

**Address to the AMA House of Delegates
Interim Meeting 2023**

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Why It Has to Be Us

Dr. Speaker, Dr. Vice Speaker, Members of the Board, delegates, and guests, thank you all for being here tonight and for the work you do every day in your home states to advocate for patients and physicians.

Your work – and the work of this House over the next several days - is more important than ever.

I am particularly grateful to stand before you as a veteran, on the day we celebrate and honor our nation's veterans. And I want to give another special thank you to all of the veterans here tonight.

In my first six months as president of our AMA, I have had the opportunity to speak to physicians, residents and medical students from all around the country and I've heard from them how the extraordinary pressures of practicing medicine in this environment continue to mount... painting a grim picture about the state of health care in our country.

But I didn't need to travel far to hear about these challenges – I've seen them personally.

On Inauguration night, I told the story of a dear friend of mine and medical school classmate, an emergency room physician in California, who worked tirelessly on the frontlines throughout COVID. Two years ago, he took his own life. He was an energetic and loving soul ... a brilliant and caring doctor ... who felt the weight of the pandemic on his shoulders.

He struggled to get out from under it. I knew he struggled, but I didn't know how to help him. And he didn't know how to ask for help.

I am still deeply troubled by his death, just as I am haunted knowing there are thousands of people in his community who can no longer receive his care.

More recently, another exceptional physician, a woman whom I personally recruited to lead the LGBTQ health clinic at Vanderbilt University Medical Center, abruptly quit the program, no longer able to cope with political pressures and distorted half-truths about the work she was doing. I watched her post pictures online hugging her friends and colleagues goodbye as she packed up her family to move to another state to practice medicine unburdened by restrictive state laws.

Sadly, she is not the first, the last, nor the only physician I know who has made the difficult choice to leave a community they love because of legislative overreach ... in order to practice medicine the way they know it should be practiced.

And a few weeks ago, I walked into the physicians lounge at the Medical College of Wisconsin in Milwaukee where I am an anesthesiologist. There I saw an experienced colleague whom I know well completely break down – so clearly exhausted and overwhelmed.

That is the picture of our health care system in 2023, and it is not a happy one.

Everyone in this room has stories like these – perhaps from a friend or colleague, or something that you have personally experienced. What physicians endure today is often hidden from the patients we care for or the lawmakers whose decisions heavily influence our work.

Up on the screen, you’ll see photos from a project called “The Disposables,” which was created by artist Jeremy Rosario to highlight stories of physicians who have died by suicide. This image on the screen is of Dr. Scott Jolley, an emergency department physician in Utah who tragically took his own life during the pandemic.

Crafted from disposable medical equipment and devices, this installation is a powerful reminder of those we have lost – and the work that we must do to prevent these tragedies from happening again.

It is our job as physicians – and as leaders in this profession - to bring these stories to light. To lock arms with one another ... and to speak with one powerful voice to those we need to hear us.

Medicine is not just at a crossroads ... it’s at a crisis.

And we demand action.

I know the work of advocacy is not easy – and it goes far beyond what most of us learned in medical school. But the truth is nobody is going to do this difficult work for us.

It has to be us.

Speaking truth to power has to be us.

Pushing lawmakers to act has to be us.

Fighting in court to protect patients from regressive and discriminatory new laws and from unsafe scope of practice expansions has to be us.

Demanding reforms to a Medicare payment system that penalizes us for being doctors ... has to be us.

You’re going to hear a lot about Medicare payment reform at this Interim Meeting because of the high stakes involved and because of the damaging cuts physicians have

had to cope with over the last 20 years.

We are using this occasion, sitting here in the shadow in the U.S. Capitol, to highlight our grassroots [Fix Medicare Now](#) campaign. We have a Fix Medicare Now booth for you to get engaged on this issue, and we are hosting an expert panel discussion on this topic on Sunday that we hope you attend.

Physicians aren't the only ones who have to contend with a broken health care system – our patients are suffering too.

My parents live in Jacksonville, Florida. They are in their 70s and, like many their age, they suffer from a variety of age-related ailments, from chronic disease to mobility limitations. They require complex care and a need to see a number of specialists. They relied on a trusted and longtime primary care physician to coordinate their team.

That is until their primary care physician stopped seeing Medicare patients.

We are all familiar with the reasons why physicians stop seeing Medicare patients and they typically come down to one thing – an inadequate reimbursement rate that, if you're in private practice, makes it tougher and tougher to keep the lights on.

Too many seniors, like my parents, have gotten the same letter notifying them that their doctor was no longer able to see Medicare patients. This usually leads to a frustrating and frantic search for a replacement and too often causes harm, as delays occur, things get missed in the transition, and patients often end up having to travel farther to receive necessary services.

Sadly, this is playing out all over America. More than 100 million Americans don't have regular access to a primary care physician, a number that has nearly doubled over the last decade. Many of you may face similar situations in your own families, in your own practices, or you've watched a colleague's practice pushed to financial ruin because of our failed Medicare reimbursement system.

The chart up on this screen tells the story.

Adjusted for inflation, physician payment under Medicare has dropped 26 percent since 2001 – my first year of medical school – far greater than the rates at inpatient or outpatient hospitals, or at nursing facilities. With more cuts planned next year.

Meanwhile, we've all experienced high inflation, rising personnel costs, and increased practice costs that exacerbate these cuts.

So, here's what we're going to do – we're going to send Congress a message – tonight ... right now – and tell them - **enough is enough.**

I want everyone to take out their phones and scan the QR code you see on the screen.

This takes you directly to our new Fix Medicare Now website, where you can scroll to the bottom of the mobile screen and select **Take Action Now**.

From there, you can send an email directly to your representative in Congress and tell them to stop the Medicare cuts planned for 2024.

I see you all getting out your phones and logging on. I'll wait.

In addition to stopping cuts planned for 2024, we're also pushing Congress to pass the **Strengthening Medicare for Patients and Providers Act**, a bipartisan bill in the House of Representatives that would do what the AMA has long advocated for – link the Medicare physician payment schedule to the Medicare Economic Index, and finally put physicians on an equal fiscal footing with other providers in the Medicare system.

I don't know many businesses in any industry that could withstand a 26-percent drop in revenue and still survive – much less an industry like ours that is so essential to the health, vitality and economic well-being of our nation.

Fixing our unsustainable Medicare reimbursement system is illustrative of why we created our [AMA Recovery Plan for America's Physicians](#) in the first place, and why it remains the focus of our state and federal advocacy.

When a system becomes so broken that, year after year, it places greater financial pressure on physicians – in fact penalizing them for providing care to Medicare patients – we cannot simply shrug our shoulders and ignore.

The cuts are too deep, too relentless, and they touch too many lives – physicians and patients alike.

We must keep the pressure on. And we will.

Ok, everyone put their phones away.

By now, I know you're all familiar with the pillars of our AMA Recovery Plan. But I can tell you this plan has really struck a chord with physicians because they speak to universal frustrations we all share.

- Reforming Medicare
- Stopping scope expansions that threaten patient safety
- Expanding telehealth opportunities
- Fixing the onerous prior authorization process; and
- Removing the stigma around physician burnout and prioritizing good mental health.

These aren't just words on paper. The AMA is making real progress on each of these pillars.

AMA advocacy this year helped bring about a new CMS regulation that right-sizes **prior authorization** in Medicare Advantage plans by ensuring continuity of care ... by improving the clinical validity of coverage criteria ... by increasing transparency of health plans' processes ... and by reducing care disruptions.

And we continue to work closely with state and specialty societies to provide legislative language, talking points, data, and other resources to push for important prior authorization reforms in legislatures across the U.S.

Here too we are making an impact. About a dozen states have now adopted comprehensive prior auth reforms, many based on the AMA model bill, and there have been more than 30 reform bills introduced in the states in the 2023 legislative sessions.

And we're seeing momentum build for reform in the private sector as well. Cigna and United Healthcare, two of our nation's largest insurers, have announced their own voluntary reform efforts to reduce prior authorization hassles. It remains to be seen how significant this change will be, but this is a huge victory for physicians and patients who have long been frustrated by prior auth demands.

Insurers know the pressure is on. Policymakers know the pressure is on. This progress may not be as fast as we all want, but it is happening. And we can feel good about that.

AMA also continues to fight inappropriate **scope of practice** expansions by nonphysicians – wherever they flare up.

In September, I had the honor of testifying in front of a House subcommittee hearing on veterans' affairs to represent the AMA and discuss how scope expansions can threaten the quality of care that our veterans, my shipmates and I receive. And at that hearing, I sat next to an optometrist who, on the record, referred to himself as a physician.

That was yet another outrageous reminder of why we need to continue to push back against these expansions. And why we need lift up physicians as leaders of health care teams.

Our efforts are making a difference. AMA advocacy – in coordination with Federation partners - has achieved more than 85 state-level scope wins so far in 2023.

We have much to be proud of in this work, but we all know the bills will keep coming. We cannot afford to lose our focus or our resolve.

And finally, in our comprehensive strategy to reduce **physician burnout**, we continue to honor and celebrate employers that are doing right by physicians and the patients we serve.

Last month, AMA recognized 72 health systems, hospitals and medical groups as part of

our annual **Joy in Medicine** program which evaluates employers and practices on their leadership, teamwork, practice efficiency, and other criteria to develop a roadmap for reducing burnout that others can follow.

Created just four years ago, our Joy in Medicine program has become a national model by which our nation's best hospitals and health systems should be judged because it not only recognizes exemplary practices but takes the next crucial step by providing clear and evidence-based best practices to help others understand where they succeed and where they fall short.

This is the most effective way to elevate health system performance and accountability by targeting the systemic drivers of burnout.

(pause)

On all of these issues, I continue to be guided by a sense of optimism and purpose because I see the real progress that we have made ... I see the capacity of everyone in this room to force change that makes a real difference in the lives of patients and physicians.

There is no doubt that this is hard work – but our voices, our stories, and our experiences are powerful ones – and we must amplify them to shine a light on what is truly happening in our health care system.

It has to be us.

It has to be us because we experience the realities of a broken health care system each and every day.

It has to be us because we know the care our patients deserve and how best to deliver it.

It has to be us because, despite ongoing efforts to undermine faith in science and medical institutions ... people still trust and believe their physicians.

It has to be us because we will always put science and the ethics of our profession first.

Thank you.

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