



JUNE 2025 AMA ADVOCACY IMPACT REPORT

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.**

A yellow L-shaped graphic element is located in the bottom left corner of the blue background.

REFORMING MEDICARE PAYMENT AND DEFENDING MEDICAID

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 bipartisan **Medicare Patient Access and Practice Stabilization Act of 2025 (H.R. 879/S. 1640)** has been introduced in both houses of Congress. This bill would:

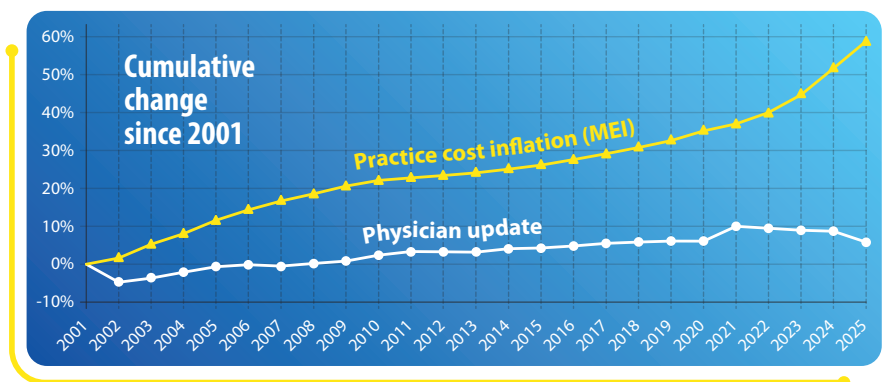
- Reverse the latest round of Medicare payment cuts providing immediate financial relief to stabilize practices and preserve patient access.
- Provide an inflationary update to ensure payments in 2025 begin to reflect the rising costs of delivering care, a critical step toward sustainable reform.

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



Take action to
#FixMedicareNow

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

THE MEDIA IS TAKING NOTICE

Recent headlines include:

Bill's sponsors on Medicare cut: 'The future of private practice is in dire straights'
— *HME News*, February 2025

MedPAC: Congress should tie Medicare physician reimbursement to inflation
— *Medical Economics*, April 2025

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:

600,000+ contacts to Congress	1.3 million+ site visits	1.2 million+ site users	300 million+ impressions	9 million+ engagements
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DEFENDING MEDICAID

Medicaid **provides coverage to millions of Americans** and **serves as a critical safety net** for children, pregnant and postpartum women, seniors, and people with disabilities and serious health conditions.

The AMA is urging Congress to preserve this crucial program by:

- **Maintaining current funding** for Medicaid and CHIP
- **Ensuring continuity of care** without disruptions in coverage
- **Reducing administrative obstacles** for patients and physicians

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 FEBRUARY* finds that prior authorization continues to have a devastating effect on patient outcomes and physician burnout:



More than **1 in 4** physicians (29%)

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

23%

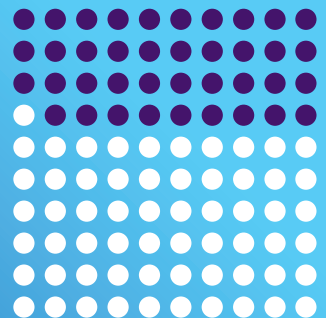
of physicians report that PA has led to a patient's hospitalization.

18%

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

8%

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



61%
of physicians
report that they are concerned that augmented intelligence (AI) increases/will increase PA denial rates.

More than **3/4** of
physicians (82%)



reported that patients abandon treatment due to PA struggles with health insurers.

AGAIN, THE MEDIA SEES THE PROBLEM

And calls out the harm it's causing:

'They won't help me': Sickest patients face insurance denials despite policy fixes

—KFF Health News, March 2025

APPLYING PRESSURE WORKS

The AMA's "[FixPriorAuth.org](https://www.fixpriorauth.org)" grassroots campaign and sustained advocacy have led to federal and state policymakers working toward prior authorization reforms that have included:

- The House reintroduced the **Reducing Medically Unnecessary Delays in Care Act of 2025 (H.R. 2433)**, bipartisan legislation that seeks to reform prior authorization requirements in Medicare, Medicare Advantage, and Part D prescription drug plans by ensuring that only specialty board-certified physicians review treatment decisions.
- In recent letters to CMS Administrator Mehmet Oz, MD, the AMA highlighted alignment between organized medicine's **prior authorization reform priorities** and those outlined by Dr. Oz in his Senate confirmation hearing, to include reducing the overall volume of prior authorization requirements, improving transparency, protecting continuity of patient care, and automating the process.
- The House and Senate reintroduced the **Improving Seniors' Timely Access to Care Act of 2025 (H.R. 3514/S. 1816)**. This bicameral, bipartisan legislation seeks to reform prior authorization in Medicare Advantage plans by improving transparency through public reporting of program metrics and streamlining the process using standard electronic transactions.

Over 14 state prior authorization reform laws have been enacted over the last year, including:

- Colorado's new comprehensive law **prohibits insurers from imposing prior authorization requirements more than once every three years** for a chronic maintenance drug, requires the development of a gold carding program, increases transparency around prior authorization requirements and clinical criteria, and aligns electronic prior authorization requirements with federal standards for drugs and services.
- Mississippi's new law **establishes data reporting requirements** by the plans on prior authorization metrics to the public and to regulators, reduces the response time for urgent services, prevents retrospective denials, establishes requirements for clinical criteria, and provides regulators with stronger enforcement authority.
- Vermont's new law **protects patients with chronic conditions** from having to continually get new prior authorizations for treatment that is unchanged, prevents prior authorization for primary care services, and requires that insurers respond to urgent prior authorization requests within 24 hours.
- Minnesota law now **prevents the use of prior authorization** for some cancer care, mental health care and preventive care; requires that prior authorizations for treatment of chronic conditions do not expire as long as the treatment doesn't change; and extends reporting requirements on prior authorization metrics.
- Wyoming's new law, among many provisions, creates a "gold card" program that **exempts physicians from prior authorization** when they have a track record of consistently being approved for certain procedures or medications and requires that prior authorizations for patients with chronic conditions remain valid for longer periods of time.

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.

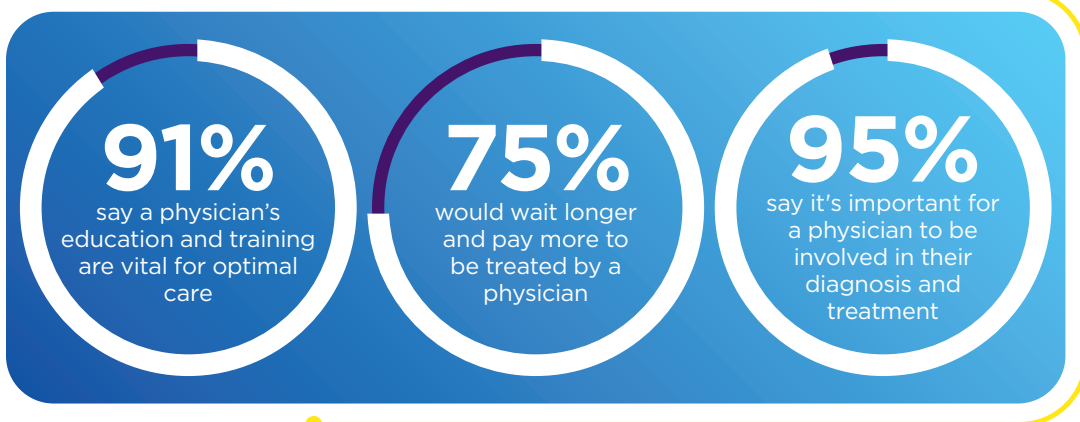
In 2025 so far, the AMA has worked alongside state medical associations and national medical specialty societies from across the country to support physician-led care and oppose inappropriate scope expansions in 35 states, some of which were supported by the AMA Scope of Practice Partnership (SOPP), an initiative that has provided **more than \$4.8 million** in grants since its inception.

AMA EFFORTS HAVE HELPED DELIVER CONCRETE RESULTS IN 2025

that include the defeat of **40+ 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*



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

STATE-LEVEL ACCOMPLISHMENTS

Here's a sample of key scope expansion bills that have been defeated in 2025:



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



- Mississippi State Medical Association successfully **defeated numerous scope of practice bills in 2025**, including legislation that would have removed the current physician collaboration requirements for advanced practice registered nurses. MSMA also successfully defeated legislation that would have allowed pharmacists to test and treat patients for a broad range of illnesses, including but not limited to influenza, streptococcus, urinary tract infections, certain skin conditions and RSV.



- Indiana State Medical Association defeated legislation that **would have removed physician collaboration** of advanced practice registered nurses.



- Both MedChi (The Maryland State Medical Association) and North Dakota Medical Association successfully **defeated naturopath prescribing legislation**.



- New Mexico Medical Association defeated legislation that would have expanded the scope of practice of physician assistants and helped secure Governor Lujan Grisham's **veto of an optometrist surgery bill**.



- Washington State Medical Association **defeated several scope of practice bills**, including legislation that would have allowed psychologists to prescribe, pharmacists to diagnose and prescribe, and naturopaths to prescribe, authorize durable medical equipment, and use the term naturopathic physician, among other provisions.

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

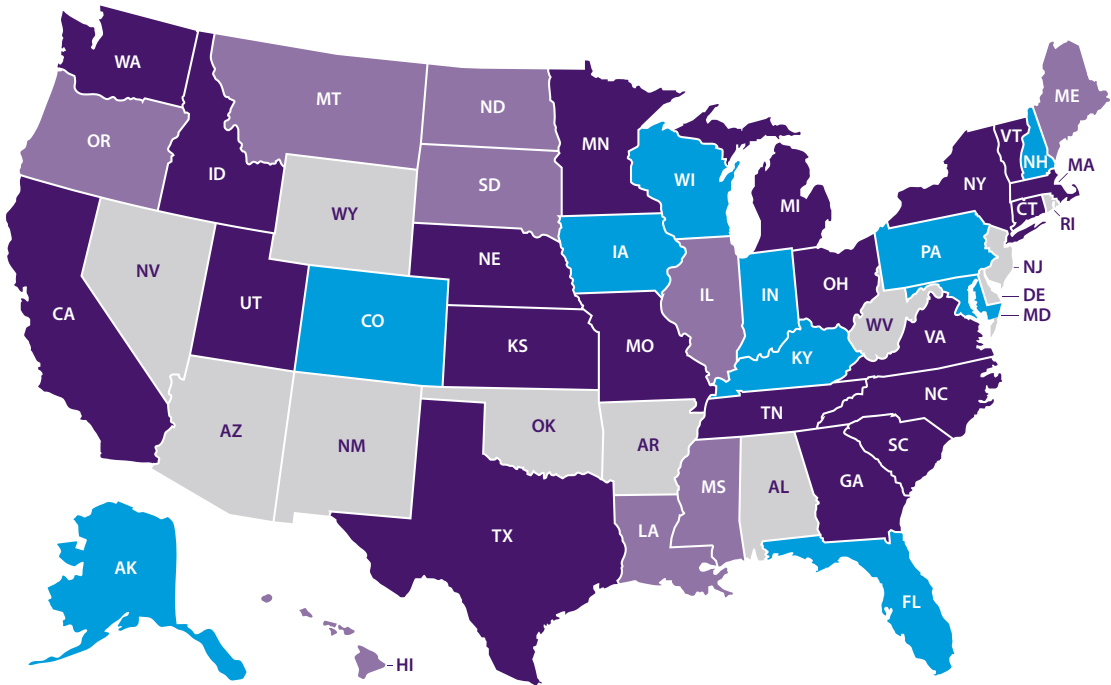
Key to the [AMA campaign to support medical student, resident, and physician health and well-being](#) is the close partnership forged with a range of leading organizations including the Dr. Lorna Breen Heroes' Foundation, the Federation of State Medical Boards, the Federation of State Physician Health 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:

- More than 10 states have enacted “safe haven” type **legislation and other laws 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, Oregon and Washington**, 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 organizations**, including The Joint Commission, the National Center for Quality Assurance (NCQA), National Association of Medical Staff Services and URAC.
- 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 **supports 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, February 2025 <https://drlornabreen.org/removebarriers/>

As of February 2025, there are **34 licensure boards**—including **29 medical boards**—and **521 hospitals** 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**. 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.

RECENT DEVELOPMENTS INCLUDE:

Cybersecurity

- Advocating for federal and state assistance programs that **deliver hands-on cybersecurity support** for small, rural and solo physician practices.
- Securing dedicated funding so physician practices can **maintain robust cybersecurity** and swiftly recover from breaches.
- 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

- Ensuring physician leadership **drives AI design, oversight and use** to protect patient safety and care quality.
- 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

- Advocating for the **repeal of harsh and impractical physician penalties** and replacement with education and compliance improvement programs.
- 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.

THE FIGHT CONTINUES

While legislation extends Medicare telehealth coverage through Sept. 30, the AMA is continuing to press federal lawmakers to **not let these crucial extensions expire**—pointing to the CONNECT for Health Act as a prominent bipartisan bill 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 financial burdens related to student loans
- 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.

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.

