

August 10, 2023

Dear Colleague:

On behalf of our more than 38,000 members, the American College of Emergency Physicians (ACEP) is committed to every emergency physician navigating the disruptive aftermath of the publicized closing of the American Physician Partners (APP).

Since the announcement, ACEP has communicated with members and other partners to identify and track the status of affected emergency departments and their contracts. It is our understanding that the new contract at your institution is now with XXX.

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ACEP continues to urge responsibility from all recent, current, and future employers, asking that you do everything within your means to ensure emergency physicians providing care during this difficult time are (1) appropriately compensated per their original or current contract and (2) protected by the continuation of their malpractice coverage and other benefits, and (3) assured of your commitment to them and the continuity of care for their patients.

As established in the ACEP policy statement, “Protecting Emergency Physician Compensation During Contract Transitions,” originally approved February 2020:

*It is the position of the American College of Emergency Physicians that emergency physicians who provide services to patients during a time of contract transitions should be fully compensated for their professional efforts without delay, barrier, or requirement to continue employment with a specific party. This compensation should include monetary compensation as well as uninterrupted provision of benefits and malpractice coverage. Parties involved in contract transitions, including contract management groups and the hospitals and health systems involved, have a responsibility to meet these obligations immediately and not use such a transition as leverage in the contract process.*

Similarly, we are engaging with and calling upon hospitals and health systems to stabilize contract, payroll and malpractice insurance transitions, safeguard attending and resident emergency physicians, and honor their EMTALA obligations to patients. Attached are three additional policy statements from our organization:

- *Emergency Physician Contractual Relationships, revised April 2021, originally approved October 1984*
- *Emergency Physician Rights and Responsibilities, revised April 2021, originally approved September 2000*

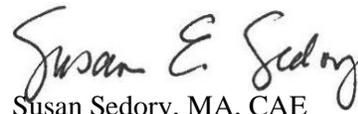
- *EMTALA and On-Call Responsibility for Emergency Department Patients, reaffirmed January 2019, originally approved 1987*

While we doubt you will be surprised by any statements covered in these policies, we share them as an example of the issues that concern emergency physicians on a daily basis. As we work together in our shared ethical responsibility for the provision of emergency care, please reach out to either of us if there is anything our organization can do.

We realize this situation has created undue anxiety for both physicians and hospital administration alike. We also know that some hospitals are directly stepping up to prioritize support for the emergency physicians providing care for patients 24/7. We offer our hand in partnership as you navigate the unanticipated next steps.



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References:

1. *Protecting Emergency Physician Compensation During Contract Transitions, originally approved February 2020.* <https://www.acep.org/patient-care/policy-statements/protecting-emergency-physician-compensation-during-contract-transitions>
2. *Emergency Physician Contractual Relationships, revised April 2021, originally approved October 1984.* <https://www.acep.org/patient-care/policy-statements/emergency-physician-contractual-relationships>
3. *Emergency Physician Rights and Responsibilities, revised April 2021, originally approved September 2000.* <https://www.acep.org/patient-care/policy-statements/emergency-physician-rights-and-responsibilities>
4. *EMTALA and On-Call Responsibility for Emergency Department Patients, reaffirmed January 2019, originally approved 1987.* <https://www.acep.org/patient-care/policy-statements/emtala-and-on-call-responsibility-for-emergency-department-patients>