

AMERICAN MEDICAL ASSOCIATION PRIVATE PRACTICE PHYSICIANS SECTION

Resolution: 5
(I-25)

Introduced by: Roxanne Tyroch, MD

Subject: Improving Health Care Access for Medicare Patients

Referred to: PPPS Reference Committee
(xxxx, MD, Chair)

Whereas, if a physician is a Medicare “participating provider” they must accept Medicare patients and under current legislation only are allowed to charge membership fees for services Medicare does not pay for and must inform the patient of this with an advance beneficiary notice (ABN); and

Whereas, under the current statute, participating physicians must accept all Medicare patients; and

Whereas, some physicians choose to opt out of Medicare entirely, in which case they can set their own fees with private contracts and patients are responsible for the full cost with reapplication eligibility resuming two years after opting out¹; and

Whereas, under current law, membership fees cannot include any charges for services, tests, or treatments that Medicare typically covers; the membership fee must exclusively cover non-covered services such as enhances access, no wait time, physician cell phone communication, and wellness programs²; and

Whereas, the Office of the Inspector General closely monitors these arrangements to ensure that Medicare beneficiaries aren’t being charged for services that Medicare already covers; and

Whereas, the Medicare Fee Schedule has not kept up with inflation or the increase in operational expenses and for many physicians does not cover the true cost of managing the patient; and

Whereas, in order to transform access to care for Medicare patients and increase practice viability, deregulation may be more successful towards achieving practice viability than advocating for small incremental temporary percentage increases in reimbursement; therefore be it

RESOLVED, that our American Medical Association advocate to the U.S. Department of Health and Human Services that Medicare policy be amended to allow practices to collect a monthly membership fee without needing to distinguish what service other than simply membership is being provided while also billing Medicare Part B (Directive to Take Action); and be it further

RESOLVED, that our AMA advocate for changes in applicable laws such that physicians will not be subject to penalties under the False Claims Act for billing Medicare Part B while also collecting monthly membership fees and that patients expressing difficulty paying membership fees should be offered/referred to medical financing opportunities (Directive to Take Action).

Fiscal Note: (Assigned by HOD)

Received: 8/31/2025

REFERENCES

1. Medicare Access and CHIP Reauthorization Act of 2015, 42 U.S.C. § 1396 (2015). <https://www.congress.gov/bill/114th-congress/house-bill/2/text>. Accessed September 2, 2025.
2. *Ibid*.
3. Little Health Law. What are some considerations for setting up a concierge medical practice? <https://www.littlehealthlaw.com/videos/what-are-some-considerations-for-setting-up-a-concierge-medical-practice/>. Accessed September 2, 2025.
4. Eramo, L. (2023). 5 legal considerations with concierge medicine. *The Intake*. October 27, 2023: <https://www.tebra.com/theintake/patient-experience/legal-and-compliance/5-legal-considerations-with-concierge-medicine>. Accessed September 2, 2025.
5. Private Physicians Alliance. (2023). 5 essential Medicare lessons for concierge medicine. April 21, 2023: <https://ppa.health/5-essential-medicare-lessons-for-concierge-medicine/>. Accessed September 2, 2025.

RELEVANT AMA POLICY

N/A