

December 13, 2024

Dear Colleague:

Reports of emergency department closures and potential work stoppages due to the financial challenges of NES Health, a physician staffing firm, are worrisome and disruptive for emergency physicians, patients, and communities.

At the first signs of trouble, the American College of Emergency Physicians (ACEP) committed to helping impacted physicians navigate concerns and find a way forward that works best for them. ACEP strongly urges hospitals and employers to do the same.

Many emergency physicians have worked without pay for months yet still report for their shifts to make sure that patients get the care they need. However, this strong sense of duty has a practical limit.

The expectation that emergency physicians would continue to treat patients absent contracted benefits and protections is unreasonable. Allowing these circumstances to unfold across the country creates avoidable risks and permits working conditions that put careers and lives on the line.

ACEP firmly believes that hospitals and physician employers must work to fill coverage gaps and provide reasonable and continuous pay and benefits for those managing the front lines of our nation's health care safety net.

Hospitals and health systems have the power to ask for this as a minimum standard for employers entering into physician labor contracts. At the same time, steps must be taken before and during labor disputes or disruptions to ensure that Emergency Medical Treatment and Labor Act (EMTALA) obligations to patients remain a priority.

ACEP policies establish best practices in emergency care and outline what emergency physicians expect and deserve from an employer. Policies related to workforce disruptions are listed at the conclusion of this letter.

From 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

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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.

Ensuring continuity of care in the emergency department is paramount. However, it is unconscionable that NES Health would force the emergency physicians it employs to shoulder the burden of its missteps.

ACEP is exploring policy solutions to protect emergency physicians who are only trying to do their jobs amid their employer's financial trouble, including whether changes to insurance regulations can include continuous tail and nose coverage.

We recognize that some hospitals are prioritizing support for impacted emergency physicians and patients. Still, more must be done by all involved to prevent these circumstances from occurring in the first place.

We ask that you share with us what specific actions your organization has taken or plans to take to preserve patient access and make sure emergency physicians are not forced to work without pay or insurance when staffing groups fail to uphold employment contracts.

ACEP welcomes the opportunity to work with you to strengthen physician protections and prioritize stability during employer disruption or transition. Please do not hesitate to reach out with questions or concerns as everyone navigates potential 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/policystatements/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/policystatements/emergency-physician-contractual-relationships>

3. Emergency Physician Rights and Responsibilities, revised April 2021, originally approved September 2000. <https://www.acep.org/patient-care/policystatements/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/policystatements/emtala-and-on-call-responsibility-for-emergency-department-patients>

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