

AMERICAN MEDICAL ASSOCIATION ORGANIZED MEDICAL STAFF SECTION

Resolution: 1  
(I-25)

Introduced by: Matthew Vo, MD

Subject: Supporting Efforts to Strengthen Medical Staffs Through Collective Bargaining and/or Unionization

Referred to: OMSS Reference Committee  
(xxxx, MD, Chair)

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 still at an alarming 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 80 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; and

Whereas, the AMA itself adopted a report from the Council on Ethical and Judicial Affairs at the 2025 Annual Meeting updating AMA policy and affirming that collective action is one means by which physicians can advocate for patients, communities, their profession and their own health and providing guidelines for participation in collective action<sup>1</sup>; therefore be it

RESOLVED, that our American Medical Association reevaluate the various efforts to achieve collective bargaining and/or unionization for physicians nationally (Directive to Take Action); and be it further

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

RESOLVED, that the Organized Medical Staff Section be tasked with the primary role within the AMA in any efforts regarding collective bargaining and/or unionization (Directive to Take Action).

Fiscal Note: (Assigned by HOD)

Received: 9/15/2025

**REFERENCES**

1. CEJA Rep. 02, A-25. Supporting Efforts to Strengthen Medical Staffs Through Collective Actions and/or Unionization. <https://www.ama-assn.org/system/files/a25-refcomm-eb-annotated.pdf>

**RELEVANT AMA POLICY**

### **1.2.10 Political Action by Physicians**

Like all Americans, physicians enjoy the right to advocate for change in law and policy, in the public arena, and within their institutions. Indeed, physicians have an ethical responsibility to seek change when they believe the requirements of law or policy are contrary to the best interests of patients. However, they have a responsibility to do so in ways that are not disruptive to patient care.

Physicians who participate in advocacy activities should:

- (a) Ensure that the health of patients is not jeopardized and that patient care is not compromised.
- (b) Avoid using disruptive means to press for reform. Strikes and other collection actions may reduce access to care, eliminate or delay needed care, and interfere with continuity of care and should not be used as a bargaining tactic. In rare circumstances, briefly limiting personal availability may be appropriate as a means of calling attention to the need for changes in patient care. Physicians should be aware that some actions may put them or their organizations at risk of violating antitrust laws or laws pertaining to medical licensure or malpractice.
- (c) Avoid forming workplace alliances, such as unions, with workers who do not share physicians' primary and overriding commitment to patients.
- (d) Refrain from using undue influence or pressure colleagues to participate in advocacy activities and should not punish colleagues, overtly or covertly, for deciding not to participate.

[AMA Principles of Medical Ethics: I,III,VI](#)

Citation: Issued: 2016

### **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; BOT Rep. 17, A-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