



April 18, 2025: State Advocacy Update



Michigan legislators urged to help physicians address burnout

“My patient’s stage one cancer progressed to stage two because of the three weeks of prior authorization delays,” explained AMA President-elect Bobby Mukkamala, MD, at a recent hearing for Michigan legislators interested in learning more about the factors contributing to burnout. Dr. Mukkamala highlighted that prior authorization is just one of many external factors that physicians face on a regular basis.

“Each systemic challenge chips away at us,” said Mark Komorowski, MD, Michigan State Medical Society President, who highlighted the negative consequences of an increasing number of administrative, regulatory and other requirements.

Recent AMA research that the overall prevalence of burnout among U.S. physicians was down to 45.2% in 2023 after peaking at 62.8% in 2021. Historically, burnout rates have varied from around 40% to more than 50% since 2011.

“Burnout also has a tremendous impact on medical students and residents,” said Dr. Mukkamala. “It often causes us to withdraw from our family, friends and colleagues when we should be seeking more meaningful connections.”

According to the Physicians Foundation (PDF), six in 10 residents often have feelings of burnout, and seven in 10 medical students report often have feelings of burnout.

“Our training builds us up to handle incredible physical, emotional and psychological highs and lows,” said Dr. Mukkamala. “But we’re not immune to pressure, and we face a tremendous amount of personal, professional, and external pressures that really only serve to get in the way of treating patients, and it can be extremely harmful.”

“We’re not just expected to suffer more—we’re expected to suffer silently,” explained Kai Anderson, MD. “In one room, we may have to tell a family that their loved one will not survive, but then we’re expected to go into the next room with a calm face.”

“The mental health impact is staggering,” said Stefanie Simmons, MD, the chief medical officer of the Dr. Lorna Breen Heroes’ Foundation. “These challenges lead to high turnover, increased medical errors, and increased risk of harm and suicide within our profession.”



Drs. Komorowski, Mukkamala, Anderson and Simmons, testifying along with five other colleagues, all pointed to the need for systemic solutions, reductions in electronic health burdens, need for protections for against violence against health care workers, as well as efforts to reduce the fear and stigma in physicians, residents and medical students receiving care for mental health and wellness.

Learn more about [AMA advocacy recommendations](#) (PDF).

New Mexico governor vetoes optometrist scope bill

The AMA applauds New Mexico Governor Lujan Grisham for safeguarding the vision of patients by recently vetoing legislation that would have allowed optometrists to perform a wide range of complex surgical procedures. In her veto message, the governor reiterated concerns raised by organized medicine stating, “I am vetoing this bill because it sets a dangerous precedent for allowing non-surgeons to perform surgical procedures.” The governor went on to state that there is no persuasive evidence that the bill would increase access to care, nor would it increase or even maintain the current standard of care.

An important win for organized medicine, this legislation was strongly opposed by the New Mexico Medical Society (NMMS), American Academy of Ophthalmology (AAO), New Mexico Ophthalmology Association (NMOA), and the AMA. The AMA sent a series of letters to lawmakers expressing opposition to the legislation and a [letter](#) (PDF) to the governor urging her veto. In the letter, AMA EVP and CEO James L. Madara, MD, highlighted the differences in education and training between optometrists and ophthalmologists and the inherent complexity of eye surgery which “requires medical supervision during surgical preparation, performance of the procedure, and postoperative patient care,” as well as the medical knowledge to determine whether or not surgery may be necessary. Congratulations to NMMS, AAO, and NMOA for leading the charge in securing this important victory for patients and organized medicine.

Nurse practitioner scope expansion legislation in Maine would compromise patient safety

The AMA voiced strong opposition to Maine LD 961, which would grant nurse practitioners—regardless of experience—the ability to independently provide medical care without physician oversight. In a [letter](#) (PDF) dated April 10, the AMA argued that this legislation compromises patient safety, citing significant disparities in the education and clinical training between physicians and nurse practitioners.



"Standardized post-graduate training is essential to attain the competency necessary to provide high quality health care that patients expect and deserve," the letter states, emphasizing the years of rigorous training physicians undergo compared to the limited and often inconsistent preparation nurse practitioners receive. The letter describes some of the stark differences in detail such as the fact that 60% of nurse practitioner programs are completely or partially online and that many nursing students are required to arrange their own clinical training, "resulting in inconsistent skills development and many new graduates feeling ill-prepared in caring for patients after graduation."

The AMA also stated that LD 961 would not improve access to rural care, noting that decades of research have proven that nurse practitioners tend to practice in the same areas of the state as physicians even in those states that have expanded their scope of practice. "In short, the evidence is clear that expanding the scope of practice of nurse practitioners will not necessarily lead to improved access to care, particularly in those areas most in need."

Instead, the AMA urged lawmakers to consider proven solutions like expanding coverage and payment for high-quality telehealth and increasing support for physician graduate medical education programs and loan repayment programs to truly address health care access challenges in Maine.

AMA urges Minnesota lawmakers to oppose optometry surgery legislation

In two letters, one (PDF) to the Minnesota Senate and one (PDF) to the Minnesota House of Representatives, the AMA voiced strong opposition to SF 1144/HF 1011, legislation that would expand optometrists' prescriptive authority and allow them to perform various procedures, including injections in and around the eye. The AMA emphasized that these surgical procedures carry serious risks and should be reserved for ophthalmologists—physicians with extensive medical and surgical training.

"Allowing optometrists to inject medications in and around the human eye... is not something to be taken lightly," the AMA warns, citing the potential for irreversible damage to vision and fact that optometrists lack the necessary education, training, or experience to perform the procedures that would be allowed in SF 1144/HF 1011.

The AMA also raised concerns about language in the bill regarding "noninvasive surgery," calling this phrase "inherently vague" and a possible backdoor to allow optometrists to perform surgery on the human eye not contemplated by the legislature.

"Optometrists are important members of the health care team, but they are not interchangeable with ophthalmologists," the letter states. "Optometrists do not have the comprehensive medical knowledge



necessary to safely perform surgical procedures, including injections in or around the human eye, or other noninvasive procedures that would be permitted should SF 1144/HF 1011 become law.”

The AMA urged lawmakers to protect patient safety by preserving the current scope of optometric practice in Minnesota and voting “no” on SF 1144/HF 1011.

Legislation in Maine would allow physician assistants to change their title to “physician associates”

In a recent [letter](#) (PDF) to the chairs of the Joint Standing Committee on Health Coverage, Insurance, and Financial Services, the AMA expressed strong opposition to Legislative Document 1166 (LD 1166), legislation that would change the title of physician assistants to physician associates. The AMA questioned the need for such legislation which “does not improve the cost of or quality of health care for patients in Maine, nor...improve access to health care.” Rather, the letter states that the proposed legislation would increase patient confusion as the current title “physician assistant” is common in today’s health care lexicon and well understood by patients. The term “physician assistant” is also ingrained in the existing health care infrastructure, including federal statutes and regulations, as well as the laws and regulations of 49 states and the District of Columbia. The AMA urged lawmakers to vote “no” on the legislation, which “runs counter to the prevailing lexicon, will exacerbate patient confusion in understanding who is providing their health care, and will increase health care costs in Maine without improving the quality of patient care.”

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