AMA advocacy 2020-2021 efforts

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The AMA advocates at the federal and state levels on key health care issues impacting patients and physicians. See updates of our some of our recent efforts.

COVID-19

- Working at the federal and state levels to advocate for a comprehensive response to the public health emergency—including telehealth expansion, financial relief, testing, vaccination and more (read the full COVID-19 Advocacy efforts web page for details—highlights are included below)
- American Rescue Plan Act included the following provisions: (a) added an additional $8.5 billion to the Provider Relief Fund; (b) directs the utilization of the Defense Production Act to boost domestic production of personal protective equipment (PPE), vaccines, and onshore production of rapid COVID-19 tests; and (c) adds $15 billion in new funding for Targeted Economic Injury Disaster Loan Grants to provide hard-hit, underserved small businesses with increased flexible monetary relief
- Biden administration nearly doubled Medicare payment for administration of the COVID-19 vaccine, including administration of vaccines requiring two doses, to $40 per administration
- Successfully sought introduction of federal legislation to ensure Provider Relief Fund grants do not count as taxable income
- CDC announced new investments and activities aimed at improving health equity in response to the COVID-19 pandemic

Access to care

- Administration in process of lifting the Title X “gag clause” rule
- Administration has started to eliminate Medicaid work requirements
- American Rescue Plan Act (ARPA) included provisions to extend postpartum coverage under Medicaid and CHIP, increase premium subsidies for ACA marketplace plans, and invest in trust and treaty obligations to provide essential safety-net programs that serve
Native American communities
The American Families Plan announced by the President on April 28 would make ARPA’s ACA subsidy enhancements permanent
An ACA special enrollment period was opened in 2021 to expand access to coverage

Medicare physician payment

Legislation signed into law that prevents a 2 percent sequester payment cut through 2021
- Grassroots campaign led by AMA garnered over 5,400 emails to Congress and over 50,000 engagements
Physicians will be held harmless from the up to 9 percent Merit-based Incentive Payment System (MIPS) penalties due to the significant disruptions of the COVID-19 public health emergency on physician practices’ performance in 2020
- One year 3.75 percent increase in Medicare payments (PDF) to offset impact of budget neutrality adjustment
- CMS reopened the hardship exception application for group practices, virtual groups, and alternative payment model entities who missed the previous 2020 deadline

Removing obstacles to patient care

Released 2020 prior authorization survey data (PDF) that highlighted the continued negative impact of this onerous process on patients and physicians—even during the height of the COVID-19 pandemic
- Survey data also underscore the lack of progress (PDF) by insurers on the prior authorization reforms agreed to three-and-a-half years ago in the Consensus Statement on Improving the Prior Authorization Process
Due to insurers’ foot-dragging on these reforms, the AMA has strongly advocated for federal and state prior authorization legislation
- The AMA successfully pushed for reintroduction of the Improving Seniors’ Timely Access to Care Act, which would require Medicare Advantage plans to follow many of the provisions of the Consensus Statement, and sent a letter of support to the lead co-sponsors
- Legislation to reform the prior authorization process, and based on AMA model bill, enacted in Georgia, and being debated in IL, MI, PA, and other states
- Continuing to build AMA’s grassroots advocacy campaign with a dedicated FixPriorAuth website and associated social media presence
- One of the newer features to the website is an employer-oriented track, which
Drug overdose epidemic

Administration adopted policies to address overdose and substance use disorder in ways that will reduce stigma, more effectively prevent overdose deaths, and remove barriers to treatment—and in ways that are consistent with AMA policy recommendations.

Administration is waiving burdensome administrative requirements so that all physicians will be able to prescribe buprenorphine for their patients with opioid use disorder.

Using national principals and working with coalition partners, supported new laws in Virginia and Kentucky directing opioid litigation funds to be earmarked for public health uses.

As part of a national coalition, helped support six new state mental health and substance use disorder parity laws that will help enhance oversight and enforcement to protect patients.

Developed a new issue brief focused on actions employers can take (PDF) to help improve access to evidence-based care for opioid use disorder and pain, as well as to support harm reduction efforts.

Presented the issue brief at a DEA-sponsored forum organized by the Milken Institute.

Held a national webinar with Manatt Health featuring medical, legal and public health experts identifying ways to remove barriers to evidence-based treatment for opioid use disorder in justice-involved settings.

Highlighting physician advocacy efforts to help their patients with a substance use disorder or chronic pain.

AMA President Susan R. Bailey, MD, provided a keynote address at the National Rx Drug Abuse and Heroin Summit.

Immigration

Administration delayed implementation of a problematic Department of Homeland Security (DHS) final rule regarding cap-subject H-1B visa petitioners.

Administration continued policy to defer the removal of certain undocumented immigrants who were brought to the United States as children, have obeyed the law, and stayed in school or enlisted in the military (DACA).

Consistent with AMA advocacy, the Biden Administration lifted the immigration ban on
Muslim countries and rescinded rules that would deem immigrants inadmissible on public charge grounds.

The AMA is currently advocating for a broad range of immigration and border security policy changes, including those that would ease visa restrictions for foreign-born physicians seeking to train or practice in the U.S.

Preventing gun violence

The Administration issued rules to require background checks for “ghost guns.”

The House passed two bills supported by the AMA that would:

- Close the so-called “Charleston Loophole” by extending the time period the FBI has to determine whether a buyer is qualified to purchase a gun.
- Expand the existing background check system to cover all firearm sales, while providing exceptions for law enforcement and family and friend transfers.

The AMA helped to successfully secure FY 2021 federal appropriations of $25 million for the National Institutes of Health and $25 million for the Centers for Disease Control and Prevention for research on gun violence.

Anti-racism efforts

The AMA applauded the CDC for recognizing racism as a “serious public health threat.”

The AMA supported Asian American and Pacific Islander hate crime legislation, which was signed into law May 20.

The AMA successfully opposed state legislation that would have barred state-funded entities from conducting trainings on diversity and inclusion.

LGBTQ+ health

The AMA supported H.R. 5, the Equality Act, passed by the House, which prohibits discrimination based on sex, sexual orientation, and gender identity in areas including public accommodations and facilities, education, federal funding, employment, housing, credit, and the jury system.

The Biden Administration withdrew a Trump Administration proposal restricting transgender people in homeless shelters.

The Biden Administration announced it would provide protections against discrimination in health care based on gender identity and sexual orientation, reversing a rule issued by the Trump administration.
Administration that allowed discrimination against transgender individuals

AMA strongly opposed the previous policy and had urged the Biden Administration to reverse it.

Biden Administration withdrew the previous Administration’s proposed rule that would have weakened the Equal Access Rule; this Rule ensures that all individuals—regardless of sexual orientation or gender identity—have equal access to the Office of Community Planning and Development programs, shelters, other buildings and facilities, benefits, services, and accommodations.

AMA opposed the proposed rule, and supports its withdrawal.

Successfully defeated harmful anti-transgender legislation in over a dozen states that would have criminalized the provision of medically necessary gender-affirming care to minor patients.

Work continues in other states.

In a letter to the National Governors Association, AMA urged the nation’s governors to reject legislation that would discriminate against transgender individuals.

Maternal health

HHS approved a postpartum Medicaid expansion for Georgia, Illinois, Indiana and Missouri.

Several state legislatures have also authorized coverage expansions for postpartum women.

Successfully sought introduction of the “Mothers and Offspring Mortality and Morbidity Awareness Act,” also known as the MOMMA Act.

Would extend coverage for postpartum care from the existing 60 days to an expanded 12 months under Medicaid and CHIP.

Would also support training clinicians on implicit bias and health equity issues.

AMA also supports the Connected Maternal Online Monitoring Act.

Would require CMS to identify barriers to coverage of remote physiologic devices under state Medicaid programs to improve maternal and child health outcomes for pregnant and postpartum women.

Tobacco

Food and Drug Administration announced it will ban menthol-flavored cigarettes.

Federal court upheld ban on flavored tobacco products.
Surprise billing

The Consolidated Appropriations Act signed into law on Dec. 27, 2020, included “No Surprises Act” provisions that allow for price transparency, more accurate provider directories, and patient financial protections against “surprise medical bills” or unexpected gaps in health insurance coverage.

- The final provisions reflect significant advocacy by the AMA and Federation groups, including an independent dispute resolution.
- Released the National Managed Care Legal Database, which pulls in over 1,000 patient and physician protections passed at the state and federal levels and seeks to empower physicians, patients and their advocates in their dealings with health insurers and to inform policymakers, legislators and regulators about key issues—e.g., surprise billing—involving health insurers, physicians and patients.

Scope of practice

- Successfully thwarted several attempts by the pharmacy community to advance legislation that would have recognized pharmacists as physicians in the Medicare program and allowed them to provide acute and chronic care.
- Launched new scope microsite providing an easier way for Federation colleagues and physician leaders to access AMA’s scope materials, including geomaps, education and training modules, issue briefs, social media graphics, etc.
- Created 2020 set of geomaps, expanding our growing set of geomaps to 4,500 giving us key data to refute claims by nurse practitioners and others that scope expansions are necessary to increase access to care.
  - Despite the promises nurse practitioners and others are not providing care in rural and other underserved areas.
- Worked with 32 state medical associations on scope of practice legislation, resulting in key victories in CO (PAs), FL (optometrist), FL (APRN), FL (PAs), Maine (APRN), MD (podiatrist "physician" bill), MS (APRN), SD (PAs) to name a few.
- AMA President Susan R. Bailey, MD, testified before the House Health & Human Services Committee in South Dakota on H.B. 1163 which would have expanded the scope of practice of physician assistants.
  - The Committee voted against the bill.
- Sent 15 letters to lawmakers in 9 states expressing AMA’s opposition to various scope of practice bills (Alaska, Colorado, Delaware, Kansas, Louisiana, Maryland, Maine, Mississippi, South Dakota).
The Scope of Practice Partnership Steering Committee has approved 6 grants so far in 2021 and welcomed ACEP to the Steering Committee

Reducing burnout and improving physician wellness

Successfully sought introduction of the Dr. Lorna Breen Health Care Provider Protection Act to help reduce and prevent physician mental and behavioral health conditions, suicide and burnout, elements of which were included in the American Rescue Plan Act

Collaborated to ensure enactment of new laws in Indiana and South Dakota to provide for confidentiality of physicians who seek care for wellness and related mental health concerns

Medical liability reform

Published the 2021 update to Medical Liability Reform NOW! (PDF)

Assisted the New Mexico Medical Society in successfully mitigating a plaintiffs’ trial bar bill that otherwise would have become law and have dire negative effects on both physicians and hospitals

This bill was the first major amendment to the 1976 New Mexico Malpractice Act and had widespread support in the New Mexico legislature

Protecting competition in health care and related markets

When Optum proposed to acquire Change HealthCare, AMA presented to the Department of Justice (DOJ) a thorough written examination of significant competitive concerns that require DOJ's investigation

Health policy research

Published four AMA Policy Research Perspectives:

Demonstrated that the pandemic lowered Medicare fee schedule spending (PDF) by 19 percent ($9.4 billion) in the first half of 2020

Called attention to the highest prevalence of medical liability premium increases in 15 years

Documented physician practice changes (PDF) including that private practice dropped below 50 percent of physicians in 2020

Examined national health care spending in 2019 and included a first look at estimates for

URL: https://www.ama-assn.org/delivering-care/patient-support-advocacy/ama-advocacy-2020-2021-efforts
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