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The five elements of the AMA Recovery Plan for America’s Physicians top the organization’s advocacy priorities for 2023, but there are other areas in which the AMA will be pushing forward this year to remove obstacles to patient care.

The Recovery Plan is focused on:

- Fixing prior authorization.
- Leading the charge to reform Medicare pay.
- Fighting scope creep.
- Supporting telehealth.
- Reducing physician burnout.

“But as we all know, there are many other issues outside these five that negatively impact patients and physicians and that demand our attention and support,” AMA board chair Sandra Adamson Fryhofer, MD, said during a panel discussion of the AMA’s 2023 federal and state advocacy agenda. The program was the latest installment in the AMA Advocacy Insights webinar series.

“We have an obligation to fight these battles on behalf of our patients and our profession, and physicians everywhere are looking to organized medicine to lead on these issues,” she said.

Navigating a new Congress

Despite intense efforts by the AMA and its advocacy partners, Congress failed to stop the entirety of scheduled Medicare pay cuts. Physicians will see a 2% decline in payments this year and 1.25% cut next year.

Yet, Dr. Fryhofer noted, there were other victories for patients and physicians in the $1.7 trillion omnibus spending package passed by Congress at the end of the year on telehealth, alternative payment model (APM) bonuses, physician mental health and Medicaid postpartum coverage.
“We’re obviously coming off a pretty contentious midterm election” and party agendas have not yet crystallized, said Todd Askew, the AMA’s senior vice president for advocacy.

The new, slim GOP majority in the House, however, has made cutting spending a priority and may seek to develop a plan for balancing the budget within 10 years.

“That's going to mean some serious and significant debate over priorities, cuts and restraining spending,” Askew said.

“But there are some things that have to get done and some things that government just has to do,” he added. “And I would argue that one of those things is supporting the Medicare program and supporting the ability of physicians to continue to see patients.”

Notably, the Medicare Payment Advisory Commission, which has long maintained that payments to physicians are adequate, recently recommended that Medicare physician payment rates be raised in 2024 and to link updates to the Medicare Economic Index—something the AMA has fiercely advocated.

The AMA laid the foundation for this discussion last year by advancing a vision of Medicare payment reform (PDF) based on principles agreed upon by more than 120 state medical associations and national specialty societies, Askew said.

“The most valuable thing we can bring is agreements among medicine, so when you go to Capitol Hill, when you go to a state capitol, it's not 20, 30 or 40 different groups with a similar ask,” he said. “It is a powerful voice with the AMA convening people, coming to consensus and presenting a unified front that gets people's attention.”

Jason Marino, the AMA’s director for congressional affairs, noted the recent wins on maintaining Medicare telehealth payments and bonuses for APM participation and the progress made on reforming prior authorization.

“We have got to play the long game,” Marino said. “We just have to keep making the case and educating people about why it’s important.”

Meanwhile, Kai Sternstein, who leads the AMA Advocacy Resource Center, outlined a recently conducted AMA survey showing state medical associations’ top legislative priorities for the 2023 legislative session.

These include: Preventing unsafe scope of practice expansions by nonphysicians; tackling unnecessary burdens inflicted on physicians and their patients by insurance companies, which includes cutting the volume of prior authorizations and ensuring adequate networks; improving
physician well-being; stopping the government’s intrusion into the exam room and criminalizing the provision of evidence-based health care; and addressing threats of violence against physicians and their health care teams.

Dr. Fryhofer also mentioned that the AMA continues to work on a number of other issues as well. These include opposing the criminalization of medical care, breaking the cycle of firearm violence, the continuing epidemic of substance-use disorder, protecting patients and physicians by opposing anti-competitive health care mergers and fighting to remove barriers to care for those with pain.

Physician advocates can kickstart their efforts by visiting the Physicians Grassroots Network website, which contains advocacy tips and resources.

Visit AMA Advocacy in Action to find out the other advocacy priorities the AMA is working on. Register for the next AMA Advocacy Insights webinar, scheduled for Feb. 7, as well as the in-person AMA National Advocacy Conference in Washington Feb. 13–15.