WHEREAS, Medical staffs everywhere are facing increasingly hostility in their work environments from many different sources, including hospital administration, government regulation and legislation, scope creep of all kinds, and burnout at an ever-increasing rate; and

WHEREAS, Physicians continue to see a decline in medical staff self-governance and morale, along with a decrease in job satisfaction and increasing concerns for patient care; and

WHEREAS, The percentage of employed physicians reportedly reaches 70 percent and continues to rise; and

WHEREAS, The solutions to many of these problems can be achieved through the various tools of collective bargaining and unionization; therefore be it

RESOLVED, That our American Medical Association actively supports the various efforts to achieve collective bargaining and/or unionization for physicians nationally (New HOD Policy); and be it further

RESOLVED, that our AMA dedicate significant resources to making collective bargaining and/or unionization for physicians a reality as soon as possible (Directive to Take Action).

Fiscal Note: TBD

Received: 4/24/2023
RELEVANT AMA POLICY

Collective Bargaining for Physicians H-385.946

The AMA will seek means to remove restrictions for physicians to form collective bargaining units in order to negotiate reasonable payments for medical services and to compete in the current managed care environment; and will include the drafting of appropriate legislation.

Citation: Res. 239, A-97; Reaffirmed: I-98; Reaffirmed: A-01; Reaffirmed: A-05; Reaffirmed: A-06; Reaffirmed: A-08; Reaffirmed: I-10; Reaffirmed: Res. 206, A-19

Physician Collective Bargaining H-385.976

Our AMA's present view on the issue of physician collective negotiation is as follows:

(1) There is more that physicians can do within existing antitrust laws to enhance their collective bargaining ability, and medical associations can play an active role in that bargaining. Education and instruction of physicians is a critical need. The AMA supports taking a leadership role in this process through an expanded program of assistance to independent and employed physicians.

(2) Our AMA supports continued intervention in the courts and meetings with the Justice Department and FTC to enhance their understanding of the unique nature of medical practice and to seek interpretations of the antitrust laws which reflect that unique nature.

(3) Our AMA supports continued advocacy for changes in the application of federal labor laws to expand the number of physicians who can bargain collectively.

(4) Our AMA vigorously opposes any legislation that would further restrict the freedom of physicians to independently contract with Medicare patients.

(5) Our AMA supports obtaining for the profession the ability to fully negotiate with the government about important issues involving reimbursement and patient care.

Citation: BOT Rep P, I-88; Modified: Sunset Report I-98; Reaffirmed: A-00; Reaffirmed: I-00; Reaffirmed: I-03; Reaffirmed: A-04; Reaffirmed in lieu of Res. 105, A-04; Reaffirmed: A-05; Reaffirmed: A-06; Reaffirmed: A-08; Reaffirmed: D-09; Reaffirmed: I-10; Reaffirmed: Sub. Res. 222, I-10; Reaffirmed: Res. 215, A-11; Reaffirmed: BOT Action in response to referred for decision Res. 201, I-12; Reaffirmed: Res. 206, A-19

Employee Associations and Collective Bargaining for Physicians D-383.981

Our AMA will study and report back on physician unionization in the United States.

Citation: Res. 601, I-14; Reaffirmed: Res. 206, A-19
Physicians’ Ability to Negotiate and Undergo Practice Consolidation H-383.988

Our AMA will: (1) pursue the elimination of or physician exemption from anti-trust provisions that serve as a barrier to negotiating adequate physician payment; (2) work to establish tools to enable physicians to consolidate in a manner to insure a viable governance structure and equitable distribution of equity, as well as pursuing the elimination of anti-trust provisions that inhibited collective bargaining; and (3) find and improve business models for physicians to improve their ability to maintain a viable economic environment to support community access to high quality comprehensive healthcare.

Citation: Res. 229, A-12; Reaffirmed: Res. 206, A-19