



AMA ADVOCACY IMPACT REPORT

NOVEMBER 2024

While you're busy taking care of patients, the American Medical Association is fighting on the issues that matter most to you: Medicare payment, prior authorization, scope of practice, physician burnout, technology—and more.

From Capitol Hill to all 50 states, we tirelessly advocate for the changes needed in health care. See our real-world impact and join us as we **#FightForDocs**.

**THIS IS HOW
WE FIGHT.**

REFORMING MEDICARE PAYMENT

The ever-increasing inflation rate is making it impossible for physician practices to make ends meet, especially with payment rates that are not keeping up and that have **declined 29% over the last 20 years**. Severe repercussions for patient access and quality of care hang in the balance.

Thanks to an unrelenting, multipronged effort from the American Medical Association and the Federation, **policymakers are beginning to acknowledge this crisis** and work toward permanent payment system solutions.

THIS YEAR HAS SEEN SEVERAL IMPORTANT POSITIVE DEVELOPMENTS, INCLUDING:

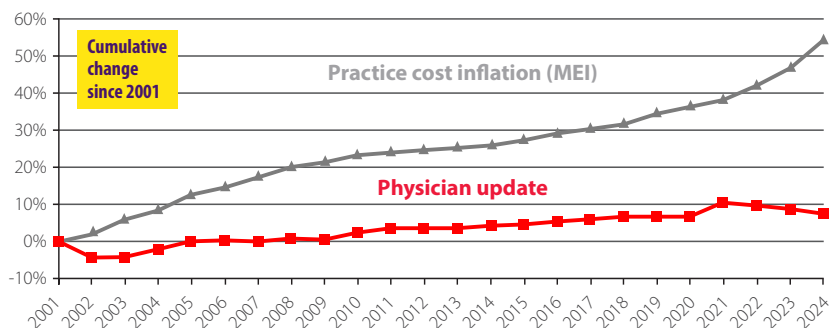
- The House introduced the **Medicare Patient Access and Practice Stabilization Act of 2024**, which would entirely stop 2025 Medicare physician payment cuts and provide half of the MEI update.
- A **bipartisan majority of the House**—233 members—signed a “Dear Colleague” letter calling for a legislative fix to the pending 2.8% Medicare payment cut.
- **The Medicare Payment Advisory Commission (MedPAC) and the Medicare Trustees issued warnings** about access to care problems for America’s seniors and persons with disabilities.
“The [Medicare] Trustees expect access to Medicare participating physicians,” according to their own 2024 report, “to become a significant issue in the long-term.”
- Committees of jurisdiction—the Senate Finance, the House Ways & Means, the House Energy & Commerce—**held a hearing, released a white paper and began conversations** in earnest on reforming the Medicare Access and CHIP Reauthorization Act (MACRA).

PRACTICE COST INFLATION IS OUTPACING MEDICARE PHYSICIAN PAYMENT

Medicare physician payments (when adjusted for practice cost inflation) have declined 29% from 2001 to 2024.*

Note: Updates from the Consolidated Appropriations Act of 2024 have been incorporated.

Updated March 2024



* Source: Federal Register, Medicare Trustees’ Reports, Bureau of Labor Statistics, Congressional Budget Office

THE MEDIA IS TAKING NOTICE

Recent headlines include:

Congress must fix Medicare's broken payment system

—The Washington Times, August 2024

Why Congress should change how Medicare pays physicians

—Forbes, July 2024

Medicare is putting the care of our aging population at risk

—The Seattle Times, August 2024

Proposed physician pay decrease: 'Death by a thousand cuts continues'

—Healthcare Finance News, July 2024

THE AMA IS URGING CONGRESS TO ACT

To reform MACRA along four key pillars:

- **Enacting an annual, permanent inflationary payment update** in Medicare that is tied to the Medicare Economic Index (H.R. 2474)
- **Budget neutrality reforms** (H.R. 6371)
- An **overhaul** of MACRA's Merit-based Incentive Payment System (MIPS)
- **Modifications** to Alternative Payment Models (S. 3503/H.R. 5013)

GRASSROOTS ACTIVITY IS AMPLIFYING THE URGENT NEED FOR ACTION

Since launching in 2023, the AMA's "Fix Medicare Now" campaign has generated:

507,000+

contacts to Congress

594,200+

site visits

508,600+

site users

31,166,300+

impressions

2,196,800+

engagements



Take action to
#FixMedicareNow

FIXING PRIOR AUTHORIZATION

Creating a barrier between patients and necessary care under the guise of controlling costs, prior authorization (PA) has become an overused, dangerous tactic that has woven its way into everyday medicine and is causing serious patient harm—not to mention increasing physician burnout. **This isn't just a game of paperwork—patient lives are on the line.** A recent AMA survey illustrates what's at stake and why continuing to aggressively push for real, substantive solutions remains a top priority.

AN AMA SURVEY RELEASED IN JUNE* finds that prior authorization continues to have a devastating effect on patient outcomes and physician burnout:



Nearly **1 in 4**
physicians (24%)

report that PA has led to
a serious adverse event
for a patient in their care.

19%

of physicians report
that PA has led to
a patient's hospitalization

13%

of physicians report
that PA has led to
a life-threatening event
or required intervention
to prevent permanent
impairment or damage

7%

of physicians report
that PA has led to
a patient's disability/
permanent bodily
damage, congenital anomaly/
birth defect or death

95%
of physicians

report that PA somewhat
or significantly increases
physician burnout.



More than **3/4** of physicians (78%)
reported that patients

abandon treatment due to prior authorization struggles
with health insurers.

* Source: [2023 AMA prior authorization physician survey](#)

AGAIN, THE MEDIA SEES THE PROBLEM

And calls out the harm it's causing:

The burdensome administrative process unnecessarily exacerbates care delays for patients and has been denounced for enabling insurers to pad their bottom lines while inflicting harm on patients, a practice *The New York Times* characterized as “[medical injustice disguised as paperwork](#).” — *New York Times*, March 2024

APPLYING PRESSURE WORKS

The AMA's “[FixPriorAuth.org](#)” grassroots campaign and sustained advocacy has led to federal and state policymakers working toward prior authorization reforms in 2024 that include:

- The Centers for Medicare & Medicaid Services **released final regulations** making important reforms to prior authorization to cut patient care delays and electronically streamline the process for physicians.
- Lawmakers introduced this past June an updated, bipartisan version of the **Improving Seniors’ Timely Access to Care Act** in both the House (H.R. 8702) and Senate (S. 4532).
- Over **a dozen states enacted laws this year** supported by the AMA and state medical associations that reduce care delays and wasted time experienced by patients and physicians due to prior authorization requirements.

I sit down with a patient, listen to their history, do a thorough exam, review imaging studies and then together we decide on a treatment plan. But then I have to get approval from an insurance company representative who has never seen my patient and who typically isn't even a physician.

— AMA President Bruce A. Scott, MD, [describing the peer-to-peer review process*](#)

* Source: <https://www.ama-assn.org/about/leadership/we-must-fix-prior-authorization-protect-our-patients>

PROMOTING PHYSICIAN-LED CARE

Health care teams working together—with physicians in the lead—is critical to having the best and safest outcomes for patients. Patients prefer physician-led care and for good reason: compared with nurse practitioners, **physicians have 20 times more clinical training**, which translates into safer, quality care for patients.

This year, the AMA worked alongside state medical associations from across the country to oppose inappropriate scope expansions in 40+ states, some of which have been supported by the AMA Scope of Practice Partnership (SOPP), an initiative that has provided **more than \$4 million** in grants since its inception.

AMA EFFORTS HELPED DELIVER CONCRETE RESULTS IN 2024

that include the defeat of **80+ bills** concerning scope of practice that would have allowed such things as:

- **Physician assistants and nurse practitioners** to independently practice medicine
- **Pharmacists** to independently diagnose and prescribe medications to patients
- **Naturopaths** to prescribe legend drugs or perform surgical procedures
- **Optometrists** to perform surgery
- **Nurse anesthetists** to provide anesthesia services without physician supervision
- **Psychologists** to independently prescribe medications

PATIENTS PREFER PHYSICIAN-LED CARE*

91%

say a physician's education and training are vital for optimal care



3/4

would wait longer and pay more to be treated by a physician



95%

say it's important for a physician to be involved in their diagnosis and treatment



* Source: <https://www.ama-assn.org/system/files/ama-scope-of-practice-stand-alone-polling-toplines.pdf>

STATE-LEVEL ACCOMPLISHMENTS

While there are numerous examples of recent successful efforts, here's a sample:



- Medical Association of Georgia, supported by the SOPP, **defeated legislation** that would have removed language requiring anesthesia services provided by nurse anesthetists to be under the direction and responsibility of a physician.



- Oklahoma State Medical Association, supported by the SOPP, successfully ensured Gov. Kevin Stitt's veto of legislation that **would have allowed APRNs to independently practice medicine**.



- Mississippi State Medical Association once again **defeated numerous scope bills**, including legislation that would have granted APRNs independent practice and allowed pharmacists to diagnose and prescribe medications to patients (test and treat).



- South Carolina Medical Association (SCMA) defeated numerous scope bills, including bills that would have expanded the scope of practice of APRNs and physician assistants, **removed physician supervision of nurse anesthetists**, and allowed pharmacists to test and treat. SCMA received a SOPP grant to help with these efforts.



- Texas Medical Association **defeated 140 scope of practice bills** during the 2023 legislative session and is preparing for its next session in 2025.

Working together is the key for us to be successful in the great United States of America. In all 50 states, we might not agree on all legislation, but we should all agree on the need for physician-led care.*

— Texas Medical Association President G. Ray Callas, MD

EFFORTS ON CAPITOL HILL

On the federal level, to ensure that veterans are provided with the care they deserve — care from a physician-led team — the AMA **continues to actively oppose the VA Federal Supremacy Project**. The AMA is also opposing federal bills that seek to expand the scope of practice for pharmacists, psychologists, nurse practitioners, physician assistants and nurse anesthetists in Medicare or other federal health care programs.

* Source: <https://www.ama-assn.org/practice-management/scope-practice/scope-practice-texas-how-texas-medical-association-and-ama-stop>

REDUCING PHYSICIAN BURNOUT

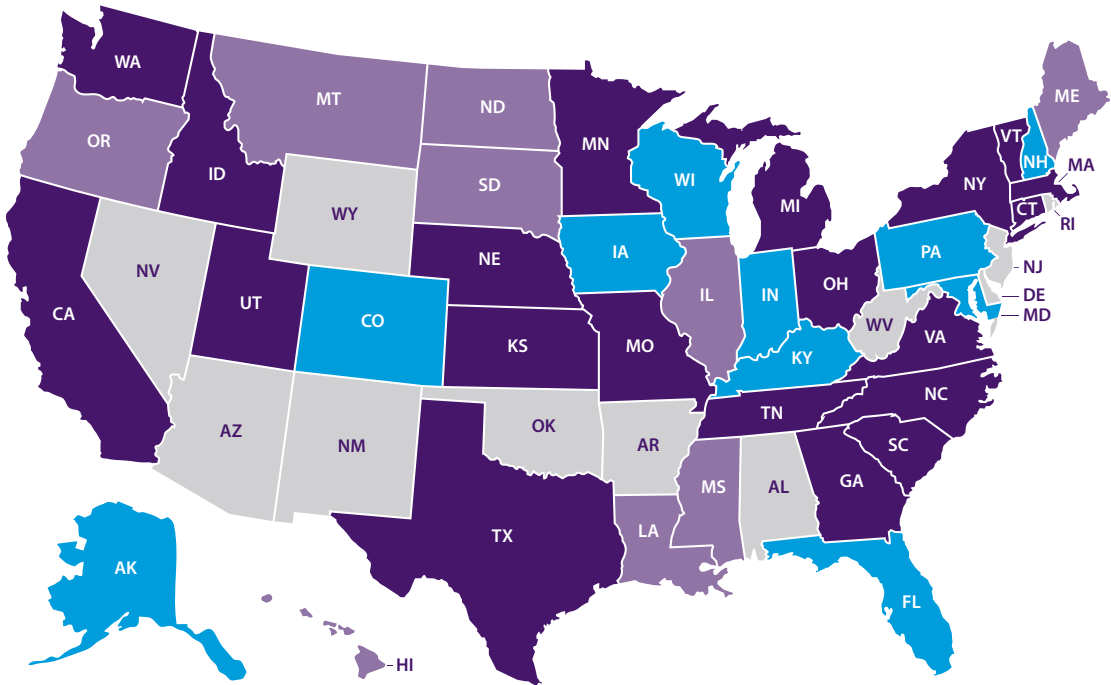
Key to the [AMA campaign to support medical student, resident, and physician health and well-being](#) is the close partnership we have forged with a range of leading organizations including the Dr. Lorna Breen Heroes' Foundation, the Federation of State Medical Boards, the Federation of State Physician Health Programs, the Medical Society of Virginia and many others. Collectively, this campaign and these partnerships have **benefitted more than 1.1 million physicians** and other licensed/credentialed health care professionals.

IN RECENT YEARS SIGNIFICANT STRIDES HAVE BEEN MADE across the country to improve physician health. Several of those success stories include:

- In the past two years, **nine states have enacted “safe haven” type legislation** to help enhance confidentiality protections for physicians and others who seek care for wellness.
- Additional success came with **revisions to statewide credentialing applications in Iowa, Massachusetts and Oregon**, each of which amended their applications with technical assistance and support from the AMA and its partners.
- AMA advocacy also led to support and/or endorsement of **AMA-recommended policy changes from key accrediting organizations**, including The Joint Commission, the National Center for Quality Assurance (NCQA), and URAC.
- **AMA policy recommendations now are supported** by the CDC's National Institutes of Occupational Safety and Health, the National Association of Medical Staff Services, the American Hospital Association and other key stakeholders.
- At the federal level the **Dr. Lorna Breen Health Care Provider Protection Reauthorization Act**, which was unanimously supported by the House Energy and Commerce Committee, continues the ongoing work established in the original law, enacted in 2022.
- The AMA is **supporting efforts by the Federation of State Physician Health Programs (PHPs)** to strengthen state PHPs to protect the privacy of PHP information and highlight the benefits of PHPs to safely return physicians to practice.

APPLICATIONS PRIORITIZE PHYSICIAN WELLNESS

A record number of licensure boards and hospitals have updated their applications to support physician wellness.



States where Medical Boards' initial and renewal MD and DO applications are consistent with recommendations

States where hospitals' credentialing applications are consistent with recommendations

States with both licensing and credentialing applications consistent with recommendations

States without licensing or credentialing applications consistent with recommendations

Source: Dr. Lorna Breen Heroes' Foundation <https://drlornabreen.org/removebarriers/>

There now are 34 licensure boards—including 29 medical boards, and more than 425 hospitals and health systems—that have verified their licensing or credentialing applications are **free from intrusive mental health questions and stigmatizing language**. This is an increase from 2022 when only 22 medical boards and a few dozen hospitals and health systems had reviewed their applications.

The rapid adoption of our recommendations to remove intrusive mental health questions and stigmatizing language from licensing and credentialing applications would not have been possible without the leadership of the American Medical Association, state medical societies, and physician leaders across the country. Our continued collaboration will get us to every medical board and hospital removing these barriers and making it safer for physicians to pursue mental health care without fear of losing our jobs.

— Stefanie Simmons, MD, chief medical officer, Dr. Lorna Breen Heroes' Foundation

MAKING TECHNOLOGY WORK FOR PHYSICIANS

Technology is engrained in virtually all aspects of health care. But it needs to be an **asset to physicians, not a burden**. Above all else, this year's Change Healthcare cyberattack demonstrated that the need to enhance cybersecurity protections across the board must be a paramount goal.

THE AMA IS WORKING TO ENSURE PHYSICIAN VOICES ARE INTEGRATED INTO THE CREATION AND REFINEMENT OF ALL MEDICAL TECHNOLOGY—FROM TELEHEALTH TO AI TO EHRs:

Cybersecurity

- Immediately began to **advocate at all levels of government and across the payer community** to find solutions to the **Change Healthcare cyberattack** that would allow practices to maintain financial stability.
- Conducted multiple surveys to assess the **serious impact of the cyberattack** on physician practices and used this information to **press for a wide array of accommodations** from all stakeholders.
- Urged Congress to take steps that would **strengthen cybersecurity** and the resilience of health care systems. Emphasized the need for payers to create, execute and regularly review **contingency plans for handling security breaches**.

Augmented intelligence

- Advocated for **regulatory and legislative actions** to support the appropriate development and deployment of health care AI.
- Advocated broadly for **transparency mandates** for AI-enabled health care technologies and for policies aimed at **reducing risks of physician liability** for use of AI-enabled technologies and systems.
- Advocated **against use of AI by payers to deny or limit access to care**, including advocating for audits on use of AI in claims determinations by payers to ensure they are not increasing denials, and advocating for mandated human review of claims denials where decisions were made by AI-enabled systems.

Information blocking/interoperability

- Reduced the prescriptive nature of information blocking regulations and **created special exceptions for physicians** who withhold reproductive health information and protect patient privacy.
- Advanced federal policies that **increased interoperability** and will improve prior authorization processes, reducing physicians' EHR workflow burdens.

“Ensuring the responsible, equitable, ethical, and transparent design, development and deployment of high-performing augmented intelligence (AI)-enabled tools within our health care system is a key priority for AMA members and our patients.”

— AMA CEO and Executive Vice President James L. Madara, MD

THE FIGHT CONTINUES

While legislation extends Medicare telehealth coverage through 2024, the AMA is continuing to press federal lawmakers to **not let these crucial extensions expire** at the end of this year—pointing to the CONNECT for Health Act and the Telehealth Modernization Act as two prominent bipartisan bills that would permanently extend telehealth coverage.

OUR ADVOCACY DOESN'T STOP HERE

The AMA's advocacy extends far beyond the topics above to include:

- Pursuing solutions to the physician workforce crisis
- Fighting government interference in evidence-based medicine
- Improving public health
- Addressing additional pressing insurer issues
- Reducing overdose and improving care for patients with pain
- Improving maternal health outcomes
- And many others

To stay up to date with the latest work on all these topics and more, **read the biweekly AMA Advocacy Update newsletter and find out more ways to get involved with AMA advocacy.**



Find out ways to
get involved in
AMA advocacy.

JOIN THE AMA IN PERSON AT OUR FLAGSHIP ADVOCACY CONFERENCES

Learn from thought leaders, policymakers and physicians like you about these issues and how to get involved in moving us forward. Make plans to attend these upcoming events.

2025 STATE ADVOCACY SUMMIT

Jan. 9–11, 2025
Omni La Costa Resort & Spa
Carlsbad, Calif.



Register today!

2025 NATIONAL ADVOCACY CONFERENCE

Feb. 10–12, 2025
Grand Hyatt Washington
Washington, D.C.

