance these national priorities within the unique practice environment of emergency nursing. (*The Nurses Magazine,* 2026) https://thenursesmagazine.com/ana-membership-assembly-2026/

Relationship to ENA Bylaws, Mission, Vision, and Strategic Initiatives:

Resolution GA26-06

This resolution directly supports ENA's mission "to advance excellence in emergency nursing" by ensuring that emergency nurses are able to practice in environments free from bullying, lateral violence, and incivility. Creating a safe, supportive workplace strengthens nurse performance, enhances patient outcomes, and advances the professional credibility of emergency nursing.

The resolution also advances ENA's vision of "a healthy, safe global community" by recognizing that workforce well-being is inseparable from patient safety. It builds upon ENA's existing initiatives in workplace violence prevention and extends them into the domain of professional civility, ensuring that nurses feel valued, respected, and supported. Aligning with nonprofit governance best practices, the resolution emphasizes transparency, accountability, and advocacy as central to ENA's leadership role.

Financial Considerations/Operations Impact:

The scope of work outlined in the resolved clauses has a fiscal impact between $10,000- $25,000. Upon final outcomes of General Assembly, initiatives will be evaluated for resource planning in alignment with ENA's strategic plan and operational goals.

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Resolution GA26-07

Establishment of a Freestanding Emergency Department Committee

Whereas, the number of freestanding emergency departments (FSEDs) is increasing throughout the United States (Leone, 2025; Marthey et al., 2024; Wolf et al., 2024);

Whereas, FSEDs regulatory standards differ significantly on a state-by-state basis in areas such as policy, regulation, staffing, providers, hours, and reimbursement (Alexander & Dark, 2019; Lewis, 2020; Marthey et al., 2024);

Whereas, due to these significant variations in the FSEDs' practice environment, FSED nurses report substantial concerns (Wolf et al., 2024);

Whereas, the Emergency Nurses Association (ENA), the premier authority on emergency nursing, has identified FSEDs as a responsive research priority (ENA, n.d.-b); and

Whereas, the establishment of an ENA Committee is within the purview of the ENA Board of Directors.

Resolved, that the ENA Board of Directors should establish a freestanding emergency department committee; and

Resolved, that ENA should retain FSEDs as a research priority, repositioning it under ED Workplace Culture and Environment.

Resolution Background Information:

Before discussing the role of the committee, it is important to define exactly what a freestanding emergency department is.

What Is a Freestanding Emergency Department?

FSEDs are an emergency department that is physically separate from an inpatient hospital (American College of Emergency Physicians [ACEP], 2020). There are two types of FSEDs: one is an off-site hospital-affiliated or satellite emergency department, while the other is an independent freestanding emergency center (IFEC). IFECs are non-hospital affiliated facilities and private businesses (ACEP, 2020; Herscovici et al., 2020). Since 2001, when there were only 50 FSEDs in the United States, the FSEDs environment has grown to 841 locations serving over 13.7 million patients a year (Emergency Medicine Network, n.d.). The increase in FSEDs is partially due to changes in the 2004 Medicare reimbursement policy that allows payment for emergency services provided in hospital-affiliated FSEDs (Herscovici et al., 2020). It should be noted that non-hospital affiliated centers are not certified by the Centers for Medicare and Medicaid Services (CMS) and are not bound by Emergency Medical Treatment and Active Labor Act (EMTALA) requirements, thus making these facilities ineligible for reimbursement (ACEP, 2020; Herscovici et al., 2020; Marthey et al., R2024). A non-clinical reason for the rapid expansion is that FSEDs can be built in approximately 18 months, incorporating all phases such as design, permitting, and construction, compared with the more than three to four years it takes to build an acute care hospital, making it easier for FSEDs to further expanding their reach across the country (Scheetz, 2026). Typically, FSEDs are open 24 hours per day, 365 days per year. They are usually staffed 24/7 with an emergency-trained physician but can also be co-staffed with an advanced practice registered nurse (APRN) or physician assistant (PA) as well as registered nurses, registration personnel, and ancillary staff (ACEP, 2020). Many states have at least one FSED, with each state creating their own regulations that vary greatly, resulting in no identifiable national standards. Studies report that 29 states have no regulations regarding FSEDs (DeBona et al., 2024; Herscovici et al., 2020; Wolf et al., 2024). To prevent widespread variations, the American College of Emergency Physicians (2020) updated their FSED policy statement, which provides a clearer definition of the types of FSEDs. Although ACEP's policy set out to identify expectations regarding availability, staffing,

policies, and procedures among other factors, it is evident that with the limited research on characteristics of FSEDs, further efforts are necessary to develop appropriate guidelines and standards of care. Through research, as well as reaching out to international colleagues, we were able to establish that FSEDs are not part of the emergency care systems in other countries at this time but may well be in the future.

How Can an ENA Committee Affect the Role and Practice of the Emergency Nurse?

In 2024, the first study defining the FSED practice environment in the United States was conducted by Wolf et al. The study, conducted in response to an ENA research priority, reported that a substantial number of FSED nurses expressed concerns about their practice environment. These priorities are driven by salient issues related to clinical care and healthy work environments. A committee would support this distinct nursing population with resources including research, education, standards, policy statements, and advocacy.

Appropriate staffing is one such standard identified by ENA (n.d.-b) and discussed in *Staffing and Productivity in the Emergency Setting* (Peta & Bradford, 2025) and Supporting a Healthy Work Environment and Just Culture in the Emergency Care Setting (Peta & Navarroli, 2023). While these resources help to provide effective and sustainable outcomes for success in the emergency care setting, they do not address the markedly different FSEDs environment as identified in the 2024 study by Wolf et al. Without research, policy statements, and staffing and standard guidelines, FSED nurses are struggling to provide care in an environment that has varied or non-existent standards. Creating an ENA freestanding emergency department Committee is a first step to creating universal standards for nurses practicing in FSEDs.

Relationship to ENA Bylaws, Mission, Vision, and Strategic Initiatives:

The mission of ENA is to advance excellence and innovation in emergency nursing through research, education, resources, advocacy and collaboration with a vision to support the emergency nurse in providing the highest quality of patient care. ENA's committees are established by the board of directors to transform the mission and vision into actionable initiatives by members of the council (ENA, 2024). Committees are essential to advancing the specialty of emergency nursing and emergency care through research, evidence-based education/training programs, and practical resources. FSEDs represent a unique and dynamic emergency care setting whose nurses who would benefit from the specific research, education, standards, and resources a committee might develop.

Financial Considerations/Operations Impact:

The scope of work outlined in the resolved clauses has a fiscal impact of less than $10,000. Upon final outcomes of General Assembly, initiatives will be evaluated for resource planning in alignment with ENA's strategic plan and operational goals.

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Resolution GA26-08

Inclusive Pricing for International Members and Learners

Whereas, the Emergency Nurses Association (ENA) presents itself as a global organization advancing emergency nursing;

Whereas, in April 2026 as part of ENA's ongoing commitment to strengthening its worldwide network of emergency nurses, ENA announced it will be updating international membership options to better serve emergency nurses around the world. These changes are the result of feedback from global members about the cost of ENA membership, recognition of the unique challenges faced by emergency nurses in different parts of the world and changes to some of ENA's member benefits (ENA, n.d.-a);

Whereas, the World Bank groups countries into four income groups (low, lower-middle, upper-middle, high) using gross national income (GNI) per capita and updates classifications regularly (Metreau et al., 2025);

Whereas, other professional organizations, including Sigma (n.d.), already use this approach to set membership fees to be more equitable while remaining culturally sensitive;

Whereas, the cost of participating in ENA educational offerings including, TNCC, ENPC, and TNAC poses a greater barrier in low- and middle-income countries that is disproportionate to high-income areas including the United States; and

Whereas, the American College of Surgeons' (ACSs') ATLS 11 program (ACS, n.d.) uses income-tiered pricing by host nation as a precedent for equitable access to standardized training globally.

Resolved, that ENA should consider developing and implementing an income-tiered pricing model for membership and all paid educational programs, including ENPC and TNCC. The model should account for any and all indirect fees, required provider manuals, and administrative fees. What is proposed is a hybrid of the use of the World Bank income classification and average nursing incomes in countries where nurses receive remuneration based on the origin of their training (e.g., the nurse work in a high-income country but is paid based on where they trained/in a lower income region – and hence are paid lower wages).

Resolution Background Information:

Background information for the resolution includes the following:

- Globally, trauma is the leading cause of death, and for individuals 5 to 30 years of age trauma is also the leading cause of disability (Konadu-Yeboah et al. 2020; Rossiter, 2022).
- Lower middle-income countries (LMICs) have rates of death from trauma of 69 per 100,000 per year. In high income countries this number is 49 per 100,000 per year (Konadu-Yeboah et al., 2020).
- At minimum, the cost of taking a TNCC or ENPC provider course includes a provider manual (eBook or print) at $70/80 (ENPC/TNCC), and the ENA indirect fee of $95 for each learner.
- ENA already has a tiered pricing model Currently,1-year ENA membership in the U.S. costs ae as follows
  - $115 for all other states not listed below
  - $120 for Arizona, Colorado, Florida, Massachusetts, North Carolina and South Carolina residents
  - $141 for California residents
- ENA has revised its international membership dues (ENA, n.d.-a):
  - 1-year International (Global): $60 (previously $115)
  - 3-year International (Global): $150 (previously $288)
  - 5-year International (Global): $225 (previously $432)
- Precedent exists within ENA to create a tiered structure for international members. To have inclusive

pricing this should be a hybrid that looks at the World Bank income classification and average nursing income in countries where nurses receive remuneration based on their origin of training. Sigma international dues are as follows (n.d.):
    - High income $80
    - Middle income $32
    - Low income $16
- The density of the nursing population is highest in high-income countries at 78%. This statistic indicates that the general populations in low-income countries have less access to nurses. Therefore, the nurses in these countries especially need the training and skills ENA courses provide because they have limited peer support (World Health Organization & International Council of Nurses, 2025).
- Saving lives by reducing the knowledge gap:
    - The 11th edition of the ATLS program will take the economy of the host nation into consideration for pricing as part of "investing in the future of trauma care." This pricing is listed below for reference – pricing is per learner course fee, which includes the ATLS manual (Metreau et al., 2025):
        - US/Canada – $120
        - High Income Country (outside North America) – $90
        - Upper-Middle Income Countries – $79
        - Lower-Middle Income Countries – $60
        - Low Income Countries – $0 (no cost to learner)
- Nurses in World Bank-classified low-income countries earn between $50 and $300 per month, depending on location, public versus. private sector, and seniority (World Health Organization & International Council of Nurses, 2025).
- In low-income countries, the nursing graduate-to-workforce ratio is typically between 8% and 12%. Providing affordable ENA education can help emergency department nurses deliver evidence-based, life-saving care while reducing knowledge gaps(World Health Organization & International Council of Nurses, 2025).

Relationship to ENA Bylaws, Mission, Vision, and Strategic Initiatives:
This resolution strongly aligns with the mission, vision, strategic initiatives, and governing values of the Emergency Nurses Association by promoting equitable global access to emergency nursing education, professional development, and membership participation. Specifically, the resolution supports ENA's stated commitment to inclusion, equity, and advancement of emergency nursing worldwide by reducing financial barriers for nurses in low- and middle-income countries.

The proposal also advances ENA strategic initiatives related to global engagement; workforce development; education accessibility; and diversity, equity, and inclusion. By recommending income-tiered pricing for programs such as TNCC and ENPC, the resolution seeks to expand access to life-saving trauma education in regions disproportionately affected by trauma-related mortality and limited nursing resources. Additionally, the resolution reflects the spirit of ENA bylaws by encouraging transparency, accountability, and member engagement through the request for a formal implementation plan and progress reporting to membership leadership.

Financial Considerations/Operations Impact:
The scope of work outlined in the resolved clauses has a fiscal impact between $10,000- $25,000. Upon final outcomes of General Assembly, initiatives will be evaluated for resource planning in alignment with ENA's strategic plan and operational goals.

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Resolution GA26-09

Advancing Speed Safety Education for Electric Bicycles to Reduce Patient Injury

Whereas, U.S. emergency departments are reporting a marked and sustained increase in the frequency and severity of injuries across the lifespan associated with electric bicycles (e-bikes), modified e-bikes (referred to as "e-motos" when they exceed established motor-output or speed limits) and other micromobility devices (American College of Surgeons, 2025; Fernandez et al., 2024; Maa et al., 2024);

Whereas, many electric bicycles are capable of sustained speeds exceeding those typically achieved on traditional pedal bicycles, including Class 3 e-bikes that provide pedal assistance up to 28 miles per hour, and evidence suggests that some devices are modified or operated in ways that exceed established legal speed classifications (Agrawal& Fang, 2025; American College of Surgeons, 2025);

Whereas, e-bike injuries are more likely to involve traumatic brain injury, facial fractures, multisystem trauma, hospital admission, intensive care utilization, and operative intervention, when compared with injuries sustained on traditional pedal bicycles, thereby increasing strain on emergency, trauma, and hospital systems (American Association of Neurological Surgeons & Congress of Neurological Surgeons, 2025; Fernandez et al., 2024; Weiss et al., 2026);

Whereas, helmet utilization rates among e-bike riders were found to be below 32%, and head injury remains one of the most frequent and severe consequences of e-bike related trauma, underscoring the importance of consistent safety standards and appropriate helmet use (Weiss et al., 2026);

Whereas, the American College of Surgeons has recommended improved mechanisms for collecting and reporting data regarding e-bike crashes, injuries, deaths, device types, crash circumstances, and operating speeds, and the Mineta Transportation Institute has similarly identified the need for stronger safety data, improved device classification, and evidence-informed policy strategies to better understand and prevent e-bike–related injuries (Agrawal and Fang, 2025; American College of Surgeons, 2025);

Whereas, there is a critical gap between perceived safety and actual injury risk related to the relationship among e-bike weight, rider speed, crash mechanics, and helmet certification standards, which contributes to lack of consumer knowledge and therefore more severe injuries (Agrawal & Fang, 2025; Fernandez et al., 2024; Weiss et al., 2026); and

Whereas, emergency nurses routinely care for patients experiencing e-bike-related trauma and are uniquely positioned to identify emerging injury trends, provide patient and community education, support injury surveillance efforts, and advocate for evidence-based injury prevention strategies that reduce preventable injury and death (Emergency Nurses Association, 2025).

Resolved, that ENA should promote helmet selection based on operating speed, device characteristics, and crash risk rather than simple device classification;

Resolved, that ENA should support data collection of e-bike usage, injuries, types and classes to further research;

Resolved, that ENA should support research and provide dissemination of evidence-based education for ENA members and the public, advancing informed discussion of best safety practices for micromobility device use across the age spectrum; and

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Resolved, that ENA should collaborate with injury prevention organizations, trauma systems, public health agencies, and policymakers to enhance awareness, surveillance, education and prevention strategies related to electric bicycles–associated injuries.

Resolution Background Information:

Electric bicycles (e-bikes) have rapidly expanded as a mode of transportation and recreation in the United States. While exact definitions of e-bike vary from state to state, generally speaking an electric bicycle is equipped with an electric motor and a rechargeable battery that often has both pedal assist and throttle assist capabilities. E-bicycles are often designed to assist the rider up to 21 to 28 mph and have up to 750 watts of power. However, many e- bikes exceed this speed range and power capability by design or by consumer modification (ACS, 2025).

In 2022, U.S. e-bike sales exceeded 1.1 million units, and shared micromobility systems also continue to grow (National Association of City Transportation Officials [NACTO], 2024). This growth has increased mobility and transportation options, but has also contributed to a rising burden of e-bike–associated injuries presenting to emergency departments.

Emergency department data demonstrate a sharp increase in e-bike injuries and hospitalizations. Fernandez et al. (2024) estimated 45,586 e-bike injuries and 5,462 hospitalizations in the United States from 2017 to 2022, with a 30-fold rise in injuries and a 43-fold rise in hospitalizations during that period. By 2022, e-bike injuries accounted for an estimated 23,493 emergency department visits and 2,897 hospitalizations annually (Fernandez et al., 2024). The American College of Surgeons (ACS, 2025) similarly reported that more than 20,000 people are injured while riding e-bikes each year, with approximately 3,000 requiring hospitalization.

E-bike injuries are clinically significant because they frequently involve high-energy mechanisms causing head trauma, facial injuries, orthopedic trauma, and multisystem injury. Fernandez et al. (2024) found that head trauma associated with e-bike crashes increased approximately 49-fold from 2017 to 2022, outpacing the overall increase in e-bike injuries. Neurosurgical organizations have also identified electric micromobility injuries as a growing public safety concern, citing injuries that may include intracranial hemorrhage, central cord syndrome, vertebral compression fractures, and cases requiring neurosurgical intervention (American Association of Neurological Surgeons & Congress of Neurological Surgeons, 2025). These injuries affect patients across the lifespan, including children, adolescents, adults, and older adults, and may result in emergency department crowding, trauma activations, hospital admission, operative intervention, intensive care utilization, long-term disability, and death.

Helmet use remains a critical prevention issue. A national analysis found that helmet use among injured e-bike riders decreased over time, and non-helmeted riders had 1.9 times higher odds of sustaining a head injury compared with helmeted riders (Fernandez et al., 2024). Current federal bicycle helmet requirements are defined under the Consumer Product Safety Commission bicycle helmet standard and are intended to reduce serious injury and death from impacts to the head among bicyclists (2026). However, many e- bikes are capable of higher sustained speeds than traditional pedal bicycles, including Class 3 e-bikes that provide assistance up to 28 miles per hour, and some devices may be modified or marketed in ways that exceed legal e-bike speed classifications (ACS, 2025; Agrawal & Fang, 2025). Recognizing the increased speeds and kinetic forces associated with electric bicycle operation, the Dutch Technical Agreement NTA 8776 standard was developed specifically for higher speed e-bike riders and includes enhanced impact testing, greater protective coverage, and performance requirements intended to address crash forces associated with e-bike speeds up to 28 mph (ACT lab, 2026; Nederlands Normalisatie Instituut, 2023).

As speed increases, crash energy and injury risk increase substantially. For this reason, ACS (2025) recommends universal helmet use and specifically states that helmet type should be determined by the speed of the e-bike. This recommendation highlights an important gap in current public education: many riders and families may not understand the relationship between e-bike speed, crash mechanics, helmet certification standards, and appropriate protective equipment selection.

Despite the rising burden of injury, major gaps remain in e-bike data collection, micromobility device classification, crash reporting, and helmet-performance evidence. ACS (2025) recommends improved mechanisms for reporting e-bike crashes, injuries, deaths, device types, crash circumstances, and estimated speeds. The Mineta Transportation Institute's review of electric bicycle safety data and policy options similarly identified the need for stronger safety data, improved classification, and evidence-informed policy strategies (Agrawal & Fang, 2025). Additional research is needed to determine how helmet certification standards perform at different e-bike speeds and which educational strategies most effectively support speed-appropriate helmet use.

Emergency nurses routinely care for patients experiencing e-bike–related trauma and are uniquely positioned to identify injury trends, provide discharge education, support community outreach, and advocate for evidence-based injury prevention. As e-bike use continues to grow, emergency nurses can play a central role in reducing preventable head injuries by promoting public awareness, improved data collection, and education regarding speed-appropriate helmet use (Emergency Nurses Association, 2025).

Relationship to ENA Bylaws, Mission, Vision, and Strategic Initiatives:

This resolution directly supports the Emergency Nurses Association 2026/2027 Public Agenda Injury Prevention Initiatives to "support federal and state initiatives to enhance highway and auto safety and other injury prevention measures," as electric bicycle related injuries continue to rise nationally and increasingly affect patients who are injured, emergency departments, and trauma systems.

This resolution further aligns with the ENA mission to advance excellence in emergency nursing through leadership, advocacy, education, and collaboration. Emergency nurses are uniquely positioned to identify emerging injury trends, provide evidence-based patient and community education, and advocate for strategies that reduce preventable injury and death associated with e-bike use.

Finally, this resolution advances ENA strategic priorities related to public health, injury prevention, education, advocacy, and evidence-based practice by supporting improved awareness, surveillance, and prevention efforts intended to reduce the growing burden of e-bike related trauma on patients, families, emergency departments, and healthcare systems.

Financial Considerations/Operations Impact:

The scope of work outlined in the resolved clauses has a fiscal impact of less than $10,000. Upon final outcomes of General Assembly, initiatives will be evaluated for resource planning in alignment with ENA's strategic plan and operational goals.

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Resolution GA26-10

Supporting First Responders in Mental Health Crisis in the Emergency Department

Whereas, the world economic forum projected that more than half of the global economic burden attributable to non-communicable diseases will be caused by mental health disease by 2030. Those working in emergency medical services (EMS) are particularly vulnerable to facing unique challenges, such as exposure to critical incidents long hours, and shift work. In addition to everyday stressors, work-related events cause mental health issues (Johnston et al., 2025);

Whereas, the stigma associated with the disclosure of emotional vulnerability related to traumatic calls and mental health issues is identified across emergency services. In emergency personnel this is perceived as weakness and responders are viewed as unable to cope with the demands of the job (Auth et al., 2022). Barriers to seeking help include concerns about confidentiality and effects on career, recognizing the need for workplace interventions, and support for emergency personnel (Ntatamala, 2022);

Whereas, in England, the risk of suicide by male paramedics is 75% higher than the general population (Johnston et al., 2025). Between 2018 and 2025, 55 English EMS employees committed suicide (Johnston et al., 2025). In the United Kingdom and the United States, suicide attempts by the emergency services worker (ESW) cohort (emergency medical services, fire, and police) are more frequent than the general population. (Auth et al., 2022; SAMHSA, 2018). In the United States, over 18 years, 298 firefighter and 84 EMS suicides were reported (Vigil et al., 2022);

Whereas, the structural obstacles preventing effective mental health care for first responders form a complex web of institutional, cultural, and geographical barriers that perpetuate the silent crisis of responder suicidality. This behavior is fueled by legitimate fears of professional consequences including perceived weakness, missed promotions, and even job loss (Moslehi et al., 2025);

Whereas, ENA clinical practice guidelines for suicide risk assessment developed in 2021 included the heightened risk for military personnel and PTSD but not the aforementioned at-risk population (ENA, 2021);

Whereas, the standard practice for care of suicidal/homicidal individuals in the general public during the acute crisis phase includes rapid assessment and intervention. However, for first responders, this standard necessitates modification to address concerns related to confidentiality and professional exposure, because fears of stigmatization create significant barriers to seeking mental health care (Berger et al. 2012; Haugen et al., 2012, Jackson-Cherry & Perron, 2023); and

Whereas, a published model structure requiring minimal financial impact should be used to guide process design. Within the algorithm of *The Room 16 Protocol,* the initial notification call mitigates the concern for logistical challenges. Timeliness, privacy, the ability to maintain peer support, and flexible care can help remove these barriers (Bloemer & Hawke, 2026).

Resolved, that ENA should charge the clinical practice guideline (CPG) committee to review the existing suicide risk CPG and investigate opportunities to include recommendations for unique high-risk populations such as first responders; and

Resolved, that ENA should partner with other organizations to investigate feasible methods to support and manage first responders in mental health crisis.

Resolution Background Information:

The term "first responders" describes a group of professionals who are responsible for providing critical services during emergencies including police officers, sea rescue personnel, firefighters, and emergency medical services (Padmanabhanunni & Pretorius, 2025).

Between 2005 and 2017, first responders accounted for approximately 1% of all suicides. Of these, 58% were law enforcement officers, 21% firefighters, and 18% EMS providers (Carson et al., 2023). Law enforcement officers and firefighters are more likely to die by suicide than in the line of duty, and EMS providers are 1.39 times more likely to die by suicide than the public, and these deaths are likely underreported (Tiesman et al., 2021).

The trauma experienced by first responders is fundamentally different from that of the public. Their work routinely exposes them to high-risk, high-consequence environments in which repeated traumatic events accumulate over time, placing them at a significantly increased risk of suicide (Berger et al., 2012; Carson et al., 2023; Haugen et al., 2012). In addition, first responders, particularly law enforcement officers, often have increased occupational and personal access to firearms. A significantly higher proportion of first responder suicides involve firearms compared to the general population because of greater access to lethal means (Carson et al., 2023). Firearms are the most prevalent method of suicide in prehospital care providers, accounting for nearly 60% of cases (Nissim et al., 2022).

Jackson-Cherry and Perron (2021) note that, unlike the public, first responders face job-related pressures such as stigma, fear of professional repercussions, and confidentiality concerns, all of which discourage first responders from seeking help. Because these barriers are unique to the profession, mental health support must be specialized to avoid secrecy and silence among first responders (Nissim et al., 2022).

In response to these challenges, *The Room 16 Protocol: Supporting First Responders in Mental Health Crisis in the ED* was developed (Bloemer & Hawke, 2026). This protocol is designed to remove many of the barriers that prevent first responders from seeking mental health care during times of crisis. Activation of the protocol occurs through a peer supporter or coworker contacting the charge nurse in the ED. Privacy and confidentiality are prioritized by placing the individual in a room away from busy EMS bays, avoiding hallway beds or waiting areas where they may encounter members of the public they have previously treated. Peer support may be maintained throughout the visit, and flexible care is offered, recognizing that not all individuals require hospitalization. This protocol is a free tool that encourages reluctant first responders to seek care.

Relationship to ENA Bylaws, Mission, Vision, and Strategic Initiatives:
ENA's mission includes leading and advancing in emergency nursing through resources, advocacy, and collaboration. Collaboration with our prehospital care colleagues during critical mental health crisis is imperative to maintain a healthy community workforce. Advocating for this patient population will improve the care delivery model and provide global impact.

Financial Considerations/Operations Impact:
The scope of work outlined in the resolved clauses has a fiscal impact of less than $10,000- $25,000. Upon final outcomes of General Assembly, initiatives will be evaluated for resource planning in alignment with ENA's strategic plan and operational goals.

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Resolution GA26-10

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Resolution GA26-11

Evaluation of Resuscitation Education for First-time Learners of the Emergency Department

Whereas, in-hospital cardiac arrests (IHCA) affect over 300,000 people in the United States every year and emergency departments (EDs) account for 10% of those cases (Sung et.al., 2022);

Whereas, previously, resuscitation classes were conducted in-person over two days that included equipment skills practice, medication and rhythms review, and team code simulation practice;

Whereas, adaptive learning and blended learning options are recommended for experienced providers but organizations have shifted to using the online model as an initial certification (American Red Cross, 2026);

Whereas, use of adaptive learning approaches has increased since 2020, leading to an overall reduction of simulation-based training (DiFronzo et al., 2025);

Whereas, simulation-based learning is indicated when scenarios are high-risk. This is to provide staff with an approximation of practice and enable interaction with a model of reality by performing authentic tasks (Vermunt, 2023);

Whereas, online learning does not account for team dynamics, timing, or coordination, which are crucial to the maximization of chest compression fraction time and patient outcomes (Fulton & Nordquist, 2025);

Whereas, active learning strategies increase clinical reasoning versus passive learning strategies (Elvén et al., 2023); and

Whereas, there are limited research studies comparing adaptive learning versus in-person verifications on deterioration outcomes (Jain et al., 2021).

Resolved, that ENA should evaluate the efficacy of self-directed, adaptive learning approach versus in-person, instructor-led approach for first-time verification of learners in life-support and emergency resuscitations programs; and

Resolved, that ENA should disseminate these research findings to support educators in developing evidence-based, high-quality resuscitation education programs.

Resolution Background Information:

Interventions for cardiac arrest in adults and pediatric patients are the bread and butter of emergency department skills. It is imperative that bedside nurses are knowledgeable and can carry out the skills necessary for successful resuscitation. Research shows that in-hospital cardiac arrests happen approximately 10% of the time in the emergency department in the U.S., with unknown incidence rates throughout the rest of the world (Sung et al., 2022). Additionally, pediatric readiness is a priority for emergency departments. Proper education in resuscitation skills are necessary building blocks for pediatric stabilization and competent care in this vulnerable population (Snow & Stone, 2019).

Formerly, Advanced Cardiac Life Support (ACLS) and PALS classes were two-day, in-person sessions that reinforced resuscitation care. In 2020, the education of new ED nurses underwent significant changes due to the COVID-19 restrictions. Concerns regarding social distancing, shared equipment use, and staffing limitations led many organizations to modify traditional instructor-led Basic Life Support (BLS), ACLS, PALS, and NRP programs in favor of virtual and adaptive learning approaches. At the time, these changes were necessary to accommodate the unprecedented challenges of the pandemic environment. However, adaptive and blended

learning options are being utilized more and replacing traditional two-day in-person classes (American Red Cross, 2026), which was not intended to be the design of these classes. Research supports blended learning options if there is a second day of cardiac arrest simulation incorporated (Elgohary et al., 2022). In some organizations, sixteen hours of face-to-face education are being replaced with 2 to 4 hours of virtual adaptive learning content. Hands-on skills are also computerized validation, limited primarily to BLS psychomotor assessment, completed in less than 20 minutes.

Six years later, nursing professional development (NPD) practitioners across our organizations are observing gaps in knowledge retention and resuscitation preparedness among newly hired ED nurses. New learners consistently struggle with recognition of lethal cardiac rhythms, including ventricular tachycardia, and are unable to rapidly identify and implement appropriate interventions. These deficits become particularly concerning in high-acuity emergencies, where rapid recognition and coordinated team response are critical to patient outcomes (Fulton & Nordquist, 2025). NPD practitioners are challenged with balancing onboarding responsibilities while attempting to supplement these deficits through additional mock codes and remediation.

Adaptive learning approaches cannot assess the depth, repetition, and experiential learning previously provided through traditional two-day instructor-led ACLS and PALS courses. Nor can it evaluate whether the provider updated their hand placement for infant cardiopulmonary resuscitation (CPR) according to the latest AHA guidelines. Current adaptive and blended programs focus on high-quality CPR through feedback manikins and cognitive understanding but miss psychomotor skills, communication, teamwork, and clinical judgment under stress (American Red Cross, 2026). Challenges have been noted with feedback mannequins as they malfunction due to regular use, requiring learners to malposition the airway and deliver forceful positive-pressure breaths via bag-valve-mask ventilation to achieve necessary outcomes. Recent research demonstrates concerns for marked deviation from current BLS practice guidelines, even reporting “suboptimal adherence to evidence-based chest compression quality metrics” (Cheng et al., in press, p. 1).

Only using adaptive learning removes essential components of resuscitation education, including team dynamics, closed-loop communication (CLC), hands-on defibrillator operation, airway management skills, medication administration practice, stress management during emergencies, and realistic case-based decision making. Simulation training translates knowledge to motor skills on a perceived live patient (Gabbard & Smith-Steinert, 2021). Simulation and instructor feedback are critical to identifying unsafe habits, correcting misunderstandings, and reinforcing appropriate clinical responses in real time (Vermunt, 2023). Simulation and experiential learning increase critical thinking and recall over time (Elvén, et al., 2023). Passive learning through an online module instead of actual skill performance, such as using a bag-valve mask or defibrillator decreases learner recall over time (Gabbard & Smith-Steinert, 2021). Critical thinking through resuscitation scenarios is imperative for positive patient outcomes (Sterner et al., 2023). Interestingly, research shows that learners prefer instructor-led training versus an online approach (Jiang et al., 2022).

One of the greatest deficits in the current training environment is the reduced opportunity for learners to practice resuscitation as part of a coordinated team. CLC, while considered a non-technical skill, is fundamental to safe and effective resuscitation care. CLC decreases communication errors by ensuring that tasks are acknowledged, completed, and verbally confirmed. Effective team leaders can recognize delays, redirect team members, and provide constructive feedback during critical situations. Debriefing after a scenario is crucial because it enables participants to continue refining their practice (Sterner et al., 2023). Without deliberate practice in simulation environments, novice nurses may feel uncomfortable providing feedback or speaking up during emergencies, potentially contributing to delays and poor patient outcomes. Clear CLC is critical for optimal resuscitation care delivery (Bailey & Gesch 2023).

Adaptive learning platforms modify content based on learner responses. However, missed questions are remediated within the same learning segment, allowing learners to repeat scenarios with recognition-based recall rather than deeper clinical reasoning. This may permit progression through modules without fully integrating the knowledge needed for real-life resuscitation performance. Real-life scenarios do not come with multiple-choice options. Competent nurses need to evaluate all the options when utilizing resuscitation skills. When considering Bloom's taxonomy of educational objectives, it is necessary to connect cognitive, affective, and psychomotor domains to enhance learning and ensure that knowledge and skills translate to the bedside (Momen et al., 2023). Emergency nursing functions primarily in the upper levels of the Bloom's taxonomy domain, yet the current practice education model only evaluates lower-level cognition.

Transitioning hands-on content to online platforms can be challenging since learning assessments must match the learning objectives. Behaviorist learning theory advocates that repetition of practice increases learning and emphasis is placed on the learning environment (Jain et al., 2021). While learning technology platforms are getting more sophisticated, performing a dissection for an anatomy lesson would be less impactful if it was performed virtual. Similarly with resuscitation scenarios, hands-on skills in a simulation environment would equate to better retention of knowledge and skills through repetition and practice. Additionally, active participation is challenging to gauge on an asynchronous platform. In a classroom setting, learner's give verbal and non-verbal clues that signal comprehension to the facilitator. Asynchronous learning is passive and requires strong, individual motivation to learn the content (Jain et al., 2021).

Research on the effectiveness of online learning remains limited (Jain et al., 2021), as healthcare systems are only beginning to evaluate the long-term educational and clinical consequences of reduced hands-on resuscitation training following the pandemic. The authors recognize the financial benefits and learning management system accountability for seasoned nurses for reinforcing knowledge and BLS skills quarterly, especially for our rural community EDs. Using the blended learning approach for the first instruction day is preferred for cost savings and learner flexibility (Elgohary et al., 2022). However, current literature supports simulation, experiential learning, instructor feedback, and structured debriefing as essential methods for developing communication skills, teamwork, leadership, and improved patient outcomes during resuscitation events. We believe initial verifications achieved in person of these skills will ultimately improve resuscitation practice, leading to better outcomes.

Relationship to ENA Bylaws, Mission, Vision, and Strategic Initiatives:
If adopted, this proposal would support novice and new to the ED nurse education by providing them with in-person training for AHA classes, which are the backbone of emergency care. Additionally, it would further support pediatric readiness initiatives in EDs with limited access to pediatric experts on site.

Financial Considerations/Operations Impact:
The scope of work outlined in the resolved clauses has a fiscal impact between $10,000- $25,000. Upon final outcomes of General Assembly, initiatives will be evaluated for resource planning in alignment with ENA's strategic plan and operational goals.

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Resolution GA26-12

Automated External Defibrillator Advocacy, Education, and Innovation

Whereas, each year, approximately 350,000 persons in the United States experience an out-of-hospital cardiac arrest (OHCA), with approximately 90% of persons dying and with sudden cardiac arrest (SCA) being the leading cause of death for student athletes until age 25 (Arabadjian et al., 2021; American Heart Association [AHA], n.d.; Cardiac Arrest Registry to Enhance Survival [CARES], n.d.);

Whereas, in 2024, 42.5% of patients received bystander CPR (increase from 41.7% last year and the highest since 2016), but only 13.9% of patients who arrested in public had bystander applied AED (increase from 12.6% last year and highest since 2016) (American Red Cross, 2026; CARES, n.d);

Whereas, the time to defibrillation is the most important determinant of survival for cardiac arrest, with the survival rate decreasing by 10% for every minute that immediate CPR and use of an AED are delayed (American Red Cross, 2026; Arabadjian et al., 2021; Cabañas et al., 2025; CARES, n.d.);

Whereas, with the average emergency medical services (EMS) response times in the U.S. being between 8 and 12 minutes, early bystander defibrillation is vital to saving the lives of SCA victims (Cabañas et al., 2025; Murray, 2025). OHCA patients have significantly better outcomes when the first shock is provided by a bystander before EMS arrival (Cabañas et al., 2025; CARES, n.d.);

Whereas, public access to defibrillation (PAD) programs improve OHCA survival by increasing bystander access to an AED and providing an opportunity to defibrillate victims of cardiac arrest within a few minutes, which is in alignment with the Emergency Nurses Association (ENA) 2026/2027 public policy agenda to support timely access to care (Aschieri et al., 2025; Cabañas et al., 2025; ENA, n.d.-b);

Whereas, currently there is legislation in every U.S. state as well as across the world, but with varying guidelines standardizing the placement and accessibility requirements of AEDs in all public locations, thus aligning with ENA's 2026/2027 public policy agenda, specifically, to support public health and injury prevention initiatives that provide equal access to high quality care (Arabadjian et al., 2021; ENA, n.d.-b);

Whereas, emergency telecommunicators, also known as 911 dispatchers, are the first link in the chain of survival (Olasveengen et al., 2022) and AED training has been shown to provide 63% more confidence in bystander performance (CARES, n.d.); and

Whereas, current technology exists that utilizes web-based location devices to access registered AEDs and is integrated with emergency telecommunication systems to inform the 911 caller of the exact AED location (PulsePoint, n.d.).

Resolved, that ENA should pursue legislative advocacy to require registered AEDs in all sporting locations and identified high risk locations, such as schools, gyms and colleges. By leveraging current industry partners, ENA should promote current research and recommendations from PAD internationally; and

Resolved, that ENA should explore expanding partnerships with key stakeholders or industry partners to partner on making AEDs accessible and to disseminate the technology to the community.

Resolution Background Information:

Most cardiac arrests that occur in public areas are due to ventricular fibrillation, which is a shockable arrhythmia and is definitively treated by an electrical shock delivered by an AED (Hedge & Gnugnoli, 2022). Despite decades of research, median reported rates of survival to hospital discharge are poor (10.4%) and have remained unchanged for the past 30 years. Despite the known evidence regarding utilization of AEDs and survival rates,

the community continues to have ignorance of their importance and location. Commotio cordis is a condition that can occur after a sudden, blunt impact to the chest, such as a ball or person disrupts the heart's electrical rhythm. The timing of the hit must correspond to a particular 20-millisecond moment of a heartbeat, the upstroke of the T-wave in ECG terms. This is also known as a concussion of the heart (AHA, n.d.). This can trigger ventricular fibrillation, a life-threatening arrhythmia that causes the heart to stop pumping effectively and can result in sudden cardiac arrest (AHA, n.d.). Commotio cordis is known by sports fans as what happened to Damar Hamlin on the football field during a Buffalo Bills football game in 2023 (AHA, n.d.; Murray, 2025). He was saved by immediate access to an AED. Data on SCAs in school is largely limited to public high schools and high school athletics. However, SCAs occur at all educational levels and not just elite athletes. It can occur in intramural sports. Adults have more SCAs than students, and this should be considered when evaluating schools comprehensively for AED placement in all settings where sports are played, including private and public schools and colleges.

PAD programs have been created across the United States and nationally. PAD programs are intended to improve OHCA survival by increasing bystander access to an AED and the capability to provide early defibrillation when needed (Cabañas et al., 2025). Statistically significant improvements have been demonstrated in federal buildings, airports, casinos, fitness centers, churches, schools, and workplaces where PAD programs are established, with survival rates varying between 28% and 56% (Hedge & Gnugnoli, 2022). According to Hedge and Gnugnoli (2022), the placement of an AED in a public location is warranted if the following criteria are met:

- Greater than 250 adults over the age of 50 access the location more than 16 hours per day
- A high-risk location or the presence of high-risk individuals
- Gyms with more than 2500 members
- Cardiac arrest events at the location at least every few years

In a 2019 Denmark study, the chance of a bystander defibrillation was tripled, and 30-day survival nearly doubled, when the nearest AED was accessible at the time of OHCA, underscoring the importance of unhindered AED accessibility. These results reinforce the importance of strategically expanding community-based AED programs (Arabadjian et al., 2021; CARES, n.d.; Karlsson et al., 2019; Weisfeldt et al., 2010)

In alignment with the Emergency Cardiovascular Care (ECC) 2030 Impact Goals, the 2025 AHA guidelines highlight areas of opportunity to save more lives by prioritizing equitable delivery of lifesaving interventions throughout the OHCA Chain of Survival (Del Rios et al., 2025). The first three links in the OHCA Chain of Survival are early recognition and activation, providing early and high-quality cardiopulmonary resuscitation (CPR), and rapid defibrillation by utilizing an AED (Cabañas et al., 2025; Hedge & Gnugnoli, 2022).The combination of PAD programs and the adequate knowledge and training of emergency telecommunicators (911 dispatchers) improves survival and long-term outcomes of OHCA patients (Cabañas et al., 2025; Del Rios et al., 2025; Olasveengen et al., 2022).

New York State (NYS) requires AEDs in all public schools, though not in private schools (Aschieri et al., 2025). New York City (NYC) is the largest school district in the U.S., comprising close to 1 million public school students (Arabadjian et al., 2021) and 418,000 private school students (Sherrid et al., 2017). Because of the paucity of data on SCAs in U.S. schools overall, along with the variable state requirements on AED availability in schools, New York State data may have important practice and policy implications for future national implementation of these life-saving devices. Research was conducted on AED availability and utilization in NYS schools. However, similar research is needed in other states, including those that do not have legal requirements regarding AEDs in schools. Policy implications include the wider adoption of AED availability requirements, which will contribute to improved SCA survival and outcomes (Aabadjian et al., 2021).

In a recent study, Washington State has the highest SCA survival rates in the country at approximately 18% of OHCA, mainly attributed to CPR training in high schools, public CPR training, and EMS collaboration with bystander CPR initiation and defibrillation with a local AED (McBride et al., 2025). This success is also attributed to CARES coordination on data and research into community participation in OHCA (McBride et al., 2025).

In 2004, the Centers for Disease Control and Prevention (CDC) collaborated with Emory University School of Medicine's Department of Emergency Medicine to develop Cardiac Arrest Registry to Enhance Survival (CARES), an OHCA oversight registry to assist communities with increasing survival rates. In 2005, Atlanta, Georgia was the first community to begin data collection with nearly 600 cases captured that year. The registry now captures almost 600 cases daily. As of January 2025, the program has since expanded to include 37 state-based registries and the District of Columbia, with community sites in 11 additional states, representing a catchment area of approximately 186 million people or 56% of the U.S. population. To date, the registry has captured over 1 million records, with more than 2,600 EMS agencies and over 2,200 hospitals participating nationwide. More globally, CARES began partnering internationally in 2009 with the Pan Asian Resuscitation Outcomes Study, which represents 13 countries (Japan, South Korea, Malaysia, Singapore, Taiwan, Thailand, United Arab Emirates, China, Philippines, Indonesia, Vietnam, India, and Pakistan) (CARES, n.d.).

On December 26, 2024, President Biden signed into law the bipartisan and unanimously supported Cardiomyopathy Health Education, Awareness, Research and Training in Schools (HEARTS) Act, which ensures students and staff in schools nationwide are prepared to respond to a cardiac emergency (AHA, 2024). The American Heart Association strongly supports this legislation as part of its goal to double the survival rates from cardiac arrest nationwide by 2030 through its Nation of Lifesavers movement (AHA, 2024) According to Nancy Brown, the chief executive officer of AHA, “The bipartisan HEARTS Act is a monumental step forward in saving lives from cardiac arrest on school grounds and athletic facilities across the country; By ensuring schools nationwide are equipped with cardiac emergency response plans, CPR training and AEDs, critical resources will be available to students, staff and visitors that can mean the difference between life and death during a cardiac emergency.”(AHA, 2024, paragraph 3). The HEARTS Act includes key provisions of the Access to AEDs Act, which was introduced in March 2023 with the support of the American Heart Association, Damar Hamlin, the National Football League, and others (AHA, 2024). The HEARTS Act will bolster these state efforts by creating a new grant program to provide schools with additional resources for CPR and AED training, the purchase of AEDs and related equipment, and the development of cardiac emergency response plans (AHA, 2024). These plans can more than double survival rates from cardiac arrest by empowering people nearby to act and call 911, start CPR, and use an AED (AHA, 2024). In schools with AEDs, children who experience cardiac arrest are seven times as likely to survive as children in schools without AED (AHA, 2024). The AHA continues with efforts to pass policies at the state level to require schools to develop cardiac emergency response plans and ensure funds are secured for policies that will protect more lives and create safer environments for students, staff and school visitors across the country (AHA, 2024).

In the State of Georgia AEDs are required in K-12 schools, as part of the HEARTS Act, but AEDs are only “recommended” for colleges, where young athletes hit and kick harder, run faster, expend more energy, and compete more ferociously. The National Collegiate Athletic Association (NCAA) provides AEDs and medical staff for all events, and yet there are over 2 million intramural athletes who are participating in college campus-based, non-varsity competitions in the U.S. compared to 554,298 NCAA athletes. However, the guidelines and governance for the two type of athletes are grossly different (Johnson, 2025; Scholarship Stats.com, n.d.). In May 2026, the state of Georgia signed into law, with bipartisan unanimous support, Senate Bill 399, The Mason Sells AED Coordination Act. This Act supports the following:

- 911 operators have information about the closest AED, its accessibility, and how to coach someone

through using it.

- 911 services receiving rudimentary maps that can be converted into digital images that are filed away for access in the event of an emergency.
- 911 services and AED manufacturers will begin to coordinate, and technology will improve so that all new registered AEDs manufactured and installed will have trackable functions,

The National Emergency AED Registry (NEAR) is hosted by the PulsePoint Foundation and is a collaborative program between public safety and 911 dispatchers that provides AED registration and software that locates the AED to provide the lay person with the exact location of the device (National Emergency AED Registry, n.d.; PulsePoint, n.d.). ENA should create an active collaboration with other organizations to amplify the voice and influence of emergency nurses and improve patient care.

What Is Our Goal?

Our goal is to close the gap between AED's presence, accessibility, and use by ensuring that 911 dispatchers are aware of AED locations and accessibility and can communicate AED instructions clearly to lay people so that fast and effective treatment can be utilized.

The sudden onset cardiac arrest guidelines support this goal through recommendations on training of specific personnel, implementation of protocols that have been demonstrated to be effective, and incorporation of nonhuman resources to optimize cardiac arrest care with ongoing debriefing and quality-improvement strategies, as well as EMS team composition and transport, community initiatives to promote lay rescuer response, public access to defibrillation, and the role of emergency telecommunicators (Del Rios et al., 2025).

Relationship to ENA Bylaws, Mission, Vision, and Strategic Initiatives:

The ENA mission is to lead the advancement of excellence and innovation in emergency nursing through research, education, resources, advocacy, and collaboration (ENA, n.d.-a).

ENA's vision is a world where every emergency nurse is fully supported to provide the highest quality care. Collaboration with health care partners worldwide, to explore innovative solutions to the challenges of emergency care delivery.

ENA supports a team-based delivery of resources that meet the highest quality standards of excellence for patients and emergency nurses.

The ENA strategic plan promotes advocacy through amplifying the voice and influence of emergency nurses on issues that affect the profession and improve patient care. This includes promoting standards of care improvements and health equity by developing and communicating bold positions on issues that affect our patients, such as community, knowledge, and activism (ENA, 2024).

The integration of the extensive evidence-based research regarding AED requirements through collaboration with key stakeholders will guide the practice and the enforcement of current standards and education.

Financial Considerations/Operations Impact:

The scope of work outlined in the resolved clauses has a fiscal impact of less than $10,000. Upon final outcomes of General Assembly, initiatives will be evaluated for resource planning in alignment with ENA's strategic plan and operational goals.

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Resolution GA26-13

LATE RESOLUTION: Enhance Education and Resources for Nurses Caring for Autistic/Neurodivergent Patients in the Emergency Setting

Whereas, in the United States 1.5 million children and 5.5 million adults are autistic/neurodivergent (Clarke & Fung, 2022). The prevalence of neurodiversity in many low-and middle-income countries is unknown (World Health Organization, 2025);

Whereas, it is estimated that autistic/neurodivergent individuals are 2.1 times more likely than those who are not neurodiverse to visit the emergency department (Autism Speaks, n.d.);

Whereas, the significant challenges of caring for a an autistic/neurodivergent person can result in increased length of stay and higher medical costs (Greenwood et al., 2024);

Whereas, the emergency department environment can potentiate further crisis, leading to violence and/or self-harm behaviors, which poses risk for patient and staff safety (Greenwood et al., 2024);

Whereas, autistic/neurodivergent patients are more likely to be physically and/or medically restrained to de-escalate adverse behavior (Greenwood et al., 2024; Wolpert, 2022);

Whereas, common co-morbidities, including abdominal pain, constipation, dental infections, and poor sleep patterns can mimic behavioral health crisis. If the caregiver identifies an acute behavior change, strong consideration should be given to medical causes (Wolpert, 2022); and

Whereas, nurses in acute care environments have been identified as having less knowledge, skill, and attitude while caring for patients with developmental disabilities including autism. Nurses who receive education in the care of this population exhibit a more positive attitude in their care (Cashin, 2021).

Resolved, that the Emergency Nurses Association (ENA) should support the development and dissemination of practice resources for the care of the autistic/neurodivergent patient;

Resolved, that ENA should consider collaboration with partner organizations for recommendations on patient-centered neurodiversity care; and

Resolved, that ENA should promote emergency nursing education to support enhancement of knowledge, skills, and attitude while caring for neurodiverse patients and their families.

Resolution Background Information:

Autism is a neurodevelopmental condition characterized by differences in communication, social interaction, sensory processing, and behavior. Current estimates indicate that approximately 1 in 31 children in the United States are diagnosed with autism, and prevalence continues to increase globally (Shaw et al., 2025), although the increases may be driven by improved screening, broader diagnostic criteria, and better identification. Autistic and neurodivergent patients represent a vulnerable and frequently underserved population within emergency medicine. Because of a known increase in autistic patients seeking care in the emergency department (Autsim Speaks, n.d.), it is imperative to enhance the emergency nurse's knowledge base.

As stated in Hong et al., 36.39% of neurodivergent patients present to the emergency department with aggressive behaviors towards self or others. Common medical conditions such as constipation, dental disease, gastrointestinal disorders, sleep disturbances, dehydration, infection, and untreated pain may manifest as behavioral changes or agitation rather than as traditional symptoms (Wolpert et al., 2022). The knowledge deficit

of potential underlying medical conditions leading to behavioral changes may result in ineffective assessment, identification, and intervention.

Emergency departments can be particularly challenging environments due to bright lights, loud noises, frequent interruptions, long wait times, and unfamiliar routines. Sensory overload and communication barriers may contribute to heightened anxiety, distress, behavioral escalation, and difficulty completing assessments and treatments (Greenwood et al., 2024). Caring for autistic/neurodivergent patients in the emergency department is associated with longer length of stay, greater resource utilization, and greater healthcare cost, while negatively affecting the patient, family, and staff.

ENA is uniquely positioned to advance emergency nursing practice through education, resource development, and collaboration with subject matter experts. Development of evidence-informed educational offerings, standardized communication tools, sensory-informed care resources, and best-practice guidance would provide emergency nurses with practical strategies to improve care for autistic and other neurodiverse patients and their families. Collaboration with partner organizations and other disability-focused stakeholders would further strengthen the quality and applicability of these resources.

Relationship to ENA Bylaws, Mission, Vision, and Strategic Initiatives:
Part of the ENA mission is to lead the advancement of excellence and innovation in emergency nursing through research, education, resources, advocacy, and collaboration. Emergency care evolves through lifelong learning and a culture of inquiry. We should embrace mutual respect in all interactions and initiatives so as to promote the essential value of different perspective and experiences within emergency nursing.

Financial Considerations/Operations Impact:
The scope of work outlined in the resolved clauses has a fiscal impact of less than $10,000. Upon final outcomes of General Assembly, initiatives will be evaluated for resource planning in alignment with ENA's strategic plan and operational goals.

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Resolution GA26-14

LATE RESOLUTION: Advancing Emergency Nursing Skills for Rapid and Warm Blood Product Administration During Hemorrhagic Emergencies

Whereas**,** hemorrhagic emergencies remain a leading cause of preventable morbidity and mortality, and prevention of hypothermia through the administration of warmed red blood cells, plasma, and whole blood, as clinically indicated, is an evidence-based, guideline-recognized component of hemorrhagic resuscitation that improves outcomes across the lifespan (American College of Surgeons [ACS] Committee on Trauma, 2014, 2025; McCarty et al., 2021; Okada et al., 2020);

Whereas, Trauma Nursing Core Course (TNCC) and Emergency Nursing Pediatric Course (ENPC), are standardized courses, course directors and instructors may not independently use outside sources to augment course content or create and distribute supplemental study materials, and Emergency Nurses Association (ENA) retains responsibility for the development, design, content, and revision of these courses, making an ENA-led review necessary to determine whether and how this application gap should be addressed (ENA, 2025);

Whereas**,** the gap ENA must close is not a lack of awareness, but the importance of application. Emergency nurses are taught ***why*** warmed blood matters but are not consistently trained ***how*** in selecting, setting up, operating, troubleshooting, and integrating blood-warming and rapid infuser technologies during live resuscitation, a gap in current core education needs to be closed through hands-on, return-demonstration learning (Pearson, 2024; Navarroli, 2024);

Whereas**,** emergency nurses initiate emergency-release transfusions, activating massive transfusion protocols, and administering warmed blood components at the bedside, across trauma, obstetric, gastrointestinal, vascular, pediatric, and geriatric hemorrhagic emergencies, requiring rapid clinical judgment and technical skill under pressure (Bajor, 2024; Ernst, 2020);

Whereas**,** variation in emergency department resources, patient populations, and staff experience produces inconsistent practice, and emergency nurses, particularly those early in their careers or working in general emergency departments, may be unfamiliar with safely applying existing warming technology across pediatric, adult, and geriatric patients (Emergency Medical Services for Children Innovation and Improvement Center, 2024); and

Whereas**,** ENA is the premier professional organization representing emergency nurses and is uniquely positioned to lead, convening multidisciplinary experts to close this specific practice gap. ENA has established precedents for developing position statements, educational resources, clinical practice guidance, role statements, and competency-supporting documents that define emergency nurses globally. Providing standardized, systematic education to improve patient outcomes in time-sensitive emergencies (Navarroli, 2024).

Resolved, that ENA should conduct an environmental scan of existing position statements, clinical practice resources, educational products, and relevant course content to identify opportunities to improve knowledge and understanding, as well as the application of that knowledge in the clinical arena for the safe administration of warmed blood components during hemorrhagic emergencies across the lifespan; and

Resolved, that ENA should collaborate with subject matter experts to advance administrative knowledge with evidence-informed, device-neutral recommendations that include educational resources, hands-on-based training, clinical practice guidance, and/or position statements addressing the rapid initiation, when clinically indicated, and safe administration of warmed blood components/products, including red blood cells, plasma, and whole blood, during hemorrhagic emergencies.

Resolution GA26-14

Resolution Background Information:

Hemorrhagic emergencies remain among the most time-sensitive and high-risk conditions encountered in emergency nursing practice (ACS, 2025). Trauma is the most recognized indication for massive transfusion. However, emergency nurses also initiate blood product administration during obstetric hemorrhage, gastrointestinal hemorrhage, vascular emergencies, pediatric hemorrhagic shock, geriatric trauma, peri-arrest resuscitation, emergency-release transfusions, and disaster response (Bajor, 2024; Ernst, 2020). Across these patient populations, prevention of hypothermia is an established principle of damage control resuscitation, and body temperature has been independently associated with mortality outcomes in trauma patients (McCarty et al., 2021; Okada et al., 2020).

Evidence supporting the administration of warmed blood products is well established. The American College of Surgeons Committee on Trauma, the Emergency Medical Services for Children (EMSC) Program, and transfusion medicine organizations recognize hypothermia prevention as an essential component of hemorrhagic resuscitation (ACS Committee on Trauma, 2014; EMSC, 2024). Modern warming technologies have expanded significantly and are now available in many settings through rapid infusers, blood warmers, and portable warming systems that support adult and pediatric patients.

Transfusion medicine guidance further demonstrates that safe warmed blood administration involves more than recognizing the need to prevent hypothermia. Selection and use of a blood-warming system require consideration of the patient's size and clinical condition, anticipated transfusion volume and rate, blood-component compatibility, vascular access, available equipment, and the capabilities and limitations of the warming technology (Association for the Advancement of Blood & Biotherapies [AABB], 2023). Not all blood components are appropriate for warming, and potential safety concerns include thermal injury or hemolysis associated with equipment malfunction or interrupted flow, contamination risk, reduced infusion rates, and ineffective heat transfer at high flow rates. These considerations reinforce the need for practical, evidence-informed guidance addressing equipment selection, operation, monitoring, and troubleshooting in accordance with manufacturer instructions and institutional policy.

The gap ENA needs to close is not knowledge of why warming matters; it is application. Emergency nurses often receive sound education on the pathophysiology of hypothermia and the rationale for warmed-blood administration (Pearson, 2024), but standardized, hands-on instruction on practical implementation is often limited to equipment selection, device operation, troubleshooting, patient-specific considerations, and integration into live resuscitation workflows. Adult-focused emergency departments may also be unaware that existing warming technology can often be safely used for pediatric transfusion when applied according to manufacturer recommendations and institutional policy. Device selection and operation should account for manufacturer labeling, patient size, priming volume, required flow, vascular access, available disposables, and institutional policy rather than assuming that one system or setup is appropriate across all populations.

Current emergency nursing education, including the Trauma Nursing Core Course (TNCC) and the Emergency Nursing Pediatric Course (ENPC), provides a strong foundation in hemorrhage control, shock management, and fluid resuscitation (Pearson, 2024; Bajor, 2024). However, structured, hands-on instruction on the practical application of warmed blood product administration remains limited. Topics such as blood warmer selection, rapid infusion technologies, equipment setup, troubleshooting, and safe integration into massive transfusion workflows across the lifespan are not consistently addressed through return-demonstration or simulation-based learning. Existing ENA educational resources, such as the ENA University video demonstrating three-way stopcock administration, provide a valuable foundation for manual blood administration technique; this resolution seeks to build on that foundation, expanding ENA's educational footprint to include contemporary rapid, warmed blood administration technologies in use in our emergency departments and beyond.

ENA is already in the business of providing clinical practice guidance and education to emergency nurses internationally (Navarroli, 2024), and standardized, systematic education has been shown to improve outcomes in time-sensitive emergencies. Because hemorrhagic resuscitation is a low-frequency, high-risk event, closing this gap requires more than didactic education; it requires practical guidance, simulation, and hands-on skill-building that translates evidence into bedside practice. This resolution does not seek to endorse a specific device or establish new clinical evidence; institutions retain responsibility for developing and validating their own competency assessments. Rather, it calls on ENA to lead the evaluation of existing evidence and to convene subject-matter experts to produce a dedicated position statement and/or clinical practice guideline that provides emergency nurses and the institutions that train them with a standardized foundation to build on.

As of June 2026, no known ENA position statement or clinical practice resource is dedicated specifically to the practical, hands-on application of warmed blood product administration during hemorrhagic emergencies. This resolution represents an opportunity for ENA to lead and/or build on its longstanding record in evidence-based emergency nursing education, professional guidance, and patient safety.

Relationship to ENA Bylaws, Mission, Vision, and Strategic Initiatives:
This resolution supports ENA's mission to advance excellence in emergency nursing through leadership, advocacy, education, and research. It aligns with ENA's commitment to evidence-based practice, lifelong learning, patient safety, and emergency nurse preparedness by encouraging evaluation of an emerging competency need that spans all emergency care settings. Through multidisciplinary collaboration and educational leadership, ENA can continue to strengthen emergency nursing practice while improving outcomes for patients experiencing hemorrhagic emergencies across the lifespan.

Financial Considerations/Operations Impact:
The scope of work outlined in the resolved clauses has a fiscal impact of less than $10,000. Upon final outcomes of General Assembly, initiatives will be evaluated for resource planning in alignment with ENA’s strategic plan and operational goals.

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ENA General Assembly
Reference Guide

DELEGATION

1. Each council shall determine its own method for delegate selection by using a point system, election or lottery.

2. Each council is encouraged to take the following eligibility criteria into consideration in choosing its delegates:
   - Attendance at 50 percent of all scheduled meetings of the council or local component since the previous General Assembly.
   - Service in an elected or appointed position at the local or national level during the prior three years; or
   - Participation in at least one of the following activities related to emergency nursing since the previous General Assembly:
     - Lecturer (other than that which is required in a professional nursing role)
     - Projects, such as public education, legislative involvement and chapter fundraising
     - Research in emergency nursing
     - Publishing on topics related to emergency care
     - Certification through the Board of Certification for Emergency Nursing (BCEN)

3. At least 30 days prior to the General Assembly, ENA headquarters will send confirmation of delegate status to each delegate and alternate delegate. All proposed bylaws amendments, resolutions, rules and procedures will be made available on the ENA website.

4. Delegates and alternate delegates shall attend all business sessions of the General Assembly.

RESOLUTIONS

5. Resolutions must be submitted by the published deadline, to be considered during General Assembly.

6. Resolutions received at ENA headquarters will be forwarded to the Resolutions Committee, legal counsel, parliamentarian and ENA Board of Directors for review for compatibility with ENA's purpose, mission, values, objectives, bylaws and standing rules, federal and state laws and financial feasibility.

7. Resolutions that do not comply shall be returned to the authors with explanation.

8. Proposed resolutions submitted will be reviewed by the ENA Board of Directors for possible implementation prior to General Assembly.

9. The Resolutions Committee shall work with authors to combine proposed resolutions that have the same or similar subject matter.

10. Resolutions brought before the General Assembly shall include the exact text of the proposal along with the financial considerations and operational implications. They may also include comments from the Resolutions Committee and the ENA Board of Directors.

BYLAWS AMENDMENT PROPOSALS

11. Bylaws amendment proposals received at ENA headquarters will be forwarded to the Resolutions Committee, legal counsel, parliamentarian and ENA Board of Directors for review for compatibility with ENA's purpose, mission, values, objectives, bylaws and standing rules, federal and state laws and financial feasibility.

12. Bylaws amendment proposals that do not comply shall be returned to the authors with explanation.

13. The Resolutions Committee shall work with authors to combine proposed bylaws amendments that have the same or similar subject matter.

14. Proposals to amend the ENA Bylaws shall include the exact text of the proposal. They may also include comments from the Resolutions Committee and ENA Board of Directors.

MISCELLANEOUS

15. The Resolutions Committee shall be authorized to correct article and section designations, punctuation and references in the Bylaws, Election Rules, and General Assembly Standing Rules of Procedure as may be necessary to reflect the intent of the General Assembly.

16. The draft General Assembly minutes shall be sent electronically to all delegate administrators and the ENA Board of Directors for a 10-day review and comment period. The minutes shall be subsequently approved by the Resolutions Committee.

17. The status of resolutions adopted by the General Assembly will be made available to the ENA membership.

ROBERT'S RULES CONDENSED

A summary of useful motions in Robert's Rules of Order 12th Edition.

Motions to process business and to manage the general conduct of the meeting.

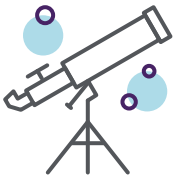
Motion and Purpose	Example of what you would say	Second Needed?	Debatable?	Amendable?	Required Vote	Interrupt another?
Adjourn (End the meeting)	"I move to adjourn the meeting."	Yes	No	No	Majority	No
Recess (Take a short break)	"I move to recess for twenty minutes."	Yes	No	Yes	Majority	No
Limit or Extend Debate (Adjust debate time)	"I move that we extend debate time for 10 minutes."	Yes	No	Yes	2/3	No
Postpone to a Certain Time (Defer action to a later time)	"I move to postpone this until 1 pm."	Yes	Yes	Yes	Majority	No
Amend an Amendment (Change wording of a pending amendment)	"I move to amend the amendment by…"	Yes	Yes	No	Majority	No
Amend (Change the wording of a motion)	"I move to amend by …."	Yes	Yes	Yes	Majority	No
Main motion (Introduce business)	"I move that we adopt Resolution #1."	Yes	Yes	Yes	Majority	No

Incidental motions that relate to processing business.

Motion and Purpose	Example of what you would say	Second Needed?	Debatable?	Amendable?	Required Vote	Interrupt another?
Point of Order (Remedy a violation of the rules)	"I rise to a point of order."	No	No	No	Decision of Chair	Yes (if urgent)
Division of the Assembly (Retake vote as a standing vote)	"I call for a division." Or simply "Division!"	No	No	No	None	Yes
Parliamentary Inquiry (Ask a question about procedure or rules)	"I rise to a parliamentary inquiry regarding…"	No	No	No	None	Yes (if urgent)
Request for Information (Ask a question about pending business)	"I have a question regarding Resolution #1."	No	No	No	None	Yes (if urgent)

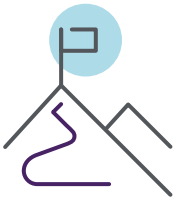
*an appeal is debatable unless it relates to indecorum, a violation of the speaking rules, a violation of the priority of business, or is made concerning an undebatable question.

2025–2030 Emergency Nurses Association **Strategic Plan**



VISION STATEMENT:

A world where every emergency nurse is fully supported to provide the highest quality patient care.



MISSION STATEMENT:

To lead the advancement of excellence and innovation in emergency nursing through research, education, resources, advocacy, and collaboration.

STRATEGIC GOALS:

1. **PROFESSIONAL EXCELLENCE:** Advance excellence in emergency nursing by developing and delivering innovative education, training, and resources, setting standards of care, and leading the future of emergency nursing.
2. **ADVOCACY:** Amplify the voice and influence of emergency nurses and ENA by proactively advocating for issues that impact the profession and improve patient care.
3. **COMMUNITY:** Foster a dynamic and diverse global emergency nursing community by creating an environment that is inclusive, innovative, and collaborative.
4. **MEMBERSHIP:** Expand ENA's membership globally by reaching everyone working in emergency nursing, everywhere, and in every care setting.
5. **OPERATIONAL EXCELLENCE:** Advance operational excellence by developing people and optimizing resources to maximize ENA's growth and impact.

ENA® EMERGENCY NURSES ASSOCIATION | Committed to **Care**™

Strategic Goals and Objectives

Advance excellence in emergency nursing by developing and delivering innovative education, training, and resources, setting standards of care, and leading the future for emergency nursing.

- **A** Conduct and integrate evidence-based research to guide the practice and the development of standards and education.
- **B** Understand the needs of and customize resources for the career continuum of the emergency nurse.
- **C** Utilize innovative learning design and delivery methods and collaborate with global content/thought leaders to continually adapt to the needs of learners and maximize the application of learning.
- **D** Strengthen the emergency nursing profession through targeted nursing workforce pipeline development initiatives.
- **E** Develop education, resources and programs that improve the work environment and patient care

Amplify the voice and influence of emergency nurses and ENA by proactively advocating for issues that impact the profession and improve patient care.

- **A** Improve standards of care and health equity by developing and communicating bold positions on issues that impact emergency nurses and our patients.
- **B** Lead collaboration and advocacy with key stakeholders on strategic opportunities to advance the emergency nursing profession.
- **C** Empower emergency nurses in all stages of their career through education, support, and resources to advocate for themselves and the profession.

Foster a dynamic and diverse global emergency nursing community by creating an environment that is inclusive, innovative, and collaborative.

- **A** Provide a sense of belonging for emergency nurses worldwide.
- **B** Enhance ENA's global impact through partnerships and an expanded global footprint.
- **C** Pursue and lead collaboration opportunities and strategic partnerships that advance the emergency care team.
- **D** Promote the integration of sustainable emergency healthcare practices globally.

Expand ENA's membership globally by reaching everyone working in emergency nursing, everywhere, and in every care setting.

- **A** Develop and implement an innovative membership model, that delivers enhanced membership value, and increased recruitment and retention of a diverse membership community through an inclusive approach and frictionless user experience.
- **B** Serve as the professional home for all emergency nurses throughout their career by advancing partnerships and collaborations that integrate ENA's offerings into every emergency care setting.

Advance operational excellence by developing people and optimizing resources to maximize ENA's growth and impact.

- **A** Build a sustainable growth model to increase revenue through expanding and diversifying products and services, and maximizing support from philanthropic sources/partners.
- **B** Develop and sustain a diverse, talented, and highly engaged volunteer and staff community/workforce.
- **C** Utilize technology, systems, and process improvements to advance organizational performance.
- **D** Foster an environment of continual improvement.

ENA®
EMERGENCY NURSES ASSOCIATION

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EMERGENCY NURSES ASSOCIATION AND AFFILIATES

CONSOLIDATED FINANCIAL STATEMENTS AND SUPPLEMENTARY INFORMATION

As of and for the Years Ended December 31, 2025 and 2024

And Report of Independent Auditor

Cherry Bekaert LLP
Your Guide Forward

EMERGENCY NURSES ASSOCIATION AND AFFILIATES
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Cherry Bekaert LLP
Your Guide Forward

Report of Independent Auditor

To the Finance Committee
Emergency Nurses Association
Elgin, Illinois

Opinion

We have audited the accompanying consolidated financial statements of Emergency Nurses Association and Affiliates (the "Association") (nonprofit organizations), which comprise the consolidated statements of financial position as of December 31, 2025 and 2024, and the related consolidated statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of the Association as of December 31, 2025 and 2024, and the changes in their net assets and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Consolidated Financial Statements* section of our report. We are required to be independent of the Association and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of the consolidated financial statements in accordance with accounting principles generally accepted in the United States, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the consolidated financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Association's ability to continue as a going concern within one year after the date the consolidated financial statements are available to be issued.

Auditor's Responsibilities for the Audit of the Consolidated Financial Statements

Our objectives are to obtain reasonable assurance about whether the consolidated financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and, therefore, is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the consolidated financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the consolidated financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the consolidated financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Association's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the consolidated financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Association's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The supplementary information presented on pages 28 through 44 is presented for purposes of additional analysis and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

Cherry Bekaert LLP

Elgin, Illinois
July 27, 2026

EMERGENCY NURSES ASSOCIATION AND AFFILIATES
CONSOLIDATED STATEMENTS OF FINANCIAL POSITION

DECEMBER 31, 2025 AND 2024

	2025	2024
ASSETS		
Current Assets:		
Cash and cash equivalents	$ 3,195,472	$ 1,319,061
Accounts receivable, net	1,757,033	1,835,405
Grants receivable	-	35,650
Other receivables	-	15,747
Mortgage receivable	-	1,639,960
Inventory	63,363	52,785
Prepaid expenses	462,599	849,137
Total Current Assets	5,478,467	5,747,745
Property and Equipment, Net	12,820,813	13,404,396
Other Assets:		
Prepaid expenses, net of current portion	77,410	114,160
Interest rate swap asset	49,024	202,730
Split-dollar life insurance asset	753,283	956,732
Right-of-use assets under operating lease agreements	102,355	187,957
Investments	13,655,104	13,851,860
Total Other Assets	14,637,176	15,313,439
Total Assets	$ 32,936,456	$ 34,465,580

The accompanying notes to the consolidated financial statements are an integral part of these statements.

EMERGENCY NURSES ASSOCIATION AND AFFILIATES
CONSOLIDATED STATEMENTS OF FINANCIAL POSITION (CONTINUED)

DECEMBER 31, 2025 AND 2024

	2025	2024
LIABILITIES AND NET ASSETS AND ENGAGE DEFICIT		
Current Liabilities:		
Accounts payable	$ 1,413,495	$ 2,476,432
Wages and benefits payable	1,479,376	997,450
Accrued expenses	501,218	696,657
Credits on customer accounts	299,977	199,379
Assessments payable	709,800	928,478
Line of credit	-	1,099,209
Current portion of deferred revenue	3,226,975	2,769,738
Current portion of obligations under operating leases	81,883	85,404
Current portion of obligations under finance leases	10,213	-
Current portion of bond payable	338,678	338,678
Total Current Liabilities	8,061,615	9,591,425
Long-Term Liabilities:		
Deferred revenue, net of current portion	1,587,463	1,631,644
Obligations under operating leases, net of current portion	21,926	103,809
Obligations under finance leases, net of current portion	42,099	-
Bond payable, net of current portion	7,181,180	7,519,858
Total Long-Term Liabilities	8,832,668	9,255,311
Total Liabilities	16,894,283	18,846,736
Net Assets and Engage Deficit:		
Without Donor Restrictions:		
Undesignated	10,269,627	13,180,991
Board-designated	2,913,893	2,587,760
Total Without Donor Restrictions	13,183,520	15,768,751
With Donor Restrictions	2,858,653	2,456,682
Engage deficit	-	(2,606,589)
Total Net Assets and Engage Deficit	16,042,173	15,618,844
Total Liabilities and Net Assets and Engage Deficit	$ 32,936,456	$ 34,465,580

The accompanying notes to the consolidated financial statements are an integral part of these statements.

EMERGENCY NURSES ASSOCIATION AND AFFILIATES
CONSOLIDATED STATEMENTS OF ACTIVITIES

YEARS ENDED DECEMBER 31, 2025 AND 2024

	2025			2024		
	Without Donor Restrictions	With Donor Restrictions	Total	Without Donor Restrictions	With Donor Restrictions	Total
Support and Revenue:						
Consulting services	$ 96,400	$ -	$ 96,400	$ 217,800	$ -	$ 217,800
Courses	20,082,397	-	20,082,397	19,953,054	-	19,953,054
Membership dues	3,220,386	-	3,220,386	3,661,757	-	3,661,757
Conferences	3,194,515	-	3,194,515	3,033,032	-	3,033,032
Publications	675,581	-	675,581	580,518	-	580,518
Marketplace	606,247	-	606,247	388,125	-	388,125
Sponsorships	502,300	-	502,300	469,506	-	469,506
Royalties	135,389	-	135,389	181,957	-	181,957
Other	489,050	-	489,050	527,105	-	527,105
Grants	17,154	-	17,154	64,751	-	64,751
Special event revenue	10	-	10	31,950	-	31,950
Mailing lists	67,901	-	67,901	46,943	-	46,943
Investment return, net	1,404,949	323,960	1,728,909	1,188,032	186,128	1,374,160
Interest income	21,527	-	21,527	21,053	-	21,053
(Loss) gain on interest rate swap agreement	(153,706)	-	(153,706)	23,367	-	23,367
Contributions	229,404	330,110	559,514	168,916	468,974	637,890
Donated services	110,000	-	110,000	105,000	-	105,000
Net assets released from restrictions	252,099	(252,099)	-	324,188	(324,188)	-
Total Support and Revenue	30,951,603	401,971	31,353,574	30,987,054	330,914	31,317,968
Expenses:						
Programs, grants, and scholarships	20,591,916	-	20,591,916	24,185,701	-	24,185,701
Supporting Services:						
Management and general	10,270,706	-	10,270,706	11,571,803	-	11,571,803
Fundraising and development	67,623	-	67,623	67,671	-	67,671
Total Supporting Services	10,338,329	-	10,338,329	11,639,474	-	11,639,474
Total Expenses	30,930,245	-	30,930,245	35,825,175	-	35,825,175
Change in net assets and Engage deficit	21,358	401,971	423,329	(4,838,121)	330,914	(4,507,207)
Net assets, beginning of year	13,162,162	2,456,682	15,618,844	18,000,283	2,125,768	20,126,051
Net assets and Engage deficit, end of year	$ 13,183,520	$ 2,858,653	$ 16,042,173	$ 13,162,162	$ 2,456,682	$ 15,618,844

The accompanying notes to the consolidated financial statements are an integral part of these statements.

EMERGENCY NURSES ASSOCIATION AND AFFILIATES
CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES

YEAR ENDED DECEMBER 31, 2025

	Programs, Grants, and Scholarships	Supporting Services: Management and General	Supporting Services: Fundraising and Development	Total
Payroll Expenses:				
Salaries and wages	$ 7,309,471	$ 3,915,867	$ -	$ 11,225,338
Employee benefits	1,325,596	680,002	-	2,005,598
Payroll taxes	559,779	318,435	-	878,214
Total Payroll Expenses	9,194,846	4,914,304	-	14,109,150
Operating Expenses:				
Advertising and promotion	154,469	-	-	154,469
Bank charges and credit card processing	-	593,355	1,995	595,350
Bad debt expense	303,912	-	-	303,912
Computer	182,235	1,532,675	-	1,714,910
Conferences	2,952,608	372,333	-	3,324,941
Cost of goods sold	1,251,256	-	-	1,251,256
Depreciation and amortization	417,389	396,977	5,081	819,447
Fulfillment and warehousing services	313,342	-	-	313,342
Grants and scholarships	366,349	2,875	-	369,224
Insurance	94,328	71,783	-	166,111
Interest expense	-	349,125	-	349,125
Miscellaneous	61,275	78,341	385	140,001
Postage, freight, and shipping	115,894	4,690	-	120,584
Printing	69,546	12,289	961	82,796
Professional services	1,168,394	799,117	16,133	1,983,644
Provision for UBIT	64,047	-	-	64,047
Public relations	7,976	-	-	7,976
Recruitment fees	22,584	260	-	22,844
Stipends	141,611	134,584	-	276,195
Supplies and equipment	44,730	28,822	3,401	76,953
Temporary workers	8,175	438,931	-	447,106
Training	81,367	63,277	-	144,644
Travel	654,104	204,497	17,220	875,821
Total Operating Expenses	8,475,591	5,083,931	45,176	13,604,698
Occupancy Expenses:				
Building maintenance	77,518	41,835	3,693	123,046
Depreciation	141,768	76,510	6,751	225,029
Insurance	9,616	5,189	458	15,263
Real estate taxes	178,098	96,117	8,481	282,696
Rent	30,827	18,105	-	48,932
Telephone	2,137	1,153	102	3,392
Utilities	62,189	33,562	2,962	98,713
Total Occupancy Expenses	502,153	272,471	22,447	797,071
Assessment Expenses:				
State/chapter membership dues	414,537	-	-	414,537
ENPC/TNCC	2,004,789	-	-	2,004,789
Total Assessment Expenses	2,419,326	-	-	2,419,326
Total Expenses	$ 20,591,916	$ 10,270,706	$ 67,623	$ 30,930,245

The accompanying notes to the consolidated financial statements are an integral part of these statements.

EMERGENCY NURSES ASSOCIATION AND AFFILIATES
CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES

YEAR ENDED DECEMBER 31, 2024

	Programs, Grants, and Scholarships	Supporting Services: Management and General	Supporting Services: Fundraising and Development	Total
Payroll Expenses:				
Salaries and wages	$ 8,267,998	$ 4,594,993	$ -	$ 12,862,991
Employee benefits	1,288,041	746,391	-	2,034,432
Payroll taxes	613,402	319,948	-	933,350
Total Payroll Expenses	10,169,441	5,661,332	-	15,830,773
Operating Expenses:				
Advertising and promotion	256,226	-	-	256,226
Bank charges and credit card processing	-	575,204	3,680	578,884
Computer	245,128	1,540,950	6,495	1,792,573
Conferences	3,833,275	592,747	1,820	4,427,842
Cost of goods sold	1,330,569	-	-	1,330,569
Depreciation and amortization	375,641	390,826	4,664	771,131
Fulfillment and warehousing services	332,831	-	-	332,831
Grants and scholarships	552,866	2,750	-	555,616
Insurance	70,468	66,933	-	137,401
Interest expense	-	386,931	-	386,931
Miscellaneous	103,270	98,496	-	201,766
Postage, freight, and shipping	366,247	3,200	-	369,447
Printing	231,971	23,778	7,878	263,627
Professional services	1,729,528	850,294	4,000	2,583,822
Provision for UBIT	75,481	-	-	75,481
Public relations	21,204	-	-	21,204
Recruitment fees	-	130,172	-	130,172
Stipends	146,839	139,594	-	286,433
Supplies and equipment	65,390	51,411	5,807	122,608
Temporary workers	94,218	178,888	-	273,106
Training	160,900	157,714	-	318,614
Travel	929,521	433,591	10,539	1,373,651
Total Operating Expenses	10,921,573	5,623,479	44,883	16,589,935
Occupancy Expenses:				
Building maintenance	92,876	50,124	4,423	147,423
Depreciation	143,080	77,218	6,813	227,111
Insurance	9,199	4,964	438	14,601
Real estate taxes	168,085	90,712	8,004	266,801
Rent	48,923	28,732	-	77,655
Telephone	2,364	1,276	113	3,753
Utilities	62,938	33,966	2,997	99,901
Total Occupancy Expenses	527,465	286,992	22,788	837,245
Assessment Expenses:				
State/chapter membership dues	494,932	-	-	494,932
ENPC/TNCC	2,072,290	-	-	2,072,290
Total Assessment Expenses	2,567,222	-	-	2,567,222
Total Expenses	$ 24,185,701	$ 11,571,803	$ 67,671	$ 35,825,175

The accompanying notes to the consolidated financial statements are an integral part of these statements.

EMERGENCY NURSES ASSOCIATION AND AFFILIATES
CONSOLIDATED STATEMENTS OF CASH FLOWS

YEARS ENDED DECEMBER 31, 2025 AND 2024

	2025	2024
Cash flows from operating activities:		
Change in net assets and Engage deficit	$ 423,329	$ (4,507,207)
Adjustments to reconcile change in net assets and Engage deficit to net cashflows from operating activities:		
Depreciation and amortization of property and equipment	1,041,864	998,242
Amortization of debt issuance costs	6,154	6,427
Amortization of right-to-use assets under finance leases	2,612	-
Loss (gain) on interest rate swap agreement	153,706	(23,368)
Provision for doubtful accounts	303,912	-
Realized and unrealized gain on investments	(1,220,765)	(784,491)
Contributions restricted for investment in endowments	(218,922)	(293,284)
Amortization of right-of-use assets under operating leases	85,602	89,444
Interest earned on split-dollar life insurance agreement	(21,527)	(21,053)
Changes in operating assets and liabilities:		
Accounts receivable, net	(225,540)	163,679
Grants receivable	35,650	(26,290)
Other receivables	15,747	(15,747)
Inventory	(10,578)	(3,385)
Prepaid expenses	423,288	150,065
Accounts payable	(1,062,937)	1,498,629
Wages and benefits payable	481,926	201,472
Accrued expenses	(195,439)	40,756
Credits on customer accounts	100,598	56,362
Assessments payable	(218,678)	83,533
Deferred revenue	413,056	298,401
Obligations under operating leases	(85,404)	(86,994)
Net cash flows from operating activities	227,654	(2,174,809)
Cash flows from investing activities:		
Purchases of property and equipment	(406,048)	(1,187,923)
Payments received on mortgage receivable	1,639,960	55,891
Purchase of investments	(8,583,952)	(9,192,567)
Proceeds from sale and maturities of investments	10,226,449	12,552,099
Net cash flows from investing activities	2,876,409	2,227,500

The accompanying notes to the consolidated financial statements are an integral part of these statements.

EMERGENCY NURSES ASSOCIATION AND AFFILIATES
CONSOLIDATED STATEMENTS OF CASH FLOWS (CONTINUED)

YEARS ENDED DECEMBER 31, 2025 AND 2024

	2025	2024
Cash flows from financing activities:		
Collections of contributions restricted for investment in endowments	$ 218,922	$ 293,284
Payments on bonds payable	(344,832)	(344,832)
Principal payments on obligations under finance leases	(2,533)	-
Payments on line of credit	(1,099,209)	-
Net cash flows from financing activities	(1,227,652)	(51,548)
Net change in cash and cash equivalents	1,876,411	1,143
Cash and cash equivalents, beginning of year	1,319,061	1,317,918
Cash and cash equivalents, end of year	$ 3,195,472	$ 1,319,061
Noncash investing transactions:		
Noncash right-of-use assets and obligations under right-of-use assets - financing	$ 54,845	$ -
Reduction of split-dollar agreement reclassified to investments	$ 224,976	$ -
Interest accrued on split-dollar life insurance asset	$ 21,527	$ 21,053
Other cash flow information:		
Interest paid	$ 349,125	$ 386,931
Income taxes paid	$ 33,766	$ 33,822

The accompanying notes to the consolidated financial statements are an integral part of these statements.

Note 1—Nature of operations

Emergency Nurses Association and Affiliates ("Association") consists of Emergency Nurses Association ("ENA"); ENA Foundation ("ENAF"); and ENA Ventures, LLC, which amended their name to ENA Workwell Solutions, LLC (d/b/a Engage – Powered by ENA) ("Engage").

ENA is a not-for-profit, professional association whose mission is to advance excellence in emergency nursing. ENA, whose national headquarters is located in Schaumburg, Illinois, was founded in 1970. Paid membership is approximately 25,000.

ENAF was established in 1991 to operate exclusively for charitable, educational, and scientific purposes relating to emergency nursing. ENAF activities benefit emergency nurses, patients, and the public through provision of undergraduate, advance practice, doctoral, and continuing education scholarships and research grants.

Engage was established in 2023 to provide innovative and effective solutions that support emergency nurses in providing the best possible care in a healthy and sustainable work environment. This is achieved through providing comprehensive resources, training, and support to ensure the emergency department is a safe, healthy, and a collaborative workplace for emergency nurses to thrive. During 2025, Engage was dissolved and ceased operations.

Note 2—Significant accounting policies

Basis of Presentation – The consolidated financial statements have been prepared in accordance with accounting principles generally accepted in the United States ("U.S. GAAP") as applicable to not-for-profit organizations.

Principles of Consolidation – The accompanying consolidated financial statements include the accounts of ENA, ENAF, and Engage. The sole voting member of ENAF and Engage is ENA. Since ENA has control of the ENAF Board of Directors ("ENAF Board") and had control of the Engage Board of Directors through date of dissolution in 2025, U.S. GAAP requires that the financial position and activities of these organizations be consolidated. All interorganizational transactions and balances have been eliminated in consolidation.

Cash and Cash Equivalents – For purposes of the consolidated statements of cash flows, the Association considers all highly liquid instruments with an original maturity of three months or less to be cash equivalents.

Concentrations of Credit Risk – The Association places its cash and cash equivalents on deposit with financial institutions in the United States, which are insured by the Federal Deposit Insurance Corporation for up to $250,000 for each institution. The Association's cash balances at times exceeded federally insured limits. At December 31, 2025 and 2024, the Association's cash accounts exceeded federally insured limits by $2,281,264 and $691,869, respectively. The Association has not experienced any losses and does not believe it is exposed to any significant credit risk on cash and cash equivalents.

The Association maintains its investment in broker accounts which, at times, may exceed federally insured limits. As of December 31, 2025 and 2024, the Association's uninsured investment balance was $12,881,206 and $13,406,863, respectively. The Association believes it is not exposed to any significant credit risk on investments.

Note 2—Significant accounting policies (continued)

Accounts Receivable – Accounts receivable consists of amounts due from Trauma Nursing Core Courses ("TNCC"), Emergency Nursing Pediatric Courses ("ENPC"), the sale of advertising space in various ENA publications, and royalty arrangements with vendors for ENA educational offerings. The allowance for credit losses is based on the Association's assessment of the collectability of customer accounts receivable. In accordance with Accounting Standards Codification ("ASC") Topic 326, *Financial Instruments – Credit Losses,* the Association makes ongoing estimates relating to the collectability of accounts receivable and records an allowance for estimated credit losses expected from the inability of its customers to make required payments. The Association establishes expected credit losses by evaluating historical levels of credit losses, current economic conditions that may affect a customer's ability to pay, and creditworthiness of significant customers. These inputs are used to determine a range of expected credit losses and an allowance is recorded within the range. Accounts receivable are written off when there is no reasonable expectation of recovery. As of December 31, 2025 and 2024, the allowance for credit losses was $443,469 and $139,557, respectively.

Inventory – Inventory, which consists of course manuals and ENA merchandise, is carried at the lower of cost or net realizable value with cost being determined by the first-in, first-out method. As of December 31, 2025 and 2024, no allowance for obsolete or excess inventory was recorded.

Property and Equipment – Property and equipment have been recorded at cost if purchased or at fair value at time of donation if received as a gift. The Association capitalizes property and equipment over $5,000 that have a useful life of more than one year. Depreciation and amortization of property and equipment is provided over the estimated useful lives of the respective assets on a straight-line basis. Costs of maintenance and repairs that do not improve or extend the useful lives of the respective assets are expensed as incurred. The useful lives of property and equipment for purposes of computing depreciation and amortization are as follows:

Buildings	40 years
Building improvements	30 – 40 years
Equipment	5 years
Program development	3 – 7 years
Furniture and fixtures	15 years
Computer software	3 – 7 years

Investments – Investments are recorded at cost, if purchased, and at fair value, if donated. Thereafter, long-term and short-term investments in marketable securities with readily determinable fair values are presented in the consolidated financial statements at fair value. Short-term investments are those with a maturity of greater than three months but no more than one year. Long-term investments with a maturity of greater than one year are mutual funds or equity securities. The fair values of investments are based on quoted market prices, when available, for those investments. Interest and dividends and both realized and unrealized gains and losses are reported as investment return in the consolidated statements of activities. The Association's investments are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to these risk factors, it is reasonably possible that changes in the values of investments will occur in near term that will materially affect the amounts reported in the consolidated statements of activities.

Credits on Customer Accounts – Credits on customer accounts represent overpayments. These overpayments are not automatically refunded. ENA works with the customers, but the credits are typically applied to future invoices.

Note 2—Significant accounting policies (continued)

Assessments Payable – Assessments payable are amounts due to ENA State Councils and Chapters for their share of paid memberships and course fees. Assessments are calculated and paid quarterly.

Interest Rate Swap Agreement – The interest rate swap agreement is reflected at fair value in the Association's consolidated statements of financial position and the related portions of the debt being hedged are reflected at an amount equal to its carrying value.

Under U.S. GAAP, not-for-profit entities may elect to use a simplified hedge accounting approach to account for interest rate swap agreements that are entered into for the purpose of economically converting a variable-rate borrowing into a fixed-rate borrowing. Under this approach, the consolidated statements of activities charge for interest expense is similar to the amount that would result if the Association had directly entered into a fixed-rate borrowing instead of a variable-rate borrowing and a receive-variable, pay-fixed interest rate swap. The Association elected to use the simplified accounting approach.

Net Assets – Net assets, revenues, gains, and losses are classified based on the existence or absence of donor or grantor-imposed restrictions. Expenses are reported as decreases in net assets without donor restrictions. Accordingly, net assets and changes therein are classified and reported as follows:

Net Assets Without Donor Restrictions – Net assets available for use in general operations and not subject to donor-imposed restrictions. Currently, the ENA Board has designated funds for ENAF endowments as well as to fund projects that fall within the criteria of the ENA spending policy. The ENAF Board has also designated funds for the ENAF endowments.

Net Assets With Donor Restrictions – Net assets subject to donor-imposed restrictions. Some donor-imposed restrictions are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. Other donor-imposed restrictions are perpetual in nature, where the donor stipulates that resources be maintained in perpetuity. The Association reports contributions restricted by donors as increases in net assets with donor restrictions if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends, or purpose restriction is accomplished, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the consolidated statements of activities released from restrictions.

Support and Revenue Recognition

Revenue from Contracts with Customers – The Association derives a significant portion of its revenue from revenue sources that involve contracts with customers. Those sources include consulting services, courses, membership dues, conferences, publications, marketplace, sponsorships, royalties, special events, mailing lists, consulting services income, and other revenue. Revenue is recognized when control of these goods or services are transferred to its customers, in an amount that reflects the consideration the Association expects to be entitled to in exchange for those goods or services. The Association does not have any significant financing components as all payments are received within a year of the services being provided. Costs incurred to obtain a contract will be expensed as incurred when the amortization period is less than a year. All contracts contain specified pricing for each performance obligation thus allocation of the transaction price is not necessary.

Note 2—Significant accounting policies (continued)

Disaggregation of Revenue from Contracts with Customers – The following table disaggregates the Association's revenue based on the timing of satisfaction of performance obligations for the years ended December 31:

	2025	2024
Performance obligations satisfied at a point in time	$ 25,103,645	$ 24,693,464
Performance obligations satisfied over time	$ 3,966,531	$ 4,398,282

Revenues from performance obligations satisfied at a point in time consist of revenues from consulting services, courses, conferences, publication advertising revenue, marketplace, event sponsorships, special events, mailing lists, and other revenues. Revenues from performance obligations satisfied over time consist of membership dues, publication editorial support and profit sharing, corporate engagement council sponsorships, and royalties.

Performance Obligations – For performance obligations related to consulting services, control transfers to the customer at the time of the service. Performance obligations related to courses, control transfers to the customer at a point in time. Courses occur on specified dates and course fee revenue is recorded when the course is held. Revenue from the sale of manuals is recognized upon shipment to the customer.

For performance obligations related to membership dues, control transfers to the customer over time. The Association offers membership categories of one year, three years, five years, and lifetime. Revenue is recorded in equal installments as control is passed to the customer over the term of the membership. The Association has determined the average career span of an emergency professional is 13 years and recognizes lifetime memberships over a 13-year period.

For performance obligations related to conferences, control transfers to the customer at a point in time. Conferences occur at specified dates and revenue is recorded at the time the conference is held.

For performance obligations related to publication advertising revenue, control transfers at a point in time. Revenue is recorded at the time the advertisement is printed or advertising service is performed. For performance obligations related to publication editorial support and profit sharing, control transfers to the customer over time in equal installments as control is passed to the publisher over the term of the agreement.

For performance obligations related to marketplace, control transfers to the customer at a point in time. Revenue from marketplace is recognized upon shipment of goods to customers.

For performance obligations related to event sponsorships and special events, control transfers to the customer at a point in time. Events occur at specified dates and revenue is recorded at the time the event is held. For performance obligations related to corporate engagement council sponsorships, control transfers to the customer over time. All obligations associated with corporate engagement council sponsorships are satisfied in the year in which the contract was obtained.

For performance obligations related to royalty revenue, control transfers to the customer over time. The Association recognizes royalty revenue using the output method based on terms agreed upon in contracts established with customers. The Association receives a percentage of gross income in exchange for a customer's usage of the Association's name and logo. The Association also receives commissions based on net revenue generated for promotion of a job board on the Association's website.

For performance obligations related to mailing lists and other revenues, control transfers to the customer at a point in time.

Note 2—Significant accounting policies (continued)

Conference fees received in advance are deferred until the conference takes place. Course fees received in advance are deferred until the course takes place. Membership dues received in advance are deferred until the period to which the dues relate. The deferred amounts as of December 31, 2025 and 2024 are included in deferred revenue on the consolidated statements of financial position.

For performance obligations related to consulting services income, control transfers to the customer at a point in time. Consulting services income occurs when training and support is provided.

Contract Balances – The timing of revenue recognition, billings, and cash collections results in billed accounts receivable and deferred revenue on the consolidated statements of financial position. The beginning and ending contract balances were as follows:

	December 31, 2025	December 31, 2024	January 1, 2024
Accounts receivable, gross	$ 2,200,502	$ 1,974,962	$ 2,138,641
Deferred revenue	$ 4,814,438	$ 4,401,382	$ 4,102,981
Credits on customer accounts	$ 299,977	$ 199,379	$ 143,017

Contributions – The Association recognizes unconditional contributions when cash, securities or other assets, an unconditional promise to give, or a notification of a beneficial interest is received. Conditional promises to give, that is, those with a measurable performance or other barrier, and a right of return or release, are not recognized until the conditions on which they depend have been substantially met. As of December 31, 2025 and 2024, there were no conditional promises to give. Contributions not collected at the end of the year are disclosed as pledges receivable and are recorded at their estimated fair values. Pledges receivable expected to be collected in more than one year are valued at the present value of future cash flows using a credit risk adjusted discount rate. All contributions are expected to be collected in one year or less. There were no contributions not collected for the years ended December 31, 2025 and 2024.

Accounting Estimates – The preparation of consolidated financial statements in accordance with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, disclosure of contingent assets and liabilities at the date of the consolidated financial statements and reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Income Taxes – ENA and ENAF are exempt from federal and state income taxes under Internal Revenue Code Section 501(c)(3). ENA pays unrelated business income tax (“UBIT”) on advertising revenue derived from various ENA publications, as well as sponsorship revenue that provide marketing opportunities for the sponsor. Unrelated UBIT for the years ended December 31, 2025 and 2024 amounted to $64,047 and $75,481, respectively. Provision for UBIT expense is included in programs, grants, and scholarship expense on the consolidated statements of functional expenses.

Engage is a single member LLC electing to be treated as a corporation. Deferred income taxes are recognized for temporary differences between the basis of assets and liabilities for consolidated financial statement and income tax purposes. Engage’s provision for income taxes differs from applying the statutory U.S. corporate income tax rates to income before income taxes. There were no deferred or income tax expenses for the years ended December 31, 2025 and 2024. During 2025, Engage was dissolved and ceased operations.

Note 2—Significant accounting policies (continued)

Management has concluded that as of December 31, 2025 and 2024, there were no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the consolidated financial statements. The Association would account for any potential interest or penalties related to possible future liabilities for unrecognized income tax benefits as income tax expense. The Association is no longer subject to examination by federal, state, or local tax authorities for periods before 2022.

Advertising – Advertising costs are expensed as incurred. Advertising expense was $154,469 and $256,226 for the years ended December 31, 2025 and 2024, respectively.

Functional Expenses – The costs of program and supporting service activities have been summarized on a functional basis in the consolidated statements of activities. The consolidated statements of functional expenses present the natural classification detail of expenses by function. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

The consolidated financial statements report certain categories of expenses that are attributable to more than one program or supporting function. Therefore, expenses require allocation on a reasonable basis that is consistently applied. The Association utilizes a direct coding methodology for a majority of their expenses; however, expenses classified as occupancy expenses on the consolidated statements of functional expenses are allocated on the basis of estimates of time and effort.

Leases – The Association leases office space and equipment. The determination of whether an arrangement is a lease is made at the lease's inception. Under ASC 842, a contract is (or contains) a lease if it conveys the right to control the use of an identified asset for a period of time in exchange for consideration. Control is defined under the standard as having both the right to obtain substantially all of the economic benefits from use of the asset and the right to direct the use of the asset. Management only reassesses its determination if the terms and conditions of the contract are changed.

Operating leases are included in operating lease right-of-use ("ROU") assets and other current and long-term operating lease liabilities in the consolidated statements of financial position. Finance leases are included in property and equipment, other current liabilities, and other long-term liabilities in the consolidated statements of financial position.

The ROU assets represent the right to use an underlying asset for the lease term, and lease liabilities represent the obligation to make lease payments. Operating lease ROU assets and liabilities are recognized at the lease commencement date based on the present value of lease payments over the lease term. The Association uses the implicit rate when it is readily determinable. Since most of the Association's leases do not provide an implicit rate to determine the present value of lease payments, management uses the risk-free rate based on the information available at lease commencement. Operating lease ROU assets also include any lease payments made and excludes any lease incentives. Lease expense for lease payments is recognized on a straight-line basis over the lease term. The Association's lease terms may include options to extend or terminate the lease when it is reasonably certain it will exercise the option.

Subsequent Events – In 2026, International Association of Forensic Nurses (IAFN) and its Foundation dissolved (unrelated entity). ENA shares a similar membership audience and has some overlapping members. ENA is offering a free one-year ENA membership to all IAFN members. The IAFN Foundation made a $200,000 contribution to ENAF in 2026 upon dissolution of its assets. Except as noted above, there have been no other subsequent events through July 27, 2026, the date the consolidated financial statements were available to be issued.

Note 3—Liquidity and availability

Financial assets available for general expenditure, that is, without donor or other restrictions limiting their use, within one year of the date of the consolidated statements of financial position, comprise the following:

	2025	2024
Financial assets at year-end:		
Cash and cash equivalents	$ 3,195,472	$ 1,319,061
Accounts receivable, net	1,757,033	1,835,405
Grants receivable	-	35,650
Other receivables	-	15,747
Mortgage receivable, current portion	-	1,639,960
Investments	13,655,104	13,851,860
Total financial assets	18,607,609	18,697,683
Less amounts not available for general expenditures within one year due to:		
Donor-restricted for a specific purpose	865,576	682,526
Perpetual restrictions	1,993,077	1,774,156
Board-designated endowment	2,236,009	1,954,820
Board-designated for a specific purpose	175,974	131,030
Board-designated reserve fund	501,910	501,910
Total amounts not available for general expenditures within one year	5,772,546	5,044,442
Financial assets available to meet cash needs for general expenditures within one year	$ 12,835,063	$ 13,653,241

The Association's endowment funds consist of donor-restricted endowments. Income from donor-restricted endowments is restricted for specific purposes. As of December 31, 2025 and 2024, donor-restricted endowment funds were not available for general expenditure.

The Association's board-designated endowment of $2,236,009 and $1,954,820 at December 31, 2025 and 2024, respectively, is subject to an annual spending rate of 5% as described in Note 13. Although the Association does not intend to spend from this board-designated endowment (other than amounts appropriated for general expenditure as part of the ENAF Board's annual budget approval and appropriation), these amounts could be made available if necessary.

During 2020, the ENAF Board designated funds for utilizing reserves to support COVID-19 relief and in December 2022, the ENAF Board re-designated the purpose of the COVID Relief Fund to an Emergency Relief Fund. At December 31, 2025 and 2024, there was a balance of $175,974 and $131,030, respectively, with this designation.

Additionally, the ENA Board has designated funds within the parameters of the ENA spending policy for utilizing reserves on identified projects. At December 31, 2025 and 2024 there was a balance of $501,910 with this designation. Although the Association intends to spend these funds in accordance with the ENA spending policy referred to above, these amounts could be made available if necessary.

Note 3—Liquidity and availability (continued)

As part of the Association's liquidity management plan, cash in excess of current needs for expenses is invested in mutual funds. Investments are released to cover operating expenses as needed upon management approval. Additionally, the Association maintains a line of credit that if deemed necessary can be drawn upon to cover operating expenses (see Note 8).

Note 4—Property and equipment

Property and equipment at December 31, 2025 and 2024 consisted of the following:

	2025	2024
Land	$ 1,492,112	$ 1,492,112
Buildings	2,948,699	2,948,699
Building improvements	5,969,138	5,969,138
Equipment	233,443	178,598
Program development	2,481,152	2,161,206
Furniture and fixtures	1,283,098	1,283,098
Computer software	3,680,686	3,594,588
Total property and equipment	18,088,328	17,627,439
Less accumulated depreciation	(5,267,515)	(4,223,043)
Property and equipment, net	$ 12,820,813	$ 13,404,396

Depreciation expense of property and equipment was $769,055 and $749,587 for the years ended December 31, 2025 and 2024, respectively. In addition, the Association amortized development costs (included in programs, grants, and scholarship expenses) for the years ended December 31, 2025 and 2024 in the amounts of $275,421 and $248,655, respectively.

Note 5—Mortgage receivable

On August 21, 2020, the Association entered into a real estate sale agreement with a third party. The Association agreed to provide financing for a portion of the purchase price of the property sold, which amounted to $1,900,000. The mortgage receivable is stated at unpaid principal balance, less an allowance for credit losses. Certain insurance coverage is required and the policies must name the Association as additional insured.

Interest on the note is compounded annually and accrues at a rate of 4.00% from September 1, 2021 through August 31, 2023 and at a rate of 5.00% from August 31, 2023 through the maturity date of August 31, 2025. Interest on the loan is recognized over the term of the loan and is calculated using the interest method on principal amounts outstanding. Interest income recorded for the years ended December 31, 2025 and 2024 was $74,092 and $89,830 respectively, and is included as other support and revenue on the consolidated statements of activities. The Association's practice is to charge off any loan or a portion of a loan when the loan is determined by management to be uncollectible due to the third party's failure to meet repayment terms, or for other reasons.

The Association establishes expected credit losses by evaluating historical levels of credit losses, current economic conditions that may affect a customer's ability to pay, and creditworthiness of significant customers. These inputs are used to determine a range of expected credit losses and an allowance is recorded within the range. Mortgage receivable is written off when there is no reasonable expectation of recovery. As of December 31, 2024, the Association deemed an allowance for credit losses was immaterial and therefore unnecessary. During 2025, the mortgage receivable was paid in full.

Note 6—Split-dollar life insurance agreement

On April 1, 2022, the Association entered into a collateral assignment split-dollar agreement and limited recourse term promissory note with a key employee of the Association to encourage the employee to continue employment and to provide insurance protection, as well as additional retirement income, for the benefit of the employee. The Association and employee jointly own a life insurance policy (the "Policy"). The limited recourse term promissory note accrues interest at a rate of 2.25% per annum compounded annually and the Policy is assigned as collateral, which secures the Association's right to recover the funding amount plus interest. Effective December 31, 2024, the employee terminated employment with the Association and was 37.5% vested as of that date. The employee has the right to draw excess cash value earnings from the Policy, up to 37.5% of the annual borrowing cap commencing December 31, 2029.

Beginning in 2022 and ending in 2029, the Association will make six annual premium payments, with the option to make two additional payments, to the insurance company in the amount of $112,488 per year. During 2025, the Association elected to forgo the two optional additional payments totaling $224,976 due to the termination of the employee. As of December 31, 2025, four of the six annual premium payments had been made, with two payments remaining. Interest income is recognized as earned and accrued for in split-dollar life insurance on the consolidated statements of financial position. The balance of the split-dollar life insurance as of December 31, 2025 comprised of the following:

	2025	2024
Balance beginning of year	$ 956,732	$ 935,679
Reduction of principal amount of split-dollar agreement	(224,976)	-
Accrued interest	21,527	21,053
Total split-dollar life insurance end of year	$ 753,283	$ 956,732

Note 7—Fair value measurements

U.S. GAAP establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy are described below:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities inactive markets that management has the ability to access at the measurement date.

Level 2 – Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly such as:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

Note 7—Fair value measurements (continued)

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following are descriptions of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2025 and 2024:

Mutual Funds and Exchange Traded Funds – Valued at the closing price as reported by the fund. Mutual funds and exchange traded funds held by the Association are open-ended funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price.

Interest Rate Swap – Valued using both observable and unobservable inputs when available and can generally be corroborated by market data.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while management believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Association's assets at fair value as of December 31:

	Assets at Fair Value as of December 31, 2025			
	Level 1	**Level 2**	**Level 3**	**Total**
Assets:				
Mutual funds:				
Bond funds	$ 1,341,101	$ -	$ -	$ 1,341,101
Equity funds	3,999,201	-	-	3,999,201
Exchange traded funds	8,539,778	-	-	8,539,778
Total investments	13,880,080	-	-	13,880,080
Interest rate swap	-	49,024	-	49,024
Total assets in the fair value hierarchy	$ 13,880,080	$ 49,024	$ -	$ 13,929,104

Note 7—Fair value measurements (continued)

	Assets at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Assets:				
Mutual funds:				
Bond funds	$ 3,183,633	$ -	$ -	$ 3,183,633
Equity funds	4,851,452	-	-	4,851,452
Exchange traded funds	6,379,215	-	-	6,379,215
Total investments	14,414,300	-	-	14,414,300
Interest rate swap	-	202,730	-	202,730
Total assets in the fair value hierarchy	$ 14,414,300	$ 202,730	$ -	$ 14,617,030

As of December 31, 2025, $224,976 of the $ 13,880,080 of investments are earmarked for the collateral assignment split-dollar agreement and are included in split-dollar life insurance asset on the consolidated statements of financial position. As of December 31, 2024, $562,440 of the $14,414,300 of investments are earmarked for the collateral assignment split-dollar agreement and are included in split-dollar life insurance asset on the consolidated statements of financial position.

For the years ended December 31, 2025 and 2024, there were no significant transfers into or out of Level 3.

Note 8—Line of credit

The Association had a $2,500,000 unsecured line of credit. This line expired on December 21, 2025 and carried interest at prime minus .75%. The outstanding balance on the line of credit was $1,099,209 at December 31, 2024. During 2025 the line of credit was paid in full and was not renewed by ENA.

Note 9—Bond payable

On December 21, 2017, a Series 2017 Industrial Revenue Bond (the “Bond”) was issued by the City of Watseka. The aggregate principal amount of the Bond is $10,000,000 and the proceeds of the Bond were used to finance the purchase of the land and building in Schaumburg, Illinois. The maturity date of the Bond is December 21, 2047.

The Association has a note with a bank that bears interest at variable rates throughout the life of the bond. As of December 31, 2025, the interest rate on the Bond is 4.96%. The Bond requires monthly payments of $28,736 and has a maturity date of December 2027 with a balloon payment of all unpaid principal and interest. The balance outstanding at December 31, 2025 and 2024 was $7,586,176 and $7,931,008, respectively.

The Bond agreement requires the Association to furnish audited financial statements 270 days after each year end. Restrictive covenants imposed under the Bond agreement also require the Association to maintain an unrestricted cash and investment to total fund debt of not less than 1.00 at December 31, 2025 and at December 31, 2024 (ENA only). As of December 31, 2025 and 2024, this covenant was met.

There were debt issuance costs of $123,194 related to the bond issuance. Amortization expense for the years ended December 31, 2025 and 2024 was $6,154 and $6,427, respectively.

Note 9—Bond payable (continued)

During 2018, the Association entered into a $10,000,000 interest rate swap agreement with a bank to fix the rate on the variable rate bond and to manage the borrowing costs. The interest rate swap agreement has a termination date of December 10, 2027 and a fixed interest rate of 3.61%.

The settlement value of the interest rate swap at December 31, 2025 and 2024 was an asset of $49,024 and $202,730, respectively. The settlement rate was estimated using a present value calculation of the swap's remaining estimated cash flows, not adjusted for any nonperformance risk.

The Bond payable as of December 31, 2025 and 2024 consisted of the following:

	2025			2024		
	Principal	Debt Issue Costs	Net	Principal	Debt Issue Costs	Net
Bond	$ 7,586,176	$ 66,318	$ 7,519,858	$ 7,931,008	$ 72,472	$ 7,858,536
Less current portion	(344,832)	(6,154)	(338,678)	(344,832)	(6,154)	(338,678)
Long-term debt	$ 7,241,344	$ 60,164	$ 7,181,180	$ 7,586,176	$ 66,318	$ 7,519,858

Principal payments due on Bond payable are as follows:

2026	$ 344,832
2027	7,241,344
	$ 7,586,176

Note 10—Leases

The Association has operating lease agreements that require monthly payments ranging from $144 to $6,793, and lease maturity dates up through November 2027. The Association also has a finance lease that requires monthly payments of $898 and the lease matures in December 2030.

Certain leases include optional renewal periods. When it is reasonably certain a renewal option will be exercised, that renewal period is included in the lease term and the related payments are reflected in the ROU asset and lease liability.

All of the Association's leases include fixed rental payments. While the majority of the leases are gross leases, the Association also has a number of leases which require separate payments to the lessor based on the property taxes assessed on the property, as well as a portion of the common area maintenance associated with the property. The Association has elected the practical expedient not to separate lease and non-lease components for all leases.

The Association elects to apply the short-term lease measurement and recognition exemption to leases that meet the criteria. As of December 31, 2025 and 2024, the Association had not entered into any lease agreements that qualify for the short-term lease measurement and recognition exemption.

Note 10—Leases (continued)

Lease expense for the years ended December 31 was as follows:

	2025	2024
Finance leases:		
Amortization of ROU assets	$ 2,612	$ -
Interest expense	159	-
Operating leases:		
Fixed rent expense	87,544	92,567
	$ 90,315	$ 92,567

The amount recognized as a ROU asset related to the finance leases is included in property and equipment, net in the accompanying consolidated statements of financial position, while the related lease liability is included in current portion of obligations under finance leases and obligations under finance leases, net of current portion. As of December 31, 2025 and 2024, ROU assets and lease liabilities related to finance leases were as follows:

	2025	2024
ROU assets	$ 52,233	$ -
Finance lease obligations - current	$ 10,213	$ -
Finance lease obligations - noncurrent	42,099	-
	$ 52,312	$ -

Aggregate future minimum lease payments and the present value of net future minimum payments at December 31, 2025 is as follows:

	Operating	Finance	Total
2026	$ 82,703	$ 10,774	$ 93,477
2027	21,959	10,774	32,733
2028	-	10,774	10,774
2029	-	10,774	10,774
2030	-	10,774	10,774
	104,662	53,870	158,532
Less interest	(853)	(1,558)	(2,411)
	$ 103,809	$ 52,312	$ 156,121

As of December 31, 2025 and 2024, the weighted average remaining lease term for all operating leases is 1.27 and 2.21 years, respectively, while the remaining lease term for the finance leases as of December 31, 2025 and 2024 is 5.00 and 0.00 years, respectively. Because the Association generally does not have access to the rate implicit in the lease, the Association utilizes the risk-free rate as the discount rate. The weighted-average discount rate associated with operating leases as of December 31, 2025 and 2024 is 1.36%, while the weighted-average discount rate associated with finance leases as of December 31, 2025 and 2024 is 1.2% and 0.0%, respectively.

Note 11—Retirement plan

ENA has a 401(k) defined contribution retirement savings plan (the "Plan") available to substantially all of ENA's employees. ENA matches up to 4% of each employee's contribution to the Plan. The Plan also has a discretionary profit sharing component. ENA's discretionary profit sharing contribution is determined annually based on the fiscal results of the Association with input from staff and the Board. ENA's contribution is funded on a current basis There were no profit sharing contributions for 2025 or 2024. Total contributions to the Plan for the years ended December 31, 2025 and 2024 totaled $438,734 and $501,152, respectively.

Note 12—Commitments and contingencies

The Association has entered into a number of contracts with various vendors for space, hotel accommodations, and ancillary services for future meetings. Prepaid hotel deposits may be applied towards hotel cancellation fees. Minimum estimated cancellation fees for future meetings as of December 31, 2025 are as follows:

2026	$ 1,800,891
2027	554,124
2028	428,531
2029	621,696
	$ 3,405,242

Note 13—Endowment

The Association's endowment includes three board-designated endowments established for the ENAF and 23 donor-restricted endowment funds primarily for the general operating purposes of the Association, as well as for specific programs and scholarships. Net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions.

Interpretation of Relevant Law – The state of Illinois adopted the Uniform Prudent Management of Institutional Funds Act ("UPMIFA") on June 30, 2009. The Board of Directors has adopted a spending policy that requires the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment fund absent explicit donor stipulations to the contrary.

As a result of this policy, the Association retains in perpetuity (a) the original value of initial and subsequent gift amounts (including promises to give net of any discounts or an allowance for uncollectible pledges) donated to the endowment and (b) any accumulations to the endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added. Donor-restricted amounts not retained in perpetuity are subject to appropriation for expenditure by the Association in a manner consistent with the standard of prudence described by UPMIFA. The Association considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds:

- The duration and preservation of the fund
- The purposes of the Association and the donor-restricted endowment fund
- General economic conditions
- The possible effect of inflation and deflation
- The expected total return from income and the appreciation of investments
- Other resources of the Association
- The investment policies of the Association

Note 13—Endowment (continued)

Strategies Employed for Achieving Objectives – To satisfy its long-term rate of return objectives, the Association relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends).

Spending Policy and How the Investment Objectives Relate to Spending Policy – The Association's Board has approved a policy of appropriating annually no more than 5% of the prior three-year average of the fair market value of the endowment, including any capital appreciation and/or current yield. In establishing this policy, the Association considered the long-term expected return on its endowments. This is consistent with the Association's objective to maintain the fair value of the endowment assets held in perpetuity for a specified term as well as to provide additional real growth through new gifts and investment return. Donor-restricted endowments are spent in accordance with the donors' requirements; distributions are made for purposes that conform to the donors' stated intentions.

Funds with Deficiencies – From time to time, certain donor-restricted endowment funds may have fair values less than the amount required to be maintained by donors or by law (underwater endowments). There were no such deficiencies at December 31, 2025 or 2024.

Endowment net asset composition by type of fund as of December 31, 2025:

	Without Donor Restrictions	With Donor Restrictions	Total
Board-designated endowment funds	$ 2,236,009	$ -	$ 2,236,009
Donor-restricted endowment funds:			
Original donor-restricted gift amount and amounts required to be maintained in perpetuity by the donor	-	1,993,077	1,993,077
Accumulated investment gains	-	667,876	667,876
Total endowment net assets	$ 2,236,009	$ 2,660,953	$ 4,896,962

Changes in endowment net assets for the year ended December 31, 2025:

	Without Donor Restrictions	With Donor Restrictions	Total
Endowment net assets, December 31, 2024	$ 1,954,820	$ 2,173,570	$ 4,128,390
Investment return, net	299,189	323,962	623,151
Appropriation of endowment assets for expenditures	(18,000)	(55,500)	(73,500)
Contributions	-	218,921	218,921
Endowment net assets, December 31, 2025	$ 2,236,009	$ 2,660,953	$ 4,896,962

Note 13—Endowment (continued)

Endowment net asset composition by type of fund as of December 31, 2024:

	Without Donor Restrictions	With Donor Restrictions	Total
Board-designated endowment funds	$ 1,954,820	$ -	$ 1,954,820
Donor-restricted endowment funds:			
Original donor-restricted gift amount and amounts required to be maintained in perpetuity by the donor	-	1,774,156	1,774,156
Accumulated investment gains	-	399,414	399,414
Total endowment net assets	$ 1,954,820	$ 2,173,570	$ 4,128,390

Changes in endowment net assets for the year ended December 31, 2024:

	Without Donor Restrictions	With Donor Restrictions	Total
Endowment net assets, December 31, 2023	$ 1,787,096	$ 1,787,071	$ 3,574,167
Investment return, net	188,004	185,215	373,219
Appropriation of endowment assets for expenditures	(70,280)	(92,000)	(162,280)
Contributions	50,000	293,284	343,284
Endowment net assets, December 31, 2024	$ 1,954,820	$ 2,173,570	$ 4,128,390

Note 14—Net assets with donor restrictions

Net assets with donor restrictions are restricted for the following purposes or periods for the years ended December 31:

	2025	2024
Karen O'Neil Endowed Scholarship Fund	$ 141,663	$ 126,761
New York State September 11 Endowment Fund	183,620	159,160
Judith C. Kelleher Memorial Endowment Fund	170,195	146,316
Anita Dorr Memorial Endowment Fund	9,752	8,457
Jeanette Ash Endowed Scholarship Fund	110,482	90,520
Richard Wynkoop Scholarship Fund	86,631	77,040
Elizabeth B. Moore Memorial Fund for Scholarships	140,906	132,610
Texas Endowed Scholarship Fund	273,453	236,563
Mildred Fincke Memorial Endowed Scholarship Fund	52,724	44,538
Joan Eberhardt Endowed Scholarship Fund	78,041	67,357
Peggy McCall Fund	34,379	31,099
Jeff Solheim International Endowment	63,736	46,307
Gracen Brooke Oglesby Pediatric Fund	40,057	31,439
Castner and Spencer Family Research Fund	37,288	31,818
Patricia Kunz Howard Endowed Scholarship Fund	98,631	68,758
Virginia ENA State Council Endowed Scholarship Fund	55,360	41,659
HoosiER ENA Scholarship Fund	34,257	29,585
Illinois ENA Thelma Kuska Endowment Fund	63,785	51,823
Minnesota Pathways Scholarship Fund	170,475	145,957
Barbara Ann Stout Fund	33,953	29,446
General Endowment Fund	476,037	432,468
Michigan Endowment Fund	115,945	98,799
New Jersey Endowment Fund	89,583	45,090
Ohio Endowment Fund	100,000	-
Total endowments	2,660,953	2,173,570
Purpose restrictions:		
Scholarships	189,852	276,290
Grants	6,292	6,772
Emergency Relief Fund (COVID-Relief)	1,556	50
Total purpose restrictions	197,700	283,112
Total net assets with donor restrictions	$ 2,858,653	$ 2,456,682

Note 14—Net assets with donor restrictions (continued)

Net assets were released from donor restrictions by incurring expenses satisfying the restricted purpose or by occurrence of the passage of time or other events specified by the donors as follows for the years ended December 31, 2025 and 2024:

	2025	2024
Scholarships	$ 251,500	$ 316,786
Emergency Relief Fund (COVID-Relief)	599	7,402
Total net assets released from restrictions	$ 252,099	$ 324,188

SUPPLEMENTARY INFORMATION

EMERGENCY NURSES ASSOCIATION
STATEMENTS OF FINANCIAL POSITION

DECEMBER 31, 2025 AND 2024

	2025	2024
ASSETS		
Current Assets:		
Cash and cash equivalents	$ 2,667,781	$ 583,986
Accounts receivable, net	1,735,608	1,802,643
Grants receivable	-	35,650
Due from affiliate	-	1,001,759
Other receivables	-	15,747
Mortgage receivable	-	1,639,960
Inventory	63,363	52,785
Prepaid expenses	446,267	848,504
Total Current Assets	4,913,019	5,981,034
Property and Equipment, Net	12,820,813	13,404,396
Other Assets:		
Prepaid expenses, net of current portion	77,410	114,160
Interest rate swap asset	49,024	202,730
Split-dollar life insurance asset	753,283	956,732
Right-of-use assets under operating lease agreements	102,355	187,957
Investment in Engage	-	1,710,000
Investments	7,932,348	8,965,036
Total Other Assets	8,914,420	12,136,615
Total Assets	$ 26,648,252	$ 31,522,045

EMERGENCY NURSES ASSOCIATION
STATEMENTS OF FINANCIAL POSITION (CONTINUED)

DECEMBER 31, 2025 AND 2024

	2025	2024
LIABILITIES AND NET ASSETS		
Current Liabilities:		
Accounts payable	$ 1,388,112	$ 2,402,314
Wages and benefits payable	1,479,376	997,450
Accrued expenses	501,218	696,657
Credits on customer accounts	299,977	199,379
Assessments payable	709,800	928,478
Due to affiliate	18,848	-
Line of credit	-	1,099,209
Current portion of deferred revenue	3,226,975	2,766,338
Current portion of obligations under operating leases	81,883	85,404
Current portion of obligations under finance leases	10,213	-
Current portion of bond payable	338,678	338,678
Total Current Liabilities	8,055,080	9,513,907
Long-Term Liabilities:		
Deferred revenue, net of current portion	1,587,463	1,631,644
Obligations under operating leases, net of current portion	21,926	103,809
Obligations under finance leases, net of current portion	42,099	-
Bond payable, net of current portion	7,181,180	7,519,858
Total Long-Term Liabilities	8,832,668	9,255,311
Total Liabilities	16,887,748	18,769,218
Net Assets:		
Without Donor Restrictions:		
Undesignated	9,258,594	12,250,917
Board-designated	501,910	501,910
Total Without Donor Restrictions	9,760,504	12,752,827
Total Net Assets	9,760,504	12,752,827
Total Liabilities and Net Assets	$ 26,648,252	$ 31,522,045

EMERGENCY NURSES ASSOCIATION
STATEMENTS OF ACTIVITIES

YEARS ENDED DECEMBER 31, 2025 AND 2024

	2025	2024
Without Donor Restrictions:		
Support and Revenue:		
Courses	20,082,397	$ 19,953,054
Membership dues	3,220,386	3,661,757
Conferences	3,194,515	3,033,032
Publications	675,581	580,518
Marketplace	606,247	388,125
Sponsorships	502,300	469,506
Royalties	135,389	181,957
Other	489,050	527,105
Grants	17,154	64,751
Mailing lists	67,901	46,943
Investment return, net	939,781	935,147
Interest income	21,527	21,053
(Loss) gain on interest rate swap agreement	(153,706)	23,367
Donated services	110,000	105,000
Total Support and Revenue	29,908,522	29,991,315
Expenses:		
Programs, Grants, and Scholarships	20,554,254	22,329,458
Supporting Services:		
Management and general	10,156,905	10,816,550
Fundraising and development	479,686	449,553
Total Supporting Services	10,636,591	11,266,103
Total Expenses	31,190,845	33,595,561
Loss on investment in Engage	(1,710,000)	-
Change in net assets	(2,992,323)	(3,604,246)
Net assets, beginning of year	12,752,827	16,357,073
Net assets, end of year	$ 9,760,504	$ 12,752,827

See Report of Independent Auditor.

EMERGENCY NURSES ASSOCIATION
STATEMENT OF FUNCTIONAL EXPENSES

YEAR ENDED DECEMBER 31, 2025

	Programs, Grants, and Scholarships	Supporting Services: Management and General	Supporting Services: Fundraising and Development	Total
Payroll Expenses:				
Salaries and wages	$ 6,843,854	$ 3,881,035	$ -	$ 10,724,889
Employee benefits	1,324,386	677,299	-	2,001,685
Payroll taxes	556,801	311,780	-	868,581
Total Payroll Expenses	8,725,041	4,870,114	-	13,595,155
Operating Expenses:				
Advertising and promotion	154,469	-	-	154,469
Bank charges and credit card processing	-	591,901	-	591,901
Bad debt expense	1,211,906	-	-	1,211,906
Computer	182,235	1,523,906	-	1,706,141
Conferences	2,952,434	361,865	-	3,314,299
Cost of goods sold	1,251,256	-	-	1,251,256
Depreciation and amortization	417,389	396,977	5,081	819,447
Fulfillment and warehousing services	313,342	-	-	313,342
Grants and scholarships	-	2,875	452,158	455,033
Insurance	94,328	71,663	-	165,991
Interest expense	-	349,125	-	349,125
Miscellaneous	61,275	78,266	-	139,541
Postage, freight, and shipping	115,877	3,968	-	119,845
Printing	69,546	11,858	-	81,404
Professional services	1,108,366	781,466	-	1,889,832
Provision for UBIT	64,047	-	-	64,047
Public relations	7,976	-	-	7,976
Recruitment fees	22,584	-	-	22,584
Stipends	140,111	134,584	-	274,695
Supplies and equipment	43,730	28,450	-	72,180
Temporary workers	8,175	438,931	-	447,106
Training	81,367	63,277	-	144,644
Travel	607,321	175,208	-	782,529
Total Operating Expenses	8,907,734	5,014,320	457,239	14,379,293
Occupancy Expenses:				
Building maintenance	77,518	41,835	3,693	123,046
Depreciation	141,768	76,510	6,751	225,029
Insurance	9,616	5,189	458	15,263
Real estate taxes	178,098	96,117	8,481	282,696
Rent	30,827	18,105	-	48,932
Telephone	2,137	1,153	102	3,392
Utilities	62,189	33,562	2,962	98,713
Total Occupancy Expenses	502,153	272,471	22,447	797,071
Assessment Expenses:				
State/chapter membership dues	414,537	-	-	414,537
ENPC/TNCC	2,004,789	-	-	2,004,789
Total Assessment Expenses	2,419,326	-	-	2,419,326
Total Expenses	$ 20,554,254	$ 10,156,905	$ 479,686	$ 31,190,845

See Report of Independent Auditor.

EMERGENCY NURSES ASSOCIATION
STATEMENT OF FUNCTIONAL EXPENSES

YEAR ENDED DECEMBER 31, 2024

	Programs, Grants, and Scholarships	Supporting Services: Management and General	Supporting Services: Fundraising and Development	Total
Payroll Expenses:				
Salaries and wages	$ 7,672,453	$ 4,146,135	$ -	$ 11,818,588
Employee benefits	$1,275,621	$718,631	-	1,994,252
Payroll taxes	607,472	306,693	-	914,165
Total Payroll Expenses	9,555,546	5,171,459	-	14,727,005
Operating Expenses:				
Advertising and promotion	255,326	-	-	255,326
Bank charges and credit card processing	-	571,121	-	571,121
Computer	245,128	1,512,371	-	1,757,499
Conferences	3,832,889	568,789	-	4,401,678
Cost of goods sold	1,330,569	-	-	1,330,569
Depreciation and amortization	375,641	390,826	4,664	771,131
Fulfillment and warehousing services	332,831	-	-	332,831
Grants and scholarships	-	2,750	422,101	424,851
Insurance	70,468	66,453	-	136,921
Interest expense	-	386,931	-	386,931
Miscellaneous	103,270	95,650	-	198,920
Postage, freight, and shipping	366,247	2,064	-	368,311
Printing	231,971	16,441	-	248,412
Professional services	1,115,199	741,342	-	1,856,541
Provision for UBIT	75,481	-	-	75,481
Public relations	21,204	-	-	21,204
Recruitment fees	-	129,871	-	129,871
Stipends	146,839	139,594	-	286,433
Supplies and equipment	64,679	39,472	-	104,151
Temporary workers	94,218	178,888	-	273,106
Training	160,900	156,241	-	317,141
Travel	856,365	359,295	-	1,215,660
Total Operating Expenses	9,679,225	5,358,099	426,765	15,464,089
Occupancy Expenses:				
Building maintenance	92,876	50,124	4,423	147,423
Depreciation	143,080	77,218	6,813	227,111
Insurance	9,199	4,964	438	14,601
Real estate taxes	168,085	90,712	8,004	266,801
Rent	48,923	28,732	-	77,655
Telephone	2,364	1,276	113	3,753
Utilities	62,938	33,966	2,997	99,901
Total Occupancy Expenses	527,465	286,992	22,788	837,245
Assessment Expenses:				
State/chapter membership dues	494,932	-	-	494,932
ENPC/TNCC	2,072,290	-	-	2,072,290
Total Assessment Expenses	2,567,222	-	-	2,567,222
Total Expenses	$ 22,329,458	$ 10,816,550	$ 449,553	$ 33,595,561

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EMERGENCY NURSES ASSOCIATION
STATEMENTS OF CASH FLOWS

YEARS ENDED DECEMBER 31, 2025 AND 2024

	2025	2024
Cash flows from operating activities:		
Change in net assets	$ (2,992,323)	$ (3,604,246)
Adjustments to reconcile change in net assets to net cash flows from operating activities:		
Depreciation and amortization of property and equipment	1,041,864	998,242
Amortization of debt issuance costs	6,154	6,427
Amortization of right-to-use assets under finance leases	2,612	-
Loss (gain) on interest rate swap agreement	153,706	(23,368)
Provision for credit allowance	303,912	-
Realized and unrealized gain on investments	(644,753)	(526,127)
Amortization of right-of-use assets under operating leases	85,602	89,444
Interest earned on split-dollar life insurance agreement	(21,527)	(21,053)
Loss on investment in Engage	1,710,000	-
Changes in operating assets and liabilities:		
Accounts receivable, net	(236,877)	172,606
Grants receivable	35,650	(26,290)
Due from affiliate	1,001,759	(785,571)
Other receivables	15,747	(15,747)
Inventory	(10,578)	(3,385)
Prepaid expenses	438,987	144,197
Accounts payable	(1,014,202)	1,491,000
Wages and benefits payable	481,926	201,472
Accrued expenses	(195,439)	40,756
Credits on customer accounts	100,598	56,362
Assessments payable	(218,678)	83,533
Deferred revenue	416,456	304,001
Due to affiliate	18,848	-
Obligations under operating leases	(85,404)	(86,994)
Net cash flows from operating activities	394,040	(1,504,741)
Cash flows from investing activities:		
Purchases of property and equipment	(406,048)	(1,187,923)
Payments received on mortgage receivable	1,639,960	55,891
Investment in Engage	-	(510,000)
Purchase of investments	(5,146,531)	(5,937,943)
Proceeds from sale and maturities of investments	7,048,948	9,588,306
Net cash flows from investing activities	3,136,329	2,008,331

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EMERGENCY NURSES ASSOCIATION
STATEMENTS OF CASH FLOWS (CONTINUED)

YEARS ENDED DECEMBER 31, 2025 AND 2024

	2025	2024
Cash flows from financing activities:		
Payments on bonds payable	$ (344,832)	$ (344,832)
Principal payments on obligations under finance leases	(2,533)	-
Payments on line of credit	(1,099,209)	-
Net cash flows from financing activities	(1,446,574)	(344,832)
Net change in cash and cash equivalents	2,083,795	158,758
Cash and cash equivalents, beginning of year	583,986	425,228
Cash and cash equivalents, end of year	$ 2,667,781	$ 583,986
Noncash investing transactions:		
Noncash right-of-use assets and obligations under right-of-use assets - financing	$ 54,845	$ -
Reduction of split-dollar agreement reclassified to investments	$ 224,976	$ -
Interest accrued on split-dollar life insurance asset	$ 21,527	$ 21,053
Other cash flow information:		
Interest paid	$ 349,125	$ 386,931
Income taxes paid	$ 33,766	$ 33,822

ENA FOUNDATION
STATEMENTS OF FINANCIAL POSITION

DECEMBER 31, 2025 AND 2024

	2025	2024
ASSETS		
Current Assets:		
Cash and cash equivalents	$ 527,691	$ 688,070
Accounts receivable, net	21,425	6,062
Due from affiliate	18,848	-
Prepaid expenses	16,332	-
Total Current Assets	584,296	694,132
Other Assets:		
Investments	5,722,756	4,886,824
Total Assets	$ 6,307,052	$ 5,580,956
LIABILITIES AND NET ASSETS		
Current Liabilities:		
Accounts payable	$ 25,383	$ 69,734
Due to affiliate	-	38,616
Total Current Liabilities	25,383	108,350
Net Assets:		
Without Donor Restrictions:		
Undesignated	1,011,033	930,074
Board-designated	2,411,983	2,085,850
Total Without Donor Restrictions	3,423,016	3,015,924
With Donor Restrictions	2,858,653	2,456,682
Total Net Assets	6,281,669	5,472,606
Total Liabilities and Net Assets	$ 6,307,052	$ 5,580,956

See Report of Independent Auditor.

ENA FOUNDATION
STATEMENTS OF ACTIVITIES

YEARS ENDED DECEMBER 31, 2025 AND 2024

	2025			2024		
	Without Donor Restrictions	With Donor Restrictions	Total	Without Donor Restrictions	With Donor Restrictions	Total
Support and Revenue:						
Contributions	$ 229,404	$ 330,110	$ 559,514	$ 168,916	$ 468,974	$ 637,890
Special event revenue	10	-	10	31,950	-	31,950
Contributed services from affiliate	452,158	-	452,158	422,101	-	422,101
Investment return, net	465,168	323,960	789,128	252,885	186,128	439,013
Net assets released from restrictions	252,099	(252,099)	-	324,188	(324,188)	-
Total Support and Revenue	1,398,839	401,971	1,800,810	1,200,040	330,914	1,530,954
Expenses:						
Programs, Grants, and Scholarships	575,264	-	575,264	715,966	-	715,966
Supporting Services:						
Management and general	218,318	-	218,318	271,073	-	271,073
Fundraising and development	198,165	-	198,165	157,632	-	157,632
Total Supporting Services	416,483	-	416,483	428,705	-	428,705
Total Expenses	991,747	-	991,747	1,144,671	-	1,144,671
Change in net assets	407,092	401,971	809,063	55,369	330,914	386,283
Net assets, beginning of year	3,015,924	2,456,682	5,472,606	2,960,555	2,125,768	5,086,323
Net assets, end of year	$ 3,423,016	$ 2,858,653	$ 6,281,669	$ 3,015,924	$ 2,456,682	$ 5,472,606

See Report of Independent Auditor.

ENA FOUNDATION
STATEMENT OF FUNCTIONAL EXPENSES

YEAR ENDED DECEMBER 31, 2025

	Programs, Grants, and Scholarships	Supporting Services: Management and General	Supporting Services: Fundraising and Development	Total
Operating Expenses:				
Bank charges and credit card processing fees	$ -	$ -	$ 1,995	$ 1,995
Computer	-	3,600	-	3,600
Conferences	174	10,468	-	10,642
Grants and scholarships	366,349	-	-	366,349
Insurance	-	120	-	120
Miscellaneous	-	75	385	460
Postage, freight, and shipping	17	664	-	681
Printing	-	191	961	1,152
Professional services	165,499	179,567	174,203	519,269
Recruitment fees	-	30	-	30
Stipends	1,500	-	-	1,500
Supplies and equipment	1,000	372	3,401	4,773
Travel	40,725	23,231	17,220	81,176
Total Operating Expenses	$ 575,264	$ 218,318	$ 198,165	$ 991,747

ENA FOUNDATION
STATEMENT OF FUNCTIONAL EXPENSES

YEAR ENDED DECEMBER 31, 2024

	Programs, Grants, and Scholarships	Supporting Services: Management and General	Supporting Services: Fundraising and Development	Total
Operating Expenses:				
Bank charges and credit card processing fees	$ -	$ -	$ 3,680	$ 3,680
Computer	-	10,488	6,495	16,983
Conferences	386	13,878	1,820	16,084
Grants and scholarships	552,866	-	-	552,866
Insurance	-	480	-	480
Miscellaneous	-	1,463	-	1,463
Postage, freight, and shipping	-	377	-	377
Printing	-	1,446	7,878	9,324
Professional services	120,304	198,110	121,413	439,827
Recruitment fees	-	225	-	225
Supplies and equipment	711	1,767	5,807	8,285
Travel	41,699	42,839	10,539	95,077
Total Operating Expenses	$ 715,966	$ 271,073	$ 157,632	$ 1,144,671

ENA FOUNDATION
STATEMENTS OF CASH FLOWS

YEARS ENDED DECEMBER 31, 2025 AND 2024

	2025	2024
Cash flows from operating activities:		
Change in net assets	$ 809,063	$ 386,283
Adjustments to reconcile change in net assets to net cash flows from operating activities:		
Net realized and unrealized gain on investments	(576,012)	(258,364)
Contributions restricted for investment in endowment	(218,922)	(293,284)
Changes in operating assets and liabilities:		
Accounts receivable, net	(15,363)	(227)
Due from affiliate	(18,848)	-
Prepaid expenses	(16,332)	6,000
Accounts payable	(44,351)	59,805
Due to affiliate	(38,616)	24,192
Net cash flows from operating activities	(119,381)	(75,595)
Cash flows from investing activities:		
Purchases of investments	(3,437,421)	(3,254,624)
Proceeds from sale and maturities of investments	3,177,501	2,963,793
Net cash flows from investing activities	(259,920)	(290,831)
Cash flows from financing activities:		
Contributions restricted for long-term purposes - endowment	218,922	293,284
Net change in cash and cash equivalents	(160,379)	(73,142)
Cash and cash equivalents, beginning of year	688,070	761,212
Cash and cash equivalents, end of year	$ 527,691	$ 688,070

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ENGAGE
STATEMENTS OF FINANCIAL POSITION

DECEMBER 31, 2025 AND 2024

	2025	2024
ASSETS		
Current Assets:		
Cash and cash equivalents	$ -	$ 47,005
Accounts receivable, net	-	26,700
Prepaid expenses	-	633
Total Current Assets	-	74,338
Total Assets	$ -	$ 74,338
LIABILITIES AND NET ASSETS		
Current Liabilities:		
Accounts payable	$ -	$ 4,384
Due to affiliate	-	963,143
Deferred revenue	-	3,400
Total Current Liabilities	-	970,927
Net Assets:		
Accumulated deficit	-	(2,606,589)
Capital contributions	-	1,710,000
Engage deficit	-	(896,589)
Total Liabilities and Net Assets	$ -	$ 74,338

ENGAGE
STATEMENTS OF ACTIVITIES

YEARS ENDED DECEMBER 31, 2025 AND 2024

	2025	2024
Without Donor Restrictions:		
Consulting service	$ 96,400	$ 217,800
Operating expenses	107,805	1,507,044
Income from operations	(11,405)	(1,289,244)
Forgiveness of due to affiliate obligations	907,994	-
Net Loss	896,589	(1,289,244)
Engage deficit, beginning of year	(896,589)	(117,345)
Capital contributions	-	510,000
Engage deficit, end of year	$ -	$ (896,589)

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ENGAGE
STATEMENT OF FUNCTIONAL EXPENSES

YEAR ENDED DECEMBER 31, 2025

	Programs, Grants, and Scholarships	Supporting Services: Management and General	Supporting Services: Fundraising and Development	Total
Payroll Expenses:				
Salaries and wages	$ 13,459	$ 34,832	$ -	$ 48,291
Employee benefits	1,210	2,703	-	3,913
Payroll taxes	2,978	6,655	-	9,633
Total Payroll Expenses	17,647	44,190	-	61,837
Non-Payroll Expenses:				
Bank charges and credit card processing	-	1,454	-	1,454
Computer	-	5,169	-	5,169
Postage, freight, and shipping	-	58	-	58
Printing	-	240	-	240
Professional services	23,118	3,583	-	26,701
Recruitment fees	-	230	-	230
Travel	6,058	6,058	-	12,116
Total Non-Payroll Expenses	29,176	16,792	-	45,968
Total Operating Expenses	$ 46,823	$ 60,982	$ -	$ 107,805

See Report of Independent Auditor.

ENGAGE
STATEMENT OF FUNCTIONAL EXPENSES

YEAR ENDED DECEMBER 31, 2024

	Programs, Grants, and Scholarships	Supporting Services: Management and General	Supporting Services: Fundraising and Development	Total
Payroll Expenses:				
Salaries and wages	$ 173,444	$ 448,858	$ -	$ 622,302
Employee benefits	12,420	27,760	-	40,180
Payroll taxes	5,930	13,255	-	19,185
Total Payroll Expenses	191,794	489,873	-	681,667
Non-Payroll Expenses:				
Advertising and promotion	900	-		900
Bank charges and credit card processing	-	4,083	-	4,083
Computer	-	18,091	-	18,091
Conferences	-	10,080	-	10,080
Miscellaneous	-	1,383	-	1,383
Postage, freight, and shipping	-	759	-	759
Printing	-	5,891	-	5,891
Professional services	614,329	95,226	-	709,555
Recruitment fees		76		76
Supplies and equipment	-	10,172	-	10,172
Training	-	1,473	-	1,473
Travel	31,457	31,457	-	62,914
Total Non-Payroll Expenses	646,686	178,691	-	825,377
Total Operating Expenses	$ 838,480	$ 668,564	$ -	$ 1,507,044

See Report of Independent Auditor.

ENGAGE
STATEMENTS OF CASH FLOWS

YEARS ENDED DECEMBER 31, 2025 AND 2024

	2025	2024
Cash flows from operating activities:		
Net loss	$ 896,589	$ (1,289,244)
Adjustments to reconcile net loss to net cash flows from operating activities:		
Forgiveness of due to affiliate obligations	(907,994)	-
Changes in operating assets and liabilities		
Accounts receivable	26,700	(8,700)
Prepaid expenses	633	(132)
Accounts payable	(4,384)	(52,176)
Due to affiliate	(55,149)	761,379
Deferred revenue	(3,400)	(5,600)
Net cash flows from discontinued operating activities	(47,005)	(594,473)
Cash flows from investing activities:		
Contributions from affiliate	-	510,000
Net cash flows from discontinued investing activities	-	510,000
Net change in cash and cash equivalents	(47,005)	(84,473)
Cash and cash equivalents, beginning of year	47,005	131,478
Cash and cash equivalents, end of year	$ -	$ 47,005

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