



# AMA ADVOCACY IMPACT REPORT

**FEBRUARY 2025**

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.**



## 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 33% 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 AN EARLY POSITIVE DEVELOPMENT

The House of Representatives recently introduced the bipartisan **Medicare Patient Access and Practice Stabilization Act of 2025 (H.R. 879)**, which would:

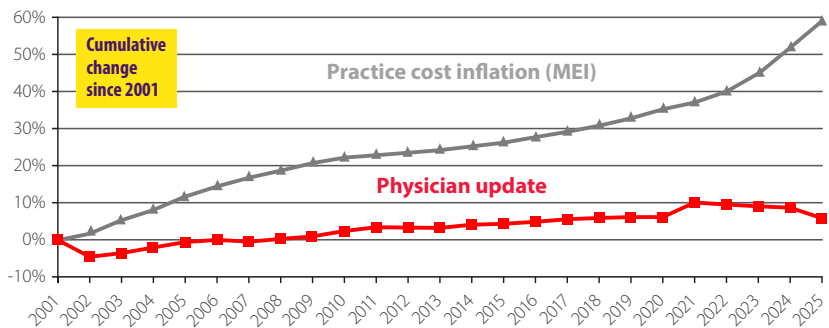
- Reverse the latest round of Medicare payment cuts providing immediate financial relief to stabilize practices and preserve patient access.
- Provide an inflationary update to ensure payments in 2025 begin to reflect the rising costs of delivering care, a critical step toward sustainable reform.

## PRACTICE COST INFLATION IS OUTPACING MEDICARE PHYSICIAN PAYMENT

### Medicare updates compared to inflation in practice costs (2001–2025)

Adjusted for inflation in practice costs, Medicare physician payment **declined 33%** from 2001 to 2025.

Updated Jan. 2025



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

## THE MEDIA IS TAKING NOTICE

Recent headlines include:

**Medicare is breaking. Senior citizens are paying the price.**

—U.S. News & World Report, December 2024

**MedPAC again backs boosting docs' Medicare pay**

—Axios, January 2025

**Doctors dismayed by payment cuts in federal spending plan: 'Huge congressional failure'**

—Chief Healthcare Executive, December 2024

**Congress adjourns without easing Medicare doc pay cut**

—Medscape, December 2024

## THE AMA IS URGING CONGRESS TO ACT

To reform the Medicare Access and CHIP Reauthorization Act (MACRA) along four key pillars:

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

## GRASSROOTS ACTIVITY IS AMPLIFYING THE URGENT NEED FOR ACTION

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

**549,000+**

contacts to Congress

**952,000+**

site visits

**847,000+**

site users

**237,600,000+**

impressions

**7,800,000+**

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 led to federal and state policymakers working toward prior authorization reforms in 2024 that included:

- 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.
- Over **a dozen states enacted laws last 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>

## HOW WE FIGHT:

# PROMOTING PHYSICIAN-LED CARE

Health care teams working together—with physicians in the lead—are 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.

In 2024, the AMA worked alongside state medical associations from across the country to oppose inappropriate scope expansions in 40+ states, some of which were 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.

“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 AMA continues to work to advance the **Dr. Lorna Breen Health Care Provider Protection Reauthorization Act**, which supports the continued ongoing work established in the original law, enacted in 2022. The Reauthorization Act would continue the work of the enacted law for an additional five years.
- 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.







# 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, last 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 mid-March, the AMA is continuing to press federal lawmakers to **not let these crucial extensions expire**—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.

## 2026 STATE ADVOCACY SUMMIT

Jan. 8–10, 2026  
Terranea Resort  
Rancho Palos Verdes, Calif.



Save the date!

## 2026 NATIONAL ADVOCACY CONFERENCE

Feb. 23–25, 2026  
Grand Hyatt Washington  
Washington, D.C.

