## AMERICAN MEDICAL ASSOCIATION RESIDENT AND FELLOW SECTION

Resolution: 6 (I-21)

Introduced by: Gunjan Malhotra, MD; Benjamin Meyer, MD

Subject: Amend AMA Policy H-215.981 Corporate Practice of Medicine

Referred to: Reference Committee

Whereas, The AAEM released a statement on the corporate practice of medicine and the effects on physician education, patient care, and the physician patient relationship<sup>1</sup>; and

1

Whereas, The corporatization of medicine, at the expense of high quality, safe healthcare, has led to physicians being fired and replaced by mid-level providers, especially in states that allow independent practice for mid-level providers<sup>2</sup>; and

6 7 8

Whereas, The corporate practice of medicine has led to situations in which physicians are expected to provide on-the-job training to mid-level providers before being dismissed, in effect "training their replacements"<sup>2</sup>; and

10 11 12

9

Whereas, Postgraduate programs for mid-level providers have expanded at a rate far greater than for physician postgraduate training programs<sup>2</sup>; therefore be it

13 14 15

RESOLVED, That our AMA amend policy H-215.981 Corporate Practice of Medicine by addition:

16 17 18

19

20

21

4. Our AMA acknowledges that the corporate practice of medicine has led to diminished quality of patient care, erosion of the physician-patient relationship, erosion of physician-driven care, physician burnout, and created a conflict of interest between profit and training the next generation of physicians needed for our nation's physician shortage.

Fiscal Note:

## References:

- 1. New Position Statement: State of Emergency Medicine | AAEM American Academy of Emergency Medicine
- 2. Al-Agba, Niran, and Rebekah Bernard. *Patients at Risk: the Rise of the Nurse Practitioner and Physician Assistant in Healthcare*. Universal-Publishers, Inc., 2020.

## **Relevant AMA Policy:**

## **Corporate Practice of Medicine H-215.981**

1. Our AMA vigorously opposes any effort to pass federal legislation preempting state laws prohibiting the corporate practice of medicine. 2. At the request of state medical associations, our AMA will provide guidance, consultation, and model legislation regarding the corporate practice of medicine, to ensure the autonomy of hospital medical staffs, employed physicians in non-hospital settings, and physicians contracting with corporately-owned management service organizations. 3. Our AMA will continue to monitor the evolving corporate practice of medicine with respect to its effect on the patient-physician relationship, financial conflicts of interest, patient-centered care and other relevant issues. [Res. 247, A-

91; Reaffirmed: Sunset Report, I-01; Reaffirmed: CMS Rep. 7, A-11; Modified: CMS Rep. 6, I-13; Reaffirmed: CMS Rep. 07, A-17; Modified: Res. 713, A-18; Reaffirmed: CMS Rep. 11, A-19]