REPORT 11 OF THE BOARD OF TRUSTEES (I-22)
2022 AMA Advocacy Efforts
(Informational)

EXECUTIVE SUMMARY

Numerous advocacy challenges emerged in 2022, but once again, our AMA rose to the moment and achieved significant progress on the issues most important to America's physicians and patients. While the COVID-19 public health emergency (PHE) has subsided to a certain degree, it persists. The AMA has stood by America's physicians and patients throughout the pandemic, securing billions in relief to protect private practices; reducing reporting burdens and penalties; advancing telehealth; enabling investments in therapeutics and vaccines to end the pandemic; standing up for health equity to achieve optimal health for all; and strongly advocating for science in the halls of power. At the same time, the AMA has been advocating extensively on other issues critical to physicians and patients.

At the 2022 Annual Meeting, the AMA launched a Recovery Plan for America's Physicians targeting some of the toughest issues physicians face today—on both professional and personal levels. Components of the plan include:

- Reforming Medicare payment to promote thriving physician practices and innovation;
- Stopping scope creep that threatens patient safety;
- Fixing prior authorization to reduce the burden on practices and minimize patient care delays;
- Supporting telehealth to maintain coverage and payment; and
- Reducing physician burnout and addressing the stigma around mental health.

Success on these issues will be key to helping physicians get back on track after the practice interruptions and shutdowns they have faced in the last two years.

While the AMA is focusing on tackling the issues contained in the recovery plan, other issues have arisen that need heightened advocacy efforts too. The mass shootings in Buffalo, NY, and Uvalde, TX, forced policymakers to finally come to the table and consider some initial steps to halt such massacres. Further, the *Dobbs v. Jackson Women's Health Organization* decision to overturn *Roe v. Wade* allows lawmakers to invade the exam room in ways not seen in decades and has created a whirlwind of clinical questions facing physicians trying to provide the best care while avoiding legal liability.

The AMA is fighting to advance our policy on these issues and many more that are updated in this report.

REPORT OF THE BOARD OF TRUSTEES

B of T Report 11-I-22

Subject: 2022 AMA Advocacy Efforts

Presented by: Sandra Adamson Fryhofer, MD, Chair

BACKGROUND

Policy G-640.005, "AMA Advocacy Analysis," calls on the Board of Trustees (the Board) to provide a report to the House of Delegates (HOD) at each Interim Meeting highlighting the year's advocacy activities and should include efforts, successes, challenges, and recommendations/actions to further optimize advocacy efforts. The Board has prepared the following report to provide an update on American Medical Association (AMA) advocacy activities for the year. (Note: This report was prepared in August based on approval deadlines, so more recent developments may not be reflected in it.)

DISCUSSION OF 2022 ADVOCACY EFFORTS

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ways not seen in decades and has created a whirlwind of clinical questions facing physicians trying to provide the best care while avoiding legal liability.

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Medicare Payment Reform

The AMA is focused on reforming our nation's Medicare physician payment system. The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) made needed improvements to the system including eliminating the Sustainable Growth Rate (SGR), but time has revealed significant statutory flaws. The promise of a viable glide path to voluntary participation in alternative payment models (APMs) never materialized, with 30 physician-proposed models being rejected for implementation. Meanwhile, the increasingly aggressive financial incentives to participate in APMs continue. The quality and reporting programs for physicians in the Merit-based Incentive Payment System (MIPS) are burdensome and lack clinical relevance. The Medicare fee schedule is chronically underfunded. No annual updates will be provided for physician services for several years, and those received over the past two decades have collectively fallen well below the rising costs of medical practice.

The 2023 Medicare payment schedule proposed rule released in July fails to account for inflation in practice costs and COVID-related challenges to practice sustainability and also includes a significant and damaging across-the-board reduction in payment rates. Such a move would create long-term financial instability in the Medicare physician payment system and threaten patient access to Medicare-participating physicians. The AMA is working with Congress to prevent this harmful outcome in the short term and to advance more comprehensive reform in coming sessions.

To achieve the needed level of reform, the AMA and 120 Federation groups have agreed on the following "Characteristics of a Rational Medicare Payment System" and will be advocating to see these principles implemented by Congress and the Administration.

Simplicity, relevance, alignment, and predictability, for physician practices and the Centers for Medicare & Medicaid Services.

- Ensuring financial stability and predictability
  - Provide financial stability through a baseline positive annual update reflecting inflation in practice costs, and eliminate, replace, or revise budget neutrality requirements to allow for appropriate changes in spending growth.
  - Recognize fiscal responsibility. Payment models should invest in and recognize physicians' contributions in providing high-value care and the associated savings and quality improvements across all parts of Medicare and the health care system (e.g., preventing hospitalizations).
  - Encourage collaboration, competition, and patient choice rather than consolidation through innovation, stability, and reduced complexity by eliminating the need for physicians to choose between retirement, selling their practices or suffering continued burnout.
- Promoting value-based care
  - Reward the value of care provided to patients, rather than administrative activities, such as data entry, that may not be relevant to the service being provided or the patient receiving care.
  - Encourage innovation, so that practices and systems can be redesigned and continuously refined to provide high-value care and include historically non-covered services that

improve care for all or a specific subset of patients (e.g., COPD, Crohn's Disease), as well as for higher risk and higher cost populations.
    - Offer a variety of payment models and incentives tailored to the distinct characteristics of different specialties and practice settings. Participation in new models must be voluntary and continue to be incentivized. A fee-for-service payment model must also remain a financially viable option.
    - Provide timely, actionable data. Physicians need timely access to analyses of their claims data, so they can identify and reduce avoidable costs. Though Congress took action to give physicians access to their data, they still do not receive timely, actionable feedback on their resource use and attributed costs in Medicare. Physicians should be held accountable only for the costs that they control or direct.
    - Recognize the value of clinical data registries as a tool for improving quality of care, with their outcome measures and prompt feedback on performance.
- Safeguarding access to high-quality care
    - Advance health equity and reduce disparities. Payment model innovations should be risk-adjusted and recognize physicians' contributions to reducing health disparities, addressing social drivers of care, and tackling health inequities; physicians need support as they care for historically marginalized, higher risk, hard to reach or sicker populations.
    - Support practices where they are by recognizing that high-value care is provided by both small practices and large systems, and in both rural and urban settings.

For the near term, AMA and the Federation are asking Congress to take the following steps before the end of the year to address cuts that are scheduled to take effect in 2023:

- Replace the 0% payment schedule conversion factor update scheduled for next year with one that is based on inflation;
- Stop the 4.5% combined budget neutrality adjustments that offset the costs of improved payments for office-based (-3%) and facility-based (-1.5%) E/M services;
- Waive the 4% PAYGO sequestration requirement that was triggered by the infrastructure and COVID relief bills passed last year;
- Extend the $500 million exceptional MIPS performance fund; and
- Extend current APM policies related to incentive bonuses and qualifying revenue thresholds.

Scope of Practice

The AMA defends the practice of medicine against inappropriate scope of practice expansions, supports physician-led team care, and ensures patients have access to physicians for their health care. All health care professionals play a critical role in caring for patients and are important members of the care team; however, their skillsets are not interchangeable with that of a fully trained physician. At the state level, the AMA works in strong collaboration and coordination with the state medical associations and national medical specialty societies. This includes sharing resources, reviewing, and advising on legislative language/strategy, testifying before state legislatures, submitting letters of opposition to lawmakers, and amplifying calls to action. The AMA also has a comprehensive library of resources to support our scope of practice campaign, including GEOMAPS, education and training modules, patient surveys, media toolkit, and one-pagers. These provide data and talking points to address the most common arguments to preserve physician-led care and refute assertions made by non-physicians. Since 2007 the AMA's Scope of Practice Partnership (SOPP) has played a key role in bringing organized medicine together on this issue, including by providing grants to SOPP members to support state efforts. There are currently 108 members of the SOPP and more than $2.7 million in grants have been awarded to date.

In 2022, the AMA has collaborated with more than 25 state medical associations on hundreds of bills to defeat scope expansions or encourage states to adopt truth in advertising legislation. Highlights to date include:

- In Colorado, Louisiana and South Dakota, physician assistant bills were defeated;
- Truth in advertising legislation was enacted in Indiana;
- Kentucky and Tennessee rejected efforts to expand nurse practitioner prescriptive authority;
- Louisiana, Mississippi, Missouri, and Wisconsin defeated efforts to pass advanced practice registered nurse (APRN) expansion bills; and
- Alabama and Missouri defeated legislation that would have expanded pharmacist scope of practice.

In 2021, the Department of Veterans Affairs (VA) created the Federal Supremacy Project which is establishing National Standards of Practice (NSP), irrespective of state scope of practice laws, for approximately 50 categories of health professionals. The AMA established a specialty workgroup that we have been working with since the VA started this effort. Initially the VA was fast tracking the project, but the efforts of the AMA and the specialty societies have greatly slowed the pace. We were also able to secure a much more transparent process. The VA has committed to publishing the NSPs in the Federal Register and allowing for a 60-day comment period. In addition, the VA agreed to stagger the publication of the NSPs so stakeholders would have a better ability to comment. To date, the VA has published 3 NSPs. The AMA will continue to inform the Federation and work with the specialty society workgroup as the VA publishes the NSPs.

Prior Authorization

Payers continue to overuse prior authorization and do so on far too wide a basis despite agreeing to a consensus statement with the AMA in 2018 aimed at alleviating many of the concerns with this practice. For patients, prior authorization delays or denies access to care, often resulting in harm (e.g., hospitalization, permanent impairment, or death) and/or negative clinical outcomes—also, less value for premiums paid. For physicians, prior authorization wastes resources (time and money) and is related to burnout. For employers, restrictive prior authorization requirements will reduce the health of their workforce and provide less value for premiums. The AMA is advocating to right-size and streamline the prior authorization process through state, federal and private sector advocacy to provide patients, physicians, and employers relief.

To further illustrate the problems with indiscriminate prior authorization use, the AMA published its annual survey on the topic, which found:

- 93% of physicians report care delays;
- 82% percent of physicians report that prior authorization can sometimes lead to treatment abandonment;
- 34% of respondents report that prior authorization has led to a serious adverse event for a patient (including hospitalization, life-threatening event, or disability);
- On average, practices complete 41 prior authorizations per physician per week;
- Physicians/staff spend approximately 13 hours each week completing prior authorizations; and
- 40% of physicians have staff dedicated to working exclusively on prior authorization.

To address these issues at the federal level, the AMA strongly supports:

- The “Improving Seniors’ Timely Access to Care Act of 2021” (H.R. 8487/S. 3018), which would require Medicare Advantage (MA) plans to implement a streamlined electronic prior

authorization (PA) process; increase transparency for beneficiaries and providers; enhance oversight by the Centers for Medicare & Medicaid Services (CMS) on the processes used for PA; ensure that care and treatments that routinely receive PA approvals are not subjected to unnecessary delays through real-time decisions by MA plans; and mandate that MA plans meet certain beneficiary protection standards. This legislation passed the House Ways and Means Committee in July.

- The "Getting Over Lengthy Delays in Care as Required by Doctors" (GOLD CARD) Act (H.R. 7995) of 2022, which would exempt physicians from MA plan prior authorization requirements so long as 90% of a physician's prior authorization requests were approved in the preceding 12 months. The MA plan-issued gold cards would only be applicable to items and services (excluding drugs) and remain in effect for at least a year. The federal legislation is based on a similar law enacted in Texas that took effect in 2021.

The AMA is also continuing to advocate at the state level where several states have enacted comprehensive reform legislation while others are at earlier stages in the legislative process. In 2022, strong legislation has been enacted in Georgia, Iowa, Louisiana, and Michigan. The AMA also worked with members of the Federation to push Aetna to stop requiring prior authorization for cataract surgery. Aetna recently changed this policy with the exceptions of Florida and Georgia Medicare Advantage patients.

Telehealth

The AMA has long supported making telehealth services widely available to patients, but prior to the COVID-19 pandemic and the resulting loss of access to in-person medical care, most patients could not access telehealth services from their regular physicians. Due to restrictions in the Medicare statute, the Medicare program only covered telehealth services for patients in rural areas and, even then, the patient had to go to a medical facility to receive the telehealth services from a physician at another site. While private plans may not have had the same geographic restrictions, they often had limitations on coverage and payment of services provided via telehealth, as well as acceptable modalities. Many plans also often limited or incentivized patients to receive telehealth only from a separate telehealth company, not their regular physicians. Early in the pandemic, with strong support from the AMA, the restrictions on coverage for telehealth services were lifted by Medicare and other health plans. State laws and state Medicaid policies were also modified to permit widespread use of telehealth during the pandemic.

The AMA has prioritized making the telehealth expansion permanent. As an intermediate step, the AMA successfully urged Congress to extend the telehealth expansion through five months after the public health emergency ends. Further, CMS has also proposed to extend payment for a number of services that were added to the Medicare Telehealth List for an additional 5 months after the public health emergency ends.

And in July, the full House passed H.R. 4040, a bill that would extend telehealth payment and regulatory flexibilities for an additional two years, through the end of 2024, on a bipartisan vote of 416-12.

At the state level, the AMA has updated its model state telehealth legislation and continues to support state efforts to advance telehealth legislation and policy to ensure patient access to high quality care.

Physician Wellness

Prior to the COVID-19 pandemic, physician burnout, depression and suicide already were major challenges for the U.S. health care system, impacting nearly every aspect of clinical care as well as being a heavy burden for physicians and their families. Physicians are very resilient, but the environments in which physicians work drive these high levels of burnout. Compounding the problems are medical licensing applications, employment and credentialing applications, and professional liability insurance applications. The problem is when these contain questions that include problematic and potentially illegal questions requiring disclosure of whether a potential licensee or applicant has ever been diagnosed or received treatment for a mental illness or substance use disorder (SUD) or even sought counseling for a mental health or wellness issue. These questions about past diagnosis or treatment are strongly opposed by the AMA, Federation of State Medical Boards, The Joint Commission, the Federation of State Physician Health Programs, and The Dr. Lorna Breen Heroes' Foundation.

At the federal level, the AMA strongly advocated for the Dr. Lorna Breen Health Care Provider Protection Act (H.R. 1667), named for a physician who died by suicide in 2020. The bill provides grants to help create evidence-based strategies to reduce burnout and the associated secondary mental health conditions related to job stress. It includes a national campaign to encourage health professionals to prioritize their mental health and to use available mental and behavioral health services. It also establishes grants for employee education and peer-support programming.

AMA advocacy and partnership with state medical associations has also helped enact state laws in Arizona, Indiana, South Dakota, and Virginia to provide strong confidentiality protections for physicians and medical students who seek care for burnout and wellness-related issues. The AMA is also continuing to urge state medical boards to remove stigmatizing questions that inappropriately ask about past diagnoses. In addition, the AMA is working with key stakeholders to bolster state physician health programs as well as identify health systems and others who can play a powerful role in removing stigma and supporting physicians' health and wellness.

Surprise Billing

The AMA is taking a two-pronged approach to the No Surprises Act of 2021 (NSA). The AMA is educating physicians on how to comply with the NSA while also advocating for implementation of the law as Congress intended. Specifically, the AMA has:

- Initiated litigation (along with the American Hospital Association) arguing that the government's interim final rule is contrary to the law and exceeds statutory authority by creating a rebuttable presumption that the arbiter in the Independent Dispute Resolution (IDR) process considers the "qualifying payment amount" (essentially the median in-network rate) as the appropriate out-of-network payment amount. (The Texas Medical Association has also filed litigation and secured a positive initial ruling.);
- Released an initial toolkit (PDF) on the implementation of the No Surprises Act and a second toolkit (PDF) on implementation of the billing process for certain out-of-network care under the No Surprises Act. We have also compiled a number of other resources, including regulatory summaries and comment letters;
- Held two national webinars on the No Surprises Act, the first on its implementation and the second on the payment process for physicians and other providers in surprise medical billing situations;

- Continues to advocate for a fair IDR process, recently arguing in a letter to the Administration that a balanced IDR process is not anti-patient, pushing back on payer and employer efforts to undermine the process;
- Working with other stakeholders to develop recommendations on the good faith estimate and advanced EOB requirements, to highlight administrative burdens and ensure minimal workflow disruption;
- Working directly with CMS to address operational challenges with additional physician and provider resources—CMS has already held two physician-focused webinars on the good faith estimate provisions and notice and consent and enforcement. A webinar on the payment process is expected soon; and
- Calling on CMS to conduct more physician outreach and education which CMS has agreed to do.

COVID-19 Response and Monkeypox Outbreak

As mentioned above, the AMA continues to mount a multi-pronged effort advocating for a comprehensive response to the COVID-19 public health emergency (PHE) as the virus continues to evolve and different variants continue to thwart recovery efforts. The AMA steadfastly supports financial relief for physician practices still negatively affected by the pandemic; robust testing to limit spread; vaccination in line with U.S. Centers for Disease Control and Prevention recommendations including for children; and permanent implementation of the telehealth expansion granted during the PHE. For a full list of AMA activities on this topic please visit this website. More specifically the AMA produces a regular video segment update on recent developments with COVID-19 and other public health issues.

One recent development is that the Health Resources and Services Administration (HRSA) has announced that it will set up a process for physicians who received funds from the Provider Relief Fund to contest recoupment of the relief funds. Physicians receiving $10,000 or more from the program are required to spend the funds within a year and report how the relief funds were spent. These requirements have been difficult for many practices to fulfill during the continued instability caused by the pandemic. The AMA pressed HRSA for this decision and is pleased that HRSA will work with physicians to ensure the intent of the relief program is achieved.

The AMA is also active in the courts defending the authority of public health agencies. The Litigation Center of the American Medical Association and State Medical Societies and Wisconsin Medical Society filed an amicus brief supporting state and local officials and their authority to issue emergency orders during a public health crisis. The Wisconsin Supreme Court sided with public health officials in a 4-3 vote which was a win for organized medicine.

Finally, the AMA is closely monitoring monkeypox and its progression throughout the U.S. and is ready to respond as needed. The AMA is posting clinical information for physicians as the virus spreads and has established a new CPT code for monkeypox vaccines.

Reproductive Health

When the Supreme Court of the United States issued its ruling in the *Dobbs c*ase overturning *Roe*, AMA President Jack Resneck Jr., MD, stated "The American Medical Association is deeply disturbed by the U.S. Supreme Court's decision to overturn nearly a half century of precedent protecting patients' right to critical reproductive health care—representing an egregious allowance of government intrusion into the medical examination room, a direct attack on the practice of medicine and the patient-physician relationship, and a brazen violation of patients' rights to

evidence-based reproductive health services. States that end legal abortion will not end abortion—they will end safe abortion, risking devastating consequences, including patients' lives." The AMA filed an amicus brief in the case when it first came before the Supreme Court stating our opposition to overturning this established right.

In a post-*Roe* landscape, the AMA is pursuing multiple strategies to address the broad spectrum of issues that the *Dobbs* decision created. At the federal level, the AMA immediately called for greater digital privacy for patients out of concern that minimal oversight of data use by digital apps could place women in jeopardy in states seeking to enforce abortion restrictions. The AMA in conjunction with the American College of Obstetricians and Gynecologists (ACOG) also called for the removal or revision of the Risk Evaluation and Mitigation Strategies (REMS) and Elements to Assure Safe Use (ETASU) requirements for mifepristone, to eliminate medically unsupported and unnecessary barriers for physicians, patients, and pharmacies. The Biden Administration also reminded hospitals and health care providers of their obligation to comply with the provisions of the Emergency Medical Treatment and Labor Act (EMTALA) that preempt any state laws that restrict access to stabilizing medical treatment, including abortion procedures and other treatments that may result in the termination of a pregnancy. Dr. Resneck also testified to the Subcommittee on Oversight and Investigations for the House Committee on Energy and Commerce at a hearing titled, "Roe Reversal: The Impacts of Taking Away the Constitutional Right to an Abortion" and discussed the impact that the *Dobbs* case is having on patients and physicians.

At the state level, the AMA is working with the Federation to determine how to best protect patients and physicians from aggressive legislative intrusions into the exam room. Some states are seeking to create new protections for patients while others are pressing for tougher abortion bans and other restrictions. The legal situation for physicians and their practices is very muddled in many states. The AMA is collecting information and conducting legislative analyses to help states sort through their best paths forward. We are also preparing to be very active on both the legislative and litigation fronts as the country works through this new set of legislative realities.

Firearm Violence

"Gun violence is a plague on our nation. It's a public health crisis, and much of it is preventable," then-AMA President Gerald E. Harmon, MD, said in remarks to the House of Delegates at the 2022 AMA Annual Meeting. With over 45,000 firearm-related deaths in 2020 and a continuing string of mass shootings, this public health crisis needs heightened efforts and new strategies. Congress did take a positive step by passing the first piece of major firearm legislation in over 30 years with the Bipartisan Safer Communities Act, which the AMA supported and President Biden signed on June 25. Key provisions of the bill include:

- Providing grants for states to establish or strengthen extreme risk protection orders;
- Adding convicted domestic violence abusers in dating relationships to the National Instant Criminal Background Check System (NICS);
- Requiring the Federal Bureau of Investigation National Instant Criminal Background Check System to contact authorities to see whether an individual under the age of 21 has a "disqualifying" juvenile record for buying a firearm;
- Making it a federal crime to buy a firearm on behalf of an individual who is prohibited from doing so; and
- Including new spending for school security and mental health treatment.

However, significant work still needs to be done to avoid more senseless tragedies as witnessed in Buffalo, Uvalde, and Highland Park, among other cities. Besides seeking further legislative options, AMA strategies include encouraging intervention by physicians and nurses when patients demonstrate risk factors for firearm violence; amplifying AMA work with other organizations related to firearm safety and violence prevention; and reaching out to law enforcement and educators to explore how collaborative progress can be made. Further, the AMA adopted several new policies in June calling for active-shooter and live-crisis drills to consider the mental health of children; regulating ghost guns; and advocating for warning labels on ammunition packages.

Maternal Mortality

The AMA continues to be very active advocating for improved maternal health in 2022 with a particular focus on the inequitable impact seen by Black women. The AMA has lobbied the Congressional Healthy Future Task Force Security Subcommittee to focus on this issue; called on Congress to increase funding in fiscal year 2023 for federal programs at the Health Resources Services Administration (HRSA), the U.S. Centers for Disease Control and Prevention (CDC), and the National Institutes of Health; and focused our comments on maternal health equity issues in the Hospital Inpatient Prospective Payment Systems (IPPS) Rule. Additionally, the House of Representatives passed the TRIUMPH for New Moms Act as part of the Restoring Hope for Mental Health and Well-Being Act of 2022, a bipartisan mental health and substance abuse package that would reauthorize key programs within the Substance Abuse and Mental Health Services Administration. The AMA previously wrote letters to the House of Representatives and Senate encouraging the passage of TRIUMPH, which would create a Task Force on Maternal Mental Health to identify, evaluate and make recommendations to coordinate and improve federal responses to maternal mental health conditions, as well as create a national strategic plan for addressing maternal mental health disorders.

At the state level, CMS approved California, Florida, Kentucky, and Oregon actions to expand Medicaid and Children's Health Insurance Program coverage to 12 months postpartum. This extension provides over 120,000 more families with guaranteed coverage as they navigate this critical postpartum period. The AMA supports the extension of Medicaid coverage to 12 months postpartum and has provided comments on the importance of the matter.

Drug Overdose

Ending the nation's drug-related overdose and death epidemic—as well as improving care for patients with pain, mental illness or substance use disorder—requires partnership, collaboration, and commitment to individualized patient care decision-making to implement impactful changes. Due to AMA and Federation advocacy, there were several positive steps in 2022:

- CDC proposed removing arbitrary prescribing thresholds from its 2022 revised guideline—per AMA recommendations to CDC;
- Arizona, New Mexico, and Wisconsin are three of the states that AMA has helped enact legislation to decriminalize fentanyl test strips; several other states have passed bills in one house and are continuing to consider these bills;
- More than a dozen states have enacted legislation or other policies to help ensure that opioid litigation settlement funds are focused on public health efforts;
- AMA worked closely with the Rhode Island Medical Society to help develop regulations implementing the nation's first legally authorized harm reduction center;

- The National Association of Insurance Commissioners (NAIC) continues to develop tools and resources to help state departments of insurance and the U.S. Department of Labor better enforce state and federal parity laws—at the urging of the AMA and our partner medical societies; and
- The AMA continues to work closely with the Administration on policies to increase access to harm reduction efforts and reduce barriers to medications for opioid use disorder (MOUD), including support for federal funding for states to purchase fentanyl test strips, mobile methadone vans and retain telehealth flexibilities that allow for audio-only induction of buprenorphine.

The AMA also supports S. 445/H.R. 1384, the Mainstreaming Addiction Treatment (MAT) Act in the Senate Health, Education, Labor and Pensions Committee (HELP). The MAT Act would increase access to evidence-based treatment for opioid use disorder and end longstanding administrative barriers to prescribing buprenorphine in-office for the treatment of opioid use disorder.

Access

The AMA works tirelessly to preserve health care access and coverage for Americans across the nation—especially the country's most vulnerable patient populations. The 2022 updates include:

- Successfully urged the Biden Administration to take action to fix the "family glitch" and provide affordable health care coverage;
- Working with health care stakeholder groups, urged the Administration to maintain the public health emergency that expands coverage for care and extends key regulatory flexibilities until there is an extended period of greater stability (the nationwide uninsured rate has dropped to 8%);
- Advocating to Congress to make the Affordable Care Act (ACA) subsidy expansions permanent (extended for three years in Senate Reconciliation bill); and
- Successfully urged adoption of stronger network adequacy rules for Qualified Health Plans and Medicare Advantage plans.

The AMA is also sounding the alarm that a federal court case could cause millions of Americans to lose access to preventive services. *Kelley v. Becerra*, a lawsuit before a federal district court judge in the Northern District of Texas, threatens the section of the Affordable Care Act (ACA) requiring insurers and group health plans to cover more than 100 preventive health services—with no additional cost to consumers. One of the ACA's most popular and widely recognized benefits, the provision resulted in an estimated 151.6 million people receiving preventive care without cost sharing in 2020 alone.

Drug Pricing

As Congress prepared to leave Washington for its August recess, Senate negotiators reached agreement on a reconciliation package passed by the Senate that addressed a number of important issues, including provisions that promise to rein in the escalating costs of prescription drugs. Specifically, the legislation would allow Medicare to negotiate its purchasing prices for drugs, with the first 10 negotiated prices set to take effect in 2026. The legislation would also cap drug price increases at the annual rate of inflation and end a Trump-era drug rebate rule. All of these provisions promise to save money for both Medicare and for patients, although there are concerns about the impact of lower prices on the amount practices receive for the acquisition of physician-

administered drugs under the average sales price (ASP) +6 percent payment methodology, particularly for small physician practices. The AMA will work with affected specialties during the implementation period to assess the impact and identify and advocate for solutions that preserve access to these drugs in physician offices.

Tobacco

The AMA supported the U.S. Food and Drug Administration's (FDA) proposal to ban menthol-flavored cigarettes, a move that will save hundreds of thousands of lives in the coming decades while reducing health inequities. If the sale of menthol-flavored cigarettes is indeed banned, the FDA projects a 15.1% drop in smoking within 40 years, which would help save between 324,000 to 654,000 lives. The agency also projects the ban would stop between 92,000 and 238,000 smoking-related deaths among African Americans—that is up to 6,000 Black lives saved each year.

The AMA has also warned of the dangers of electronic nicotine delivery systems and long called for these products to have the same marketing and sales restrictions that are applied to tobacco cigarettes, including bans on TV advertising. This year the AMA successfully pressured social media companies to reject advertisements of e-cigarettes to youth. The AMA also recently applauded the FDA's decision ordering the removal of all JUUL Labs Inc. e-cigarette products from the U.S. market, recognizing that for too long, companies like JUUL have been allowed to sell e-cigarettes that appeal to our nation's youth—ultimately creating another generation of young people hooked on tobacco products.

Gender-Affirming Care

Despite the evidence base and consensus in the medical community that supports gender-affirming care for transgender youth, some state legislators have pursued legislation to prohibit physicians and other health care professionals from providing such care to minors. The AMA has worked with the Federation to mitigate the harm these bills could have on patients.

To date, two states, Alabama and Arkansas, have enacted laws that prohibit gender-affirming medical care for all minors, including puberty suppressing medication, hormone therapy, and surgery. Both laws are currently tied up with legal challenges. Two additional states, Arizona and Tennessee, have enacted legislation prohibiting surgery on minors and hormone therapy prior to puberty, respectively. Because these interventions are not recommended for the age groups specified, Arizona's and Tennessee's laws essentially—and unnecessarily—codify existing standards of care.

In addition to legislation, two states have sought to prohibit access to gender-affirming care through executive action. In February 2022, the Texas Attorney General issued an opinion deeming puberty suppressing drugs, hormone therapy, and surgeries child abuse. Shortly thereafter, Texas Governor Greg Abbott directed the Texas Department of Family and Protective Services to investigate any reported instances of minors receiving gender-affirming treatments. The directive was blocked by a Texas District Court. Lastly, in April 2022 the Florida Department of Health issued guidance stating that social gender transition, puberty blockers, hormone therapy, and gender reassignment surgery should not be treatment options for children or adolescents. The Florida guidance is not law or regulation and therefore is not legally enforceable. However, following a report by the Florida Agency for Health Care Administration finding insufficient evidence that medical intervention for the treatment for gender dysphoria is safe and effective, the Florida Board of Medicine began the rulemaking process in August 2022 to establish a new standard of care for the treatment of minors with gender dysphoria.

Public Service Loan Forgiveness Program

The AMA is calling on the U.S. Department of Education (DOE) to make improvements to the Public Service Loan Forgiveness (PSLF) program. In 2021, the DOE announced a change to the PSLF program rules for a limited time as a result of COVID-19 that made millions of non-profit and government employees eligible for loan forgiveness or additional credit through the Limited PSLF Waiver. This waiver ends on October 31, 2022, but the AMA has called for an extension. Further, the AMA is urging the DOE to amend the program to assist California and Texas physicians because those states' bans on the corporate practice of medicine interfere with participation in the program. The AMA is also advocating for 501(c)(6) employers to potentially qualify for the program as well. These changes would directly assist physicians with their loan burdens and would encourage more physicians to practice in underserved areas.

Immigration

The AMA continues to fight for equitable treatment of physicians, residents, and students immigrating to the U.S. The AMA wrote to the U.S. House of Representatives Committee on the Judiciary Subcommittee on Immigration and Citizenship urging lawmakers to seek bipartisan policy solutions that will ensure that patients are provided the best care and that immigration barriers are addressed to resolve the physician workforce shortage and preserve patient access to care. The AMA also submitted comments on the Temporary Increase of the Automatic Extension Period of Employment Authorization and Documentation for Certain Renewal Applicants temporary final rule. With the growing backlog of cases within the Department of Homeland Security (DHS) negatively impacting both immigrants and U.S. businesses, the AMA applauded the temporary final rule (TFR) and asked that this same extension be provided to physicians so that they can maintain their lawful immigration status while DHS is working on streamlining their extensions for employment authorization.

The AMA sent a letter strongly opposing any rules, regulations, or policies that would deter immigrants, nonimmigrants, and their dependents from seeking visas or from utilizing noncash public benefits including, but not limited to, Medicaid, Supplemental Nutrition Assistance Program (SNAP), and housing assistance. Impeding access to non-cash public benefits for these individuals and families could undermine population health.

AMA ADVOCACY ONGOING UPDATES

The AMA offers several ways to stay up to date on our advocacy efforts:

- Sign up for AMA Advocacy Update—a biweekly newsletter that provides updates on AMA legislative, regulatory, and private sector efforts. Subscribers can read stories from previous editions here and those looking to subscribe can use this link.
- Join the Physicians Grassroots Network for updates on AMA calls to action on federal legislative issues. And if you have connections with members of Congress, or are interested in developing one, the Very Influential Physician (VIP) program can help grow these relationships.
- Connect with the Physicians Grassroots Network on Facebook, Twitter, LinkedIn and Instagram.

CONCLUSION

There was no shortage of advocacy challenges for America's physicians in 2022. The AMA in conjunction with the Federation represented physicians and patients very well once again; however, significant work needs to be done to advance AMA policy on key issues as well as avoiding further erosion of prior gains. The Recovery Plan for America's Physicians offers a blueprint moving forward, and the AMA will continue to provide updates as efforts proceed.