

**UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF TEXAS  
DALLAS DIVISION**

RYAN, LLC,

Plaintiff,

CHAMBER OF COMMERCE OF  
THE UNITED STATES OF  
AMERICA, *et al.*,

Plaintiff-Intervenors,

v.

FEDERAL TRADE COMMISSION,

Defendant.

CASE NO.: 3:24-CV-986-E

**[PROPOSED] BRIEF *AMICUS CURIAE* OF AMERICAN ACADEMY OF  
EMERGENCY MEDICINE IN SUPPORT OF DEFENDANT AND IN  
OPPOSITION TO PLAINTIFF'S AND INTERVENORS' MOTIONS FOR  
STAY OF EFFECTIVE DATE AND PRELIMINARY INJUNCTION**





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The Final Rule, as written and issued by the FTC, serves the public interest and our members. As for our members, a stay of the Rule would be harmful. Purported justifications for non-competence clauses are not present for our profession and forcing our members to challenge unreasonable non-competence agreements through litigation on a case-by-case basis would be unduly time-consuming and expensive. This is true even for the relatively high-paid emergency room physicians we represent.

### LEGAL STANDARD

A preliminary injunction is an extraordinary remedy that should only be granted upon a clear showing of (i) a “substantial likelihood of success on the merits”; (ii) a “substantial threat” of irreparable harm absent an injunction; (iii) a balance of hardships in the movant’s favor; and (iv) no “disservice to the public interest.” *Planned Parenthood of Houston & Southeast Texas v. Iqbal*, 403 F.3d 324, 329 (5th Cir. 2005). In addition, the “[i]ssuance of a preliminary injunction is to be treated as the exception rather than the rule.” *Foley v. Biden*, 2021 WL 7708477 at \*1 (N.D. Tex. Oct. 6, 2021). If a movant fails to meet the balance of equities and overall public interest requirement, the request for preliminary injunctive relief must be denied. See, e.g., *Winter v. NRDC*, 555 U.S. 7, 26 (2008) (Supreme Court overturning a preliminary injunction against the government because “the balance of equities and consideration of the overall public interest” weighed in the government’s favor).







Challenges Facing Independent Med Before the Subcomm. on Health of the House Ways & Means Comm. 118th Cong. (May 23, 2024) (“For instance, when I was considering selling my practice, I considered going to work for the hospital, but I would have been under a non-compete. Due to the expanse of where they had practices and outlying hospitals, if I were to break that non-compete, I think I would be 80 miles away from where I live, and I would have had to uproot my family.”); see also Am. Coll. of Emergency Physicians, Comment on Proposed Non-compete Clause Rule, 89 Fed. Reg. 38,342 (Mar



Our members have reported significant issues with the PE staffing model, including being required to treat a higher number of patients than is safe, breaks from ordinary safety protocols, and a lack of hospital based, e.g. Testimony of Dr. Jonathan Jones, Fed. Trade Comm'n, Transcript of "Private Capital, Public Impact: An FTC Workshop on Private Equity in Health Care" (May 2024), <https://perma.cc/GQSZGNE> ("I've worked at multiple hospitals and under multiple employment models, and I can definitely say that working under a private equity backed managed group has been the worst experience of my professional life. More importantly, it's also been the worst possible experience for my patients"). Our members want to leave these PE-backed groups out of concern for patient safety, they risk upending their family lives due to geographically restrictive non-compete clauses, e.g., Am. Coll. of Emergency Physicians, Comment on Proposed Non-Compete Clause Rule, 89 Fed. Reg. 38,342 (Mar. 2023), <https://perma.cc/V9NEKJHH>. Additionally, the state licensure, credentialing and insurance requirements of our

Consolidation in Healthcare Markets: Docket No. ATR 102 (May 2, 2024), <https://perma.cc/6PBU3L6>. Non-competes, therefore, effectively prevent our members from speaking out about patient safety issues. Am. Acad. of Emergency Med., Comment on Proposed Non-Compete Clause Rule (Apr 13, 2023), <https://perma.cc/9RT8ZRD>.

As Professor Erin Fuse Brown explained at a recent FTC workshop, non-competes can be used to prevent physicians and clinical staff from leaving if they have concerns about how their practice groups operate or the quality of patient care. Professor Fuse Brown testified that management services organizations use agreements with hospitals and doctors to exert “control over hiring, firing, scheduling, contracting, billing, coding, all of which can threaten professional autonomy, cause burnout and moral injury while using non-competes and gag clauses to prevent physicians and clinical staff from leaving or speaking out if they have concerns about these practices or about the quality of patient care.” Testimony of Erin Fuse Brown, Fed Trade Comm’n, Transcript of “Private Capital, Public Impact: An FTC Workshop on Private Equity in Health Care” (May 2024), <https://perma.cc/45PN45V3>.

Non-competes intimidate the emergency physician into unquestioning servitude to business interests. Given physicians’ ethical obligation to patients, many continue to speak out for patient safety; however, knowing that they can be forced to

relocate their family to another city or state undoubtedly has a chilling effect on physician advocacy for their patients, their communities, and themselves. See, e.g. Am. Coll. of Emergency Physicians, Comment on Proposed Non-Compete Clause Rule, 89 Fed. Reg. 38,342 (Mar. 2023), <https://perma.cc/V9NE-KJHH>.

### C. Overall Innovation in the Health Care Sector

Quality patient care and safety is enhanced when hospitals and physician groups have to compete for contracts. Am. Acad. of Emergency Med., Comment on Proposed Non-Compete Clause Rule (Apr 13, 2023),

would be unduly time-consuming and expensive. This is true even if AEM's relatively high-paid emergency room physician membership

Arguments used to try and justify non-compete agreements are not present for



which our members could instead spend providing emergency care to patients. For example, nearly a decade ago, a class of Ultimate Fighting Championship (UFC) fighters sued their employer alleging they had been bound by an overly restrictive noncompete agreement. *Natie Arcieri, UFC Fighters Ask Court to Approve \$335 Million Cash Settlement*, Bloomberg Law, May 2014, <https://perma.cc/2ZJ6-8LJ>. That litigation only concluded this year, after many expensive hours of attorney and expert witness work.

Similarly, it is not uncommon for physicians to have to spend multiple years litigating their noncompete agreements. See, e.g., *Murfreesboro Med Clinic, P.A. v. Udom*, 166 S.W.3d 674 (Tenn. 2005); *Statesville Med Grp. v. Dickey* 424 S.E.2d 922 (N.C. Ct. App. 1992); *Iredell Digestive Disease Clinic v. Petroz*, 273 S.E.2d 449 (N.C. Ct. App. 1988); *Duneland Emergency Physicians' Med Grp. v. Brunk*, 723 N.E.2d 963 (Ind. Ct. App. 2000); *Mohanty v. St. John Heart Clinic*, No. 101251, 225 Ill. 2d 52 (2006). (Physicians litigating their non-compete v. aemetis(un)8.3 dearpgregaing t vaenar(,)6.1 (w(h)8.2 sic)12.1 h( n)827 (e)3.6 ce se a(e)

II. The Final Rule Serves the General Public Interest and Is Well-Supported by the Evidentiary Record

Our membership’s experience makes clear that non-compete agreements are not appropriate even for high skill, high-wage workers like the physicians we represent. Competition benefits the public, and contractual terms that hinder competition harm the public. All workers should have the freedom to seek and hold employment across the United States, undeterred by non-compete clauses. We enthusiastically agree with the FTC that the freedom to change jobs is core to economic liberty and that non-compete clauses hamper innovation. The Final Rule will significantly enhance job mobility, foster greater job flexibility, help address labor shortages, and create new opportunities within the healthcare industry. Additionally, the extensive purported justifications may be credited, but other means are available to achieve the purported goals served by non-compete agreements, such as nondisclosure agreements and trade secrets laws. See, e.g., Brandon Elledge, Don’t Fret (Yet): Trade Secrets, NDAs and Non-Compete Agreements, 100 Cal. Bus. Litig. 14 (2023), <https://pema.cc/K7T4U82Q> (“Simply put, in addition to trade secret statutory relief, NDAs and Non-Solicitation agreements are alive and well under the new FTC rule, even if the rule ultimately takes effect in its current form, provided they don't functionally operate as a non-compete to sideline a worker from taking another job.”).

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evidence and tens of thousands of public comments. ~~Not-Compete Clause Rule, 89~~  
Fed. Reg. 38,342 (May 2024). We agree with the Commission that “non-competes  
are restrictive and exclusionary conduct that tends to negatively affect competitive  
conditions in labor markets and markets for products and services [and that] non-  
competes are exploitative and coercive.” In line with the FTC’s evidentiary record  
and our membership’s experience, the costs associated with staying the rule and  
forcing our members to engage in case-by-case adjudication among other harms  
explained above weigh strongly in favor of implementing the FTC’s rule-based  
approach without delay.

### III. Staying the Effective Date of the

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## CERTIFICATE OF WORD COUNT

This document complies with the Court's word count requirement because it contains 3,172 words.

Dated: Jun~~6~~<sup>5</sup>, 2024

Respectfully submitted,

/s/ Amanda G. Lewis

Amanda G. Lewis

(pro hac vice pending)

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## CERTIFICATE OF SERVICE

I hereby certify that, on June 5, 2024, I electronically filed this document using the ECF System, which will send notification to the ECF counsel of record.

Dated: June 5, 2024

Respectfully submitted,

/s/ Amanda G. Lewis

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