

# Live from Workplace Horizons 2025: Healthcare Roundtable

By Stephanie J. Peet & Michael R. Bertoncini

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## Meet the Authors



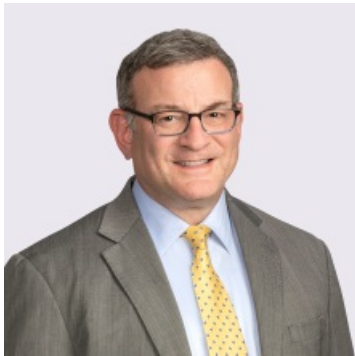
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## Related Services

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## Details

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Welcome to a special edition of We get work®, recorded live from Workplace Horizons 2025 in New York City, Jackson Lewis' annual Labor and Employment Law Conference. Over 500 representatives from 260 companies gathered together to share valuable insights and best practices on workplace law issues impacting their business today. Here's your personal invitation to get the insights from the conference, delivered directly to you.



## Transcript

### INTRO

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### CONTENT

#### Alitia Faccone

Senior Director of Business Development

Welcome to Live from Workplace Horizons 2025, here at the Hilton Midtown and the We get work podcast. Thank you, Mike and Stephanie, for joining us.

I'm going to ask you a very simple question first. Just tell us a little bit about who you are and your practice.

Stephanie Peet, you are a principal in the Philadelphia office of Jackson Lewis. Tell us a little bit about your practice and what's happening these days.

#### Stephanie Peet

Office Managing Principal, Philadelphia

Hi Alitia. So again, Stephanie Peet, from the Philadelphia office. I manage the office, and I am co-leader of the Healthcare Group.

A lot of my time is spent in the healthcare industry space, running the gamut of litigation, advice and counsel and dealing with all of those issues that healthcare clients deal with on a daily basis that perhaps are nuanced to the healthcare space. A lot of my time is spent dealing with religious accommodation cases that we are still dealing with from the COVID pandemic. So, we are busy.

**Faccone**

You are busy. Mike Bertoncini from the Boston office. Can you share a little bit about your practice?

**Michael Bertoncini**

*Principal, Boston*

I am happy to do that. I'm a member of the core team for both the Healthcare Group and the Higher-Education Group, spending my time about 50-50 between those two industries. On the healthcare side, I am really focusing right now mainly on the evolving situation with respect to labor organizing with residents and interns, and believe it or not, physicians.

**Faccone**

This morning, you facilitated, not surprisingly, the Healthcare Roundtable. Stephanie, what were the issues that came up during the conversation? What did people really want to hear about and talk about with Mike and you this morning?

**Peet**

The biggest issue, Alitia, for healthcare clients that came up in the roundtable this morning was the executive orders on DEI. It obviously impacts all clients in various industries, but healthcare in particular. We talked about how it's impacting the industry and what to do on a go-forward basis. We talked about inventorying all of the policies, the procedures, the communications and everything where DEI could be discussed, may be discussed or could be perceived to be discussed. Then, what to do as a result.

We talked about the privileged assessment that needs to be done to determine risk tolerance, how clients want to change their DEI focus, their initiatives and their programs, and how that impacts the health equity that a lot of these hospitals and healthcare facilities are committed to. Where they are willing to take the risks, where they are not willing to take the risks and the assessment that goes into the play. A lot of the discussion, Alitia, was really focused on DEI and what that's going to look like going forward.

**Faccone**

That makes total sense, but, Mike, I'm going to ask you whether there were other issues that came up in the course of the conversation that healthcare employers are facing that they also wanted some insight on?

**Bertoncini**

Yes, mainly on the labor front. An interesting intersection between the fallout

from the executive orders that Stephanie talked about is where everyone's addressing what are long-standing DEI initiatives in the healthcare setting. You could argue, really, that healthcare was out in front on DEI before the rest of the industries got into it. We know that when you make changes in your DEI approach, there's going to be some population of employees who are going to celebrate those, and another population that's not going to like them. For that population that doesn't like the change, an easy thing to turn to as a perceived fix is labor organizing. There's a lot of concern that unions will step in to fill that space.

If you combine that with other issues we're seeing, like some around staffing shortages and that movement among the residents and interns. Again, with some intersection there, because when you look at the executive orders and their impact on higher education, for those healthcare institutions that have residents and interns, the ACGME is going to be under the same pressures as colleges and universities.

It could be that this inventorying that Stephanie is talking about, we could get pretty far down the road, as healthcare institutions, and then see the ACGME make changes, and we have to revisit all the work that we've already done. It was really interesting, and there was recognition among the people we had in attendance, who were a really thoughtful group about the need to change our approach to employee engagement and focusing on holistic, how do we make the workplace culturally comfortable, productive and get employee engagement up?

#### **Faccone**

Stephanie, this might seem like a silly question given what we've been discussing about how much change has happened since January, but we do like to do a check-in every year to see what some of the significant changes have been because the law is always evolving whether or not there's been a change in the administration. So, were there other significant changes for healthcare employers over the past year?

#### **Peet**

In addition to the ones we just discussed, the biggest one is restrictive covenants specific to the healthcare industry. The FTC ban is all but dead. So, what we are going to see is restrictive covenant regulations on a statewide basis. About 12 or 13 states at this point have come forward, specifically in healthcare. The trend seems to be that people do not want to limit the ability for healthcare providers, physicians and others to choose where they work. There's that public policy consideration that exists in the healthcare space that doesn't exist elsewhere. A lot of the healthcare employers that are multi-state have to really pay attention to the different states and the different regulations in these different states if they want to, one, enforce non-competes, and two, if they are recruiting and bringing in healthcare providers if they have non-competes, whether or not they are enforceable and how they want to treat them going forward.

#### **Faccone**

Restrictive covenants, labor issues and big changes from the administration.

Mike, what would you say to the folks who weren't able to participate in our discussion this morning but are listening to this podcast? What are some key takeaways that you might want to share?

**Bertoncini**

One common theme that goes through all the topics that we've already identified like burnout and staffing concerns. One of the best ways to combat or address this is improved employee engagement. We now have robust data that shows you, the better your engagement, the better your patient care scores. There is a financial impetus as well as a mission-driven impetus. We spent a fair amount of time in the roundtable talking about, one, the importance of strong engagement, and two, how do you weave that into the fabric of the institution's culture in hopes that it will stabilize your staffing situation and increase retention. You don't have to worry about the physician non-competes if they're happy working there. Also, bringing some sense of stability in an industry that's still facing a lot of consolidation, and with that comes uncertainty from an employee perspective.

**Faccone**

So, uncertainty. Stephanie, I'm going to ask, how is Jackson Lewis helping healthcare employers, in particular, deal with uncertainty and all the legal issues?

**Peet**

We know the nuanced issues that healthcare employers deal with on a daily basis. We are in a position where we can be proactive in that advice and really help, for example, in the DEI space. We can really help our clients understand where they need to be looking for the policies and procedures and the documents to make those risk assessments. It's not just in your handbook or what's on your website. It's really doing a deep dive to understand where DEI could be. We're in a really great space to help our clients do that and then to help them with that privileged assessment to identify the risk and come up with a plan going forward.

Helping with advice and counsel on the staffing shortages, burnout, OSHA and workplace violence, which has really increased, unfortunately, in the healthcare space. We have a team of lawyers that are dedicated to working in that regard. We have experts like Mike that are helping on the labor space. Litigation has generally increased. We're still seeing increased requests for religious accommodations for healthcare clients. Really, we have a great team of experts lined up to help with all of the issues that healthcare providers are dealing with on a daily basis.

**Faccone**

Stephanie and Mike, thank you so much for sharing some of the insights that you gained and discussed during the Healthcare Roundtable this morning. I hope you enjoyed the conference, and we'll see you for Workplace Horizons 2026.

**OUTRO**

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