Resolution 26-401

Support for Physicians Pursuing Collective Bargaining and Unionization

Polk County Medical Association

Whereas, The American Medical Association has policy that supports the right of physicians to engage in collective bargaining, and it is AMA policy to work for expansion and the number of physicians eligible for that right under federal law; and

Whereas, The AMA Resolution 210 (A-24), adopted in June 2024, requires the AMA to assist physicians in consolidating for negotiation, support the development of union tools, and enhance economic conditions; and

Whereas, The American College of Physicians Position Paper (2025) supports physicians' right to join labor unions, especially endorsing "dual affiliation" models (professional association-union) and advocating for collective action to reduce administrative burden; and

Whereas, The American College of Surgeons Task Force (2025) established the "Optimal Working Environment for Surgeons Task Force" to provide evidence-based, balanced information on unionization as a potential solution to burnout, fatigue, and workplace safety; and

Whereas, There has been a dramatic shift of physicians as employees, particularly over the past 10 years; and

Whereas, In 1999, the AMA provided financial support for the establishment of a National Labor Organization, the Physicians Responsible Negotiation (PRN) under the National Labor Relations Board to support the development and operation of local physician negotiating units as an option for employed physicians and physicians in training; and

Whereas, The percentage of physicians now employed by hospitals, health care systems, and corporate entities has increased markedly, the most recent report, up to 74% as of January 2022. Up from 47.4% in 2018. The number of physician practices acquired by hospitals and corporate entities between 2019 and 2022 also rapidly accelerated; and

Whereas, Dominant hospitals, healthcare systems, and other corporate entities employing physicians offer limited alternatives to physicians working in a market mostly controlled and dominated by their employer, where covenants not to compete also increase the employer’s bargaining power and market dominance; and

Whereas, The transition from independent professional physician workforce to employed physician workforce fundamentally alters the dynamics between hospitals, health care systems, corporate entities, and physicians, with a risk of negativity affecting the conditions of care and delivery and quality of the care provided; and

Whereas, The corporatization of medicine, including the involvement of private equity in healthcare, raises concerning questions about the incentive alignment, costs, and downstream effects on patients. These corporate entities do not necessarily have the patients' or physicians' best interests in mind; and

Whereas, physicians face a dominant power, multibillion-dollar hospital corporations, when negotiating with hospital employers, they lack a counterbalancing influence without collective bargaining; and

Whereas, collective bargaining can be an effective tool for protecting patient care safety standards, improving workforce conditions, safeguarding pay and job security, and providing a process for grievances for physicians without jeopardizing their employment; and

Whereas, The Labor Relations Board determined in 2022 that employed physicians are NOT in a supervisory role and therefore eligible to unionize; and

Whereas, Over the past 20 years, we have seen traditional physician-owned practices decline as they have been replaced by the corporatization of medical care, leaving physicians in a weakened and vulnerable state regarding their profession and their role in patient advocacy; and

Whereas, Interest in exploring collective bargaining for residents and practicing physician groups has increased in many parts of the country driven by the dynamic seen in the profession's shift toward employed status for the majority of physicians; therefore, be it

RESOLVED, That our Florida Medical Association supports the concept of collective bargaining for physicians, including, but not limited to, unionization of physicians in Florida.

Fiscal Note:

Description	Amount	Budget Narrative
No staff hours	$0	Can be accomplished with current staff
Total	$0	$0 added to the operating budget

Fiscal notes are an estimate of the cost to implement a given Resolution. All Resolutions that are adopted by the House of Delegates will be referred to the FMA Committee on Finance and Appropriations for fiscal consideration.

Reference Committee: IV – Medical Economics