

AMERICAN MEDICAL ASSOCIATION PRIVATE PRACTICE PHYSICIANS SECTION

Resolution: 3
(I-24)

Introduced by: Matthew D. Gold, MD
Subject: Equal Opportunity for Payment for "On Call" Duty
Referred to: PPS Reference Committee
(xxxx, MD, Chair)

1 Whereas, a primary goal of the American Medical Association is enhancing the satisfaction and
2 sustainability of medical practice; and
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4 Whereas, traditionally, physicians were expected to be "on call" to the hospital for a minimum
5 amount of time as a responsibility of being on the medical staff, but in recent decades, the shift
6 to employing many physicians by a hospital included coverage duties which by definition is paid
7 as a part of the salary of the employed physician; and
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9 Whereas, additionally, some independent physicians are paid for "on call" duties to ensure
10 access to a given specialty, yet others (not in short supply) are not¹; and
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12 Whereas, the duty to be "on call" for consultation at the hospital carries an opportunity cost of
13 being unable to schedule or participate in other activities, quite apart from any patient care that
14 may eventuate; and
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16 Whereas, the independent physician may bill for direct patient care, but that does not cover the
17 opportunity cost of simply being "on call;" and
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19 Whereas, in at least one state (Massachusetts), that the nature of the relationship of the
20 physician to the institution has changed in recent decades is acknowledged by policy ratified by
21 the Massachusetts Medical Society that advocates that "hospitals engage
22 community/independent specialty physicians on the medical staff for observation, inpatient and
23 emergency department coverage and that the parties negotiate mutually satisfactory payment
24 terms and service agreements for such service"²; and
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26 Whereas, guidelines for such negotiation start with equitable payment for service; therefore be it
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28 RESOLVED, that our American Medical Association advocate nationally that all physicians,
29 whether employed or independent, should be paid for "on call" responsibilities, whether or not
30 patient care is separately billed (Directive to Take Action).
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Fiscal Note: (Assigned by HOD)

Received: 9/30/2024

REFERENCES

1. Nability, J. (2021). Your full guide to on-call pay for physicians. *Physicians Thrive*.
<https://physiciansthive.com/physician-compensation/on-call-pay-physicians/>
2. Massachusetts Medical Society. (2024). *MMS Policy Compendium*.
[https://www.massmed.org/Governance-and-Leadership/Policies,-Procedures-and-Bylaws/MMS-Policy-Compendium-\(pdf\)/](https://www.massmed.org/Governance-and-Leadership/Policies,-Procedures-and-Bylaws/MMS-Policy-Compendium-(pdf)/)

RELEVANT AMA POLICY

On-Call Physicians H-130.948

Our AMA:

- (1) strongly encourages physicians and hospitals to work collaboratively to develop solutions based on adequate compensation or other appropriate incentives as the preferred method of ensuring on-call coverage and will monitor and oppose any state legislative or regulatory efforts mandating emergency room on-call coverage as a requirement for medical staff privileges and state licensure that are not supported by the state medical association;
- (2) advocates that physician on-call coverage for emergency departments be guided by the following principles:
 - (a) The hospital and physicians should jointly share the responsibility for the provision of care of emergency department patients.
 - (b) Every hospital that provides emergency services should maintain policies to ensure appropriate on-call coverage of the emergency department by medical staff specialists that are available for consultation and treatment of patients.
 - (c) The organization and function of on-call services should be determined through hospital policy and medical staff by-laws, and include methods for monitoring and assuring appropriate on-call performance.
 - (d) Physicians should be provided adequate compensation for being available and providing on-call and emergency services.
 - (e) Hospital medical staff by-laws and emergency department policies regarding on-call physicians' responsibilities must be consistent with Emergency Medical Treatment and Active Labor Act (EMTALA) requirements.
 - (f) Medical staffs should determine and adopt protocols for appropriate, fair, and responsible medical staff on-call coverage.
 - (g) Hospitals with specialized emergency care capabilities need to have a means to ensure medical staff responsibility for patient transfer acceptance and care.
 - (h) Hospitals that lack the staff to provide on-call coverage for a particular specialty should have a plan that specifies how such care will be obtained.
 - (i) The decision to operate or close an emergency department should be made jointly by the hospital and medical staff;
- (3) supports the enforcement of existing laws and regulations that require physicians under contract with health plans to be adequately compensated for emergency services provided to the health plans' enrollees; and
- (4) supports the enactment of legislation that would require health plans to adequately compensate out-of-plan physicians for emergency services provided to the health plans' enrollees or be subject to significant fines similar to the civil monetary penalties that can be imposed on hospitals and physicians for violation of EMTALA.

Citation: CMS Rep. 3, I-99; Reaffirmed: A-00; Modified: Sub. Res. 217, I-00; Reaffirmed: I-01; Reaffirmed: A-07; Appended and Reaffirmed: CMS Rep. 1, I-09; Modified: Res. 818, I-17

On-Call Coverage Models D-130.965

Our American Medical Association will compile and make available to the physician community various examples of on-call solutions intended to avoid subjecting physicians to unrealistic and unduly burdensome on-call demands, and educate AMA physician members regarding these options.

Citation: Res. 722, A-13; Reaffirmed: CMS Rep. 01, A-23

On-Call and Emergency Services Pay D-130.963

Our AMA will develop and make available policy guidance for physicians to negotiate with hospital medical staffs to support physician compensation for on call and emergency services.

Citation: Res. 818, I-17