

Who We Are FLAAEM is a democratic, professional organization composed of over 400 medical students, emergency medicine residents and emergency physicians. We provide professional and public education and advocacy to restrain the cost, improve the quality and promote the integrity of the practice and management of Emergency Medicine in the State of Florida.

Our Priorities

Prohibition of the Corporate Practice of Medicine

Support HB 345 (Skidmore) and SB 316 (Powell Jr.) Proprietorship by Nonphysicians

The physician workforce is in crisis. One in five physicians plan to exit practice within 5 years. A full one quarter of U.S. medical students are considering quitting their studies, and nearly sixty percent of medical and nursing students do not intend to treat patients. Sixty three percent of emergency physicians report burnout. The unfettered corporate practice of medicine is a significant driver of this. **Private equity backed corporate management groups (CMGs) control a majority (58%) of emergency medicine jobs in Florida.**

The corporate practice of medicine (CPOM) doctrine **prohibits non-physician corporations from influencing the practice of medicine by employing physicians.** Law firms are not permitted to have non-lawyer ownership, but nationwide **three quarters of physicians are now employees** of increasingly consolidated corporations including insurance companies, hospital conglomerates, private equity firms, and big-tech. Corporations have no duty to put patients first and inherently cannot be licensed to practice medicine. The result is increased costs to patients and taxpayers, demoralization of the physician workforce, and is a danger to patients. Physicians who act to protect patients and other healthcare workers are intimidated and retaliated against. Physicians need protection now in order to serve the public interest.

Fair Workplace Environment

Banning Non-Competes and Due Process

Support HB 11 (Rudman) and SB 458 (Brodeur) Invalid Restrictive Covenants with Physicians

The American Academy of Emergency Medicine (AAEM) **opposes the use of post-contractual restrictive covenants, or “non-compete clauses,” in physician contracts.** A restrictive covenant provides that, upon termination of a professional contract, a physician may not work in a defined geographical location for a specific period of time. In such a circumstance, if a contract-holder terminates a professional contract, the physician may have to sell their home and move their family if they want to continue practicing their profession.

Some contract holders and hospital administrators control emergency physicians through exploitative contractual provisions. These provisions include restrictive covenants that control where emergency physicians may work upon contract termination, **violating their professional rights and effectively preventing them from advocating for their patients.** The threat of termination from a hospital medical

staff, as well as a restrictive covenant, may prevent physicians from advocating for their patients if the hospital or contract holder opposes such advocacy.

The American Academy of Emergency Medicine (AAEM) is also a strong proponent of physician **due process** rights. Unfortunately, some hospitals and corporate management groups attempt to deny physicians their due process rights. This widespread practice threatens physician autonomy. Emergency physicians, as well as all other physicians, require autonomy so they may advocate for their patients and practice free of corporate influence. The threat of termination from a hospital medical staff, without the right of a fair hearing, would prevent most physicians from advocating for their patients in an adversarial manner. Therefore, contractual clauses that strip physicians of their due process rights: (1) violate the constitutional rights of physicians, (2) violate public policy, (3) violate the Health Care Quality Improvement Act of 1986, (4) violate protections afforded in medical staff bylaws, and (5) conflict with standards promulgated by the Joint Commission.

Scope of Practice

Oppose Autonomous Practice for CRNAs HB 257 (Giallombardo) and SB 810 (Ingoglia), and Autonomous Practice for Certain Psych Nurses HB 771 (Barnaby) and SB 936 (Rodriguez)

The American Academy of Emergency Medicine (AAEM) believes that emergency department (ED) patients should have timely and unencumbered access to the most appropriate care led by a board-certified emergency physician (ABEM or AOBEM). AAEM **opposes the expansion of scope of practice regulations** and does not support the unsupervised or “independent practice” of non-physician practitioners (NPPs) in any medical setting. For example, properly trained NPPs may provide emergency medical care as members of an emergency department team and must be supervised by a physician who is board-certified in emergency medicine. As a member of the emergency department team, an NPP must not replace an emergency physician, but rather must engage in patient care in a **supervised role** to improve patient care efficiency **without compromising safety**. The role of NPPs within the department must be defined by their clinical supervising physicians who must know the training of each NPP and be involved in the hiring and continued employment evaluations of each NPP as part of the emergency department team with the intent to ensure that NPPs are not put into patient care situations beyond their clinical training and experience. Collaborating physicians must be permitted adequate time to be directly involved in supervision of care. They must not be required to supervise more NPPs than is appropriate to provide safe patient care. Furthermore, supervision must not be in name only. Physicians are expected, and must be permitted, to be involved in meaningful and ongoing assessment of the NPPs' work. Billing must reflect the involvement of the physician in the emergency visit. A physician must not be required to cosign the chart, nor should his/her name be invoked with regard to any patient unless he/she has been actively involved in that patient's care. Every healthcare practitioner in a clinical setting has a moral duty to clearly inform the patient of his/her training and qualifications to provide medical care. **In the interest of transparency, NPPs must not be called “doctor” in the clinical setting.**