



American College of
Emergency Physicians®

ADVANCING EMERGENCY CARE 

POLICY STATEMENT

Approved June 2023

Corporate Practice of Medicine

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The American College Emergency Physicians (ACEP) believes the physician-patient relationship is the moral center of medicine. The integrity of this relationship must never be compromised. The physician must have the ability to do what they believe in good faith is in the patient's best interest.

Medical decisions must be made by physicians, and any practice structure that threatens physician autonomy, the patient physician relationship, or the ability of the physician to place the needs of patients over profits should be opposed. Corporate practice of medicine prohibitions are intended to prevent non-physicians from interfering with or influencing the emergency physician's professional medical judgment.

The following clinical decisions that impact patient care should only be made by an emergency physician or a nurse practitioner/physician assistant under supervision in accordance with ACEP policy:

- Determining what diagnostic tests and treatment options are appropriate for a particular condition.
- Determining the need for referrals to, or consultation with, another physician/specialist.
- Responsibility for the ultimate management and disposition of the patient.

These decisions, if made by other individuals or entities, would constitute the unlicensed practice of medicine if performed by an unlicensed person.

In addition, the following business or management decisions that result in control over the emergency physician's practice of medicine should only be made by a physician. Under corporate practice of medicine prohibitions, these decisions made as part of the operations and management of an emergency medicine group practice must be made by a physician, physicians, or under the direction of a physician on behalf of the group practice, but not by each individual physician or by an unlicensed person or entity:

- Determining how many patients an emergency physician must see or supervise in a given period of time, how many hours an emergency physician must work, or how many hours of coverage are provided.

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- Determining which patients will be seen by an emergency physician or a physician assistant/nurse practitioner or how such patients seen by a physician assistant/nurse practitioner shall be supervised by an emergency physician.
- Selection, hiring/firing (as it relates to clinical competency or proficiency) of emergency physicians, nurse practitioners, and physician assistants.
- Setting the parameters under which the practice will enter into contractual relationships with third-party payers.
- Oversight of policies and procedures for revenue cycle management, including coding and billing procedures, reimbursement from insurers, and collections for patient care services.

These types of decisions cannot be delegated to a non-physician, including non-physician staff in management service organizations. While a physician may consult with non-physicians in making the business or management decisions described above, the physician must retain the ultimate responsibility for, or approval of, those decisions.

Ownership of medical practices, operating structures, and models should be physician-led and free of corporate influence that impacts the physician-patient relationship.

The following types of medical practice ownership and operating structures would likewise constitute the prohibited corporate practice of medicine:

- Ownership of an emergency medicine practice or group by non-physician owners or by physicians who do not have responsibility for the management, leadership, and clinical care of the practice.
- Restricting access of emergency physicians to information and accountings of billings and collections in their name as described in ACEP's policy statement "[Compensation Arrangements for Emergency Physicians](#)."