



5 ways the AMA is fighting for physicians in 2024

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The AMA is the physician's relentless and powerful ally in health care, and unprecedented times require bold action. Physicians face far too many challenges that interfere with patient care.

That's why the AMA is advocating to keep doctors at the head of the health care team, reform the Medicare physician payment system, relieve the burden of overused prior authorizations and so much more.

These advocacy initiatives are part of the AMA Recovery Plan for America's Physicians, which includes:

- Reforming Medicare payment.
- Fixing prior authorization.
- Fighting scope creep.
- Reducing physician burnout.
- Transforming digital health.

As shown below and in a new report (PDF), the AMA has made progress in these areas and will keep fighting until nothing stands between physicians and their patients.

Reforming Medicare payment

The Medicare payment system is on an unsustainable path, threatening patients' access to physicians. The system's growing financial instability is due to a confluence of fiscal uncertainties physician practices face related to the pandemic, statutory payment cuts, lack of inflationary updates, significant administrative burdens, and now the massive disruption caused by the Change Healthcare



cyber outage.

Medicare physician payment has effectively been cut 29%, adjusted for inflation, from 2001–2024. The Medicare physician payment system lacks an adequate annual physician payment update, unlike those that apply to other Medicare provider payments (PDF). A continuing statutory freeze in annual Medicare physician payments is scheduled to last until 2026, when updates resume at a rate of 0.25% per year indefinitely, well below inflation rates.

What the AMA is fighting for: Reforming Medicare physician payment means putting the patient back in the center of health care. It is urgent that Congress work with the physician community to develop long-term solutions to the systematic problems with the Medicare physician payment system and preserve patient access.

Congress needs to establish a permanent, annual inflationary Medicare physician payment update that keeps up with the cost of practicing medicine and encourages practice innovation.

In addition, budget-neutrality policies need to be revised to:

- Prevent erroneous utilization estimates from causing inappropriate cuts.
- Raise the projected expenditure threshold that triggers the budget neutrality adjustment, which has been in place since 1992.

The performance and reporting programs in Medicare’s Merit-based Incentive Payment System (MIPS) are based on outdated legacy programs and the four components largely function independently and are noncohesive. They are burdensome, often lack clinical relevance, and carry the potential of severe penalties. Policymakers should work with the physician community and other stakeholders to develop ways to reduce the administrative and financial burden of MIPS participation and revise reporting programs to reduce financial risk and ensure its clinical relevance to patient care.

In this fight, the AMA has:

- Secured introduction of bipartisan legislation in the House for automatic annual inflation updates to Medicare physician payments.
- Secured introduction of H.R. 6371 to revise budget neutrality policies and minimize revenue instability.
- Launched FixMedicareNow.org so decisionmakers in Congress can hear directly from physicians.

Fixing prior authorization



Prior authorization is a health plan cost-control process that AMA survey research shows leads to delayed and abandoned care, negatively affecting patient outcomes. The average physician practice completes 45 prior authorizations per physician per week, and doctors and their staff spend nearly two business days a week completing such authorizations.

What the AMA is fighting for: Eliminating care delays, patient harm and practice hassles. The AMA wants to cut the overall volume of prior authorizations, increase transparency of requirements, promote automation and ensure timely care for patients.

The AMA supports these reforms to:

- Eliminate prior authorization requirements for regularly approved care, gold-carding programs and other exemption programs.
- Establish quick response times (24 hours for urgent, 48 hours for nonurgent care).
- Adverse determinations should be made only by a physician licensed in the state and of the same specialty that typically manages the patient's condition.
- Prohibit retroactive denials if care is preauthorized.
- Make each prior authorization valid for at least one year, regardless of dose changes. For patients with chronic conditions, the prior authorization should be valid for the length of treatment.
- Require public release of insurers' prior authorization data by drug, service, and device as it relates to approvals, denials, appeals, wait times and more.
- Prohibit plans from requiring prior authorizations when patients switch plans before they can get coverage for ongoing care.

In the fight, the AMA has:

- Convinced the Centers for Medicare & Medicaid Services (CMS) to rightsize the prior authorization process imposed by Medicare Advantage plans.
- Secured a second CMS final rule on interoperability and prior authorization that will lead to an estimated \$15 billion in savings for physician practices over 10 years.
- Continued to support state efforts with model legislation, data, legislative resources and real-time bill analysis. Nine states passed prior authorization reform bills last year, and over 90 bills have been introduced in 28 states already in 2024.

Fighting scope creep

Allowing nonphysicians such as nurse practitioners, physician assistants or pharmacists to diagnose and treat patients without any physician oversight is a step in the wrong direction. The best way to



support high-quality care and lower costs is to keep physicians as the leader of the health care team (PDF).

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A graphic with a dark blue background and a yellow border. Inside the border, the text "AMA RECOVERY PLAN FOR AMERICA'S PHYSICIANS" is written in bold, yellow, sans-serif capital letters. The background of the graphic shows a close-up of a person's hands wearing blue surgical gloves, holding a surgical instrument.

AMA RECOVERY PLAN FOR AMERICA'S PHYSICIANS

Compared with nurse practitioners, physicians have 20 times more clinical training. And while all physicians get vital hands-on instruction, 60% of nurse practitioner programs are mostly or completely online. And patients prefer physician-led care (PDF), with 95% saying it's important for a physician to be involved in their diagnosis and treatment.



What the AMA is fighting for: Patients deserve care led by physicians—the most highly educated, trained and skilled health care professionals. That’s why the AMA vigorously defends the practice of medicine against scope of practice expansions that threaten patient safety.

In this fight, the AMA has:

- Helped defeat legislation nationally that aimed to expand the scope of practice for nurse practitioners, physician assistants, pharmacists and optometrists.
- Led the AMA Scope of Practice Partnership, which has provided more than \$3.9 million in grants since its inception. Last year, the AMA boosted its annual contribution to the partnership to \$300,000.
- Continued working with medical associations to oppose inappropriate scope expansion in more than 25 states so far in 2024.

Reducing physician burnout

The COVID-19 public health emergency has expired, but the public health crisis of physician burnout that was exacerbated during that pandemic has persisted with exclusive AMA survey data showing an overall physician burnout rate of 53%.

All physician specialties and practice settings are affected by burnout. When a physician experiences burnout, this can have a significant impact on organizational productivity and morale—and diverted attention to administrative tasks can lead to a reduction in the amount of time physicians can deliver direct patient care.

What the AMA is fighting for: By measuring and responding to physician burnout where it exists, solutions and interventions can be identified and developed at the systems level to be able to:

- Assess underlying drivers of burnout.
- Understand unique challenges to physician and care team well-being.
- Reduce drivers of stress within an organization.
- Proactively initiate programs (such as wellness or peer-to-peer networking) and infrastructure that support and promote well-being.

Physician well-being is influenced by both organizational and individual factors. Committed to making physician burnout a thing of the past, the AMA has studied and is addressing the issues causing and fueling physician burnout to better understand the challenges physicians face.

Seventy-two health care organizations, representing more than 120,000 physicians, were honored last year by the AMA Joy in Medicine™ Health System Recognition Program. That is an increase from the



28 organizations in 2022.

In this fight, the AMA also has:

- Advocated laws and policies in over a dozen states to protect physicians seeking care for wellness and burnout, and working to implement the Dr. Lorna Breen Health Care Provider Protection Act.
- Supported statewide changes in Massachusetts and Virginia, as well as changes at more than 26 states and 320 hospitals, urgent care centers and other facilities—having a positive impact on hundreds of thousands of physicians.
- Provided health care institutions with resources to measure physician well-being and strategies to promote professional satisfaction, practice efficiency and quality patient care.

Transforming digital health

Before the pandemic hit in 2020, the Medicare program only paid for telehealth services in very limited circumstances. COVID-19 sparked policy change and led to dramatic increases in adoption of telehealth by patients and physicians. Early in the pandemic, with strong support from the AMA, such restrictions on coverage for telehealth services were lifted by Medicare and other health plans.

That move continues to benefit patients, with 74% of physicians working in practices that offer telehealth. That's up from just 14% in 2016. Unfortunately, many of the telehealth flexibilities that have greatly improved patient access to care throughout the pandemic are set to expire at the end of 2024. Meanwhile, an explosion of augmented intelligence (AI) tools deployed in health care offer promise, and potential pitfalls for patients and physicians.

What the AMA is fighting for: Achieving permanent Medicare coverage of telehealth services for patients—including allowing them to continue receiving these services in their homes—is important for patient access to care. The AMA is working to ensure physicians have the tools, resources and support to seamlessly integrate telehealth into their practices without financial risk or penalty.

That's why the AMA supports congressional action that includes provisions to:

- Lift limitations on the locations of patients and physicians or other clinicians.
- Remove in-person requirements for telemental health.
- Ensure continued access to clinically appropriate controlled substances without in-person requirements.
- Increase access to telehealth services in the commercial market.

In this fight, the AMA has:



- Achieved passage of legislation to extend Medicare telehealth coverage, including audio-only and hospital-at-home services, through 2024.
- Continued to support the CONNECT for Health Act to expand Medicare telehealth coverage and make pandemic-era flexibilities permanent.
- Updated guides and resources to help physicians and health systems sustain and optimize telehealth in practice.
- Continued working to ensure that AI is developed, tested and implemented in a way that meets the needs of physicians and patients.

The AMA has heard the message from influential members of Congress loud and clear. They say it is critical to “keep up the pressure.”

That is just what the AMA is doing. And that fight extends far beyond Capitol Hill, to courtrooms and boardrooms across the country. Wherever there are obstacles that interfere with patient care, the AMA is there as the physician’s ally, speaking up forcefully and effectively to combat them.