



## Support for Diversity, Equity, and Inclusion in Medical Education (H.Res. 1180)

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The American Academy of Emergency Medicine (AAEM) is the specialty society for board-certified emergency physicians, representing approximately 8,000 members across the nation. AAEM has been a leader in advancing the value of board certification in emergency medicine and confronting the harmful influence of the corporate practice of medicine.

AAEM strongly supports Diversity, Equity, and Inclusion (DEI) in medical education. DEI offices in medical education promote empathy, understanding, and appreciation for diversity. Studies have demonstrated the benefits of a diverse physician workforce for patients including: decreased mortality from heart attacks among female patients cared for by female emergency physicians, improved patient experience when there is racial/ethnic concordance between patient and physician, and enhanced cultural competence when the physician and patient share a language.

AAEM will continue to celebrate the diversity of our members and the positive impact that equity and inclusion have on patient care through our advocacy efforts. As emergency medicine physicians, we know that recruiting a diverse workforce, specific training in health equity, and promotion of diversity in medicine improves the quality of care for our most vulnerable patient populations. Emergency medicine is the safety net of healthcare and DEI in medical education will inevitably prepare future physicians to navigate a diverse world and contribute positively to society. Therefore, we have a unique duty to advance health equity and dismantle systemic barriers to equality.

## Educate Act

AAEM opposes the Anti-DEI Medical Education Legislation, the Embracing Anti-Discrimination, Unbiased Curriculum, and Advancing Truth in Education (EDUCATE) act (H.R.7725/S. 4115). The EDUCATE Act would amend the Higher Education Act of 1965, removing federal dollars from any institution that has policies related to or promoting DEI.

## H. Res. 1180

AAEM supports H. Res.1180, which voices Congressional support for DEI programs and academic freedom at medical education institutions. AAEM stands firm in its commitment to cultural awareness, diversity, and inclusion within medical education, in our specialty, our workplace, and the communities we serve.

**We urge you to cosponsor H. Res. 1180. For more information, please contact the AAEM at [info@aaem.org](mailto:info@aaem.org).**

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## Support for S. 4278/HR 8325 the Physician and Patient Safety Act

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### Background:

Due process is defined as a fair hearing with a right of appeal in front of peers on the medical staff prior to any alteration, restriction, or termination of our privileges to practice medicine in a hospital.

AAEM believes that due process is fundamental to emergency physicians' ethical mandate to care for patients without being pressured by administrative or other external influences. The Federal Emergency Medical Treatment and Active Labor Act (EMTALA) statute has resulted in the Emergency Department becoming the "safety net" for the financially disenfranchised patient. Emergency physicians necessarily serve as direct advocates for their patients, many of whom go to emergency departments because they are vulnerable due to medical, social, or financial issues outside of their control. In some cases, such advocacy may conflict with non-patient-oriented forces placing the emergency physician at odds with the hospital or consulting physicians. Therefore, any contractual limitation on the due process rights of emergency physicians is not in the public interest as it hinders the ability of emergency physicians to always act in the best interest of the patient.

### Support S. 4278/HR 8325, the Physician and Patient Safety Act:

S. 4278/HR 8325 the Physician and Patient Safety Act would require the Secretary of Health and Human Services to, within 18 months, issue final regulations to provide physicians with medical staff privileges at a hospital a fair hearing and appellate review through appropriate medical staff mechanisms before any termination, restriction, or reduction of the professional activity occurs. The due process rights will benefit patients and doctors. Doctors will advocate for the health of their patient when that comes into conflict with other actors and promote quality of care in the healthcare system. Due process will achieve the following important goals: improve patient care through a "patient first mentality, decrease healthcare costs through reducing inappropriate admissions, and strengthen patient faith in the nation's health system and its physicians.

Cosponsor S. 4278/HR 8325 the Physician and Patient Safety Act. For more information, please contact the American Academy of Emergency Medicine at [info@aaem.org](mailto:info@aaem.org).

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## Corporate Practice of Medicine

The American Academy of Emergency Medicine (AAEM) is the specialty society for board-certified emergency physicians, representing approximately 8,000 members across the nation. AAEM has been a leader in advancing the value of board certification in emergency medicine and confronting the harmful influence of the corporate practice of medicine.

Emergency medicine (EM) is one of the most important aspects of the American health care system. However, the corporate practice of medicine threatens the integrity of the specialty, the career satisfaction and longevity of its practitioners, and ultimately the quality of care delivered to emergency patients. Despite some prohibitions in the states, private equity firms and hedge funds continue to buy hospitals and practices, exacerbating the problem.

The prohibition on the corporate practice of medicine is intended to prevent non-physicians from interfering with or influencing the physician's professional judgment. The intent is to keep the business interest out of the patient-physician relationship. In Emergency Medicine (EM) the need for these controls is heightened as we encounter vulnerable patients who may not have adequate health care coverage. The following health care decisions should be made by a physician and would constitute the unlicensed practice of medicine if performed by a non-physician:

- Determining how many patients a physician must see in a given period of time or how many hours a physician must work.
- Determining what diagnostic tests or treatments are appropriate for a particular condition.
- Determining the need for discharge, admission or transfer of a patient.
- Determining which patients will be seen by a physician or a non-physician practitioner.
- Determining how a physician will interface with a non-physician practitioner.

In addition, the following "business" or "management" decisions and activities, resulting in control over the physician's practice of medicine, should be made by a licensed physician(s) and not by an unlicensed person or entity:

- Selection and the hiring/firing of physicians.
- Setting the parameters under which the physician will enter into contractual relationships with third-party payers.
- Decisions regarding coding and billing procedures for patient care services.

**We urge Congress to support legislation and policies that would prohibit non-physicians, especially private equity and hedge funds from practicing medicine. For more information, please contact the AAEM at [info@aaem.org](mailto:info@aaem.org).**

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## Dr. Lorna Breen Health Care Provider Protection Reauthorization Act (H.R. 7153/S. 3679)

The American Academy of Emergency Medicine (AAEM) is the specialty society for board-certified emergency physicians, representing approximately 8,000 members across the nation. AAEM has been a leader in advancing the value of board certification in emergency medicine and confronting the harmful influence of the corporate practice of medicine.

Physicians, especially emergency physicians, have faced significant structural barriers to seeking help to address mental health challenges. All health care professionals continue to experience elevated levels of stress and burnout due to the pandemic and other factors. For this reason, AAEM supports the Dr. Lorna Breen Health Care Provider Protection Reauthorization Act of 2024 ([H.R. 7153/S. 3679](#)).

Since its passage in 2022, the Lorna Breen Act has funded \$103 million to [implement evidence-informed strategies](#) that reduce and prevent suicide, burnout, mental health conditions, and substance use disorders. It has also established a campaign to give hospital leaders evidence-informed solutions to reduce healthcare worker burnout and sustain well-being. This reauthorization bill would expand existing grants as less than 1% of the 6,120 hospitals in our country received grants. The bill would build on the important work of the 2021 law in the following ways:

- Reauthorize a grant program for health care organizations and professional associations for employee education on strategies to reduce burnout, peer-support programming, and mental health treatment for five years.
- Reauthorize a grant program for health profession schools or other institutions to train health care workers and students in strategies to prevent suicide, burnout, mental health conditions, and substance use disorders for five years.
- Reauthorize the national evidence-based education and awareness campaign that provides hospital and health system leaders with evidence-informed solutions to reduce health care worker burnout.

H.R. 7153/S. 3679 would further reduce burnout and prevent suicide by removing barriers and stigma to accessing mental health care and treatment. This legislation will continue to provide needed support for our frontline healthcare workers, by focusing on mental and behavioral health concerns that impact many attending and resident physicians in the specialty of emergency medicine.

**Cosponsor H.R. 7153/S. 3679, Dr. Lorna Breen Health Care Provider Protection Reauthorization Act of 2024. For more information, please contact the AAEM at [info@aaem.org](mailto:info@aaem.org).**

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## Noncompete Clauses in Emergency Medicine (S. 220/H.R. 731)

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### The Problem

Noncompete clauses in emergency physician contracts hinder access to care and endanger patients. Noncompete agreements were originally designed to protect business interests by preventing high-level executives and salespeople from taking one company's clients or sensitive and proprietary information to another competing company. However, these concerns do not apply to emergency medicine physicians for multiple reasons:

1. Emergency physicians do not have clients or private patient lists. We proudly treat every patient presenting to the emergency department regardless of the patient's status within the healthcare system.
2. The hospital or contract group provides no specialized training to emergency physicians. Emergency physicians do possess highly specialized information and skills; however, this specialized knowledge is obtained through rigorous study and training in Medicare supported medical schools and emergency medicine residency programs.

Private equity's (PE) growing market share of Emergency Departments (ED) has forced many physicians to choose between keeping their job and providing the best care to their patients. Many if not most PE backed contract management groups contracts contain non-competes. In these situations, noncompete clauses are particularly harmful as they limit physicians' ability to seek out employment in other EDs that would allow them to provide the care their patients deserve.

### The Solution

On April 23, the Federal Trade Commission (FTC) voted to implement its final noncompete rule, which will prohibit all future non-compete clauses and make most current non-compete agreements unenforceable. AAEM fully supports the FTC's final rule. Unfortunately, legal challenges have been brought against the rule.

**Cosponsor the Workforce Mobility Act (S. 220/H.R. 731), a bill that like the FTC's final rule would ban many anti-competitive non-compete clauses. For more information, please contact the AAEM at [info@aaem.org](mailto:info@aaem.org).**

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