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Willie Underwood, MD, MSc MPH
President
American Medical Association

What if? Reimagining What's Possible in Medicine

Greetings and welcome, colleagues, friends, leaders and members of the American Medical Association.

It's wonderful to be here with you tonight, at Disney…a place where dreams come true and where stories come to life…where the mission is to entertain … inform …and inspire people around the globe.

As you can tell, I'm inspired by music tonight. And so, I want to begin with a story … about music.

Raise your hand if you've ever owned a stack of CDs. Keep your hand up if you still do. I'm in good company!

There was a time - and I won't say how long ago - when I had hundreds of CDs. Earth, Wind & Fire. Stevie Wonder. Elton John. B.B. King. I had R&B, rock, classical, and all the jazz greats.

And I carried those CDs everywhere.

Remember the fanny pack? If you wanted to take your music with you, you chose your CDs, and you carried them … **ALL of them** with you…In a fanny pack.

At that time, we didn't think of that process as problematic. It was the system … and the system worked.

Then, in 2001, Steve Jobs walked onto a stage and asked a question that changed the world.

What if there is a better way?

Steve Jobs said, "I WANT A THOUSAND SONGS IN MY POCKET!"

And you know what? The iPod Touch put 1,000 songs **… IN YOUR POCKET.**

He redesigned the whole experience – leading to incredible streaming platforms we have today.

He asked people to think differently and they did. True innovation occurs when you think differently.

I believe medicine and our society are at that moment now.

What if there is a better way?

What if we looked at something familiar and saw a new possibility?

A health system truly built around the needs of patients, **and** physicians.

I believe we have both the **opportunity** and the **responsibility** to do exactly that.

When I think about our current systems, I'm reminded of a recent incident I had as a patient. I had a tooth abscess that required a root canal. I thought I had great dental insurance. Surely, this would be taken care of right away.

Not so fast!

Prior authorization delayed my procedure for weeks.

And I'm a doctor!

First, the insurance company said they hadn't received my X-rays. So, I called my dental surgeon and had them resent. Then the insurer said they needed my post-operative X-rays.

Wait a minute. You need X-rays from **after** the procedure to approve the procedure **before** it happens?

Come on, man!

That's my experience. But it is not mine alone.

These are not simply administrative problems. Our work is to heal, to help, and to serve.

When "our system" prevents us from doing that … we must **change** the system. Not by telling physicians to become more resilient.

Excuse me? We're already resilient! We are some of the most resilient people I know.

Medicine doesn't have an effort problem. **We have a system problem.**

And it will take all our strength – everyone in this room and our colleagues in the field – to **fix the system.** But within this frustration is an opportunity - not only to **do** differently, but to **think** differently.

To **REIMAGINE.**

What if the systems made it **easier**—not harder—to deliver the care that our patients deserve?

What if physicians were paid fairly to actually **support** the work of independent practice?

What if new technology **removed** barriers instead of creating new ones?

That is the future we are all working toward. But we cannot get there alone.

Steve Jobs needed people with different skills and perspectives to turn his vision into reality. Transforming medicine requires that same spirit of collaboration.

Physicians understand what happens in the exam room and the operating rooms. Patients understand what it means to navigate a complex system. Researchers, policymakers, and innovators bring other essential perspectives.

Our opportunity is to bring those perspectives together around a shared purpose. And that's where the AMA has an **extraordinary** role to play. As my good friend Dr. Aora likes to say, we're the **AmeriCAN Medical Association**, not the AmeriCAN'T Medical Association!

We can do this!

And we're already showing what's possible.

The AMA is pushing for stronger federal oversight and enforcement of prior authorization requirements … and holding insurers accountable for their promised reforms.

In collaboration with our Federation partners, we have secured prior authorization reforms in two dozen states and achieved more than 100 victories protecting **physician-led**, **team-based** care.

Through Joy in Medicine, we are recognizing hospitals and health systems driving measurable progress to improve physician well-being … and provide a blueprint for others to follow.

We have helped advance bipartisan legislation to create a more **sustainable** Medicare payment model.

We are standing up for science, for vaccines, and for evidence-based care.

And we're fighting to ensure patients **always** have access to the care they need … and strongly opposing new Medicaid work requirements that threaten coverage for millions of vulnerable patients.

These aren't just policy victories. They are evidence of a health system that is **ripe for change**. And they remind us that we don't have to accept the world as it is.

We can imagine the world as it **should** be. Thinking differently is the courage to look beyond the limits of today and envision something better. Thinking differently also requires something difficult.

It requires us to confront what is happening right now.

I want to show you a video. I should warn you, it's intense. It might be triggering for some. But I believe it captures how many physicians feel today.

We're working under enormous strain. Fighting to keep our practices open. Fighting to deliver care. Fighting against barriers that seem to grow higher every year. Sometimes, it feels as though we're hanging from the side of a cliff.

[Play Vertical Limit clip]

You heard that climber warn about the amateurs. For far too long, we've allowed people who don't understand medicine to make decisions that determine how medicine is practiced. Decisions that put patients at risk. Decisions that threaten our practices, our profession, and our nation's health.

[Play clip]

Look at them. Swinging wildly. Losing control. Pulling everyone else down. Does that feel familiar?

Physicians are expected to hold everything together while others make decisions without listening to us. And the consequences are real.

Today, millions of Americans are losing their health coverage. Families face greater barriers to basic necessities and medical care.

Independent physicians struggle with declining payment … and rising expenses. Employed physicians face increasing pressure from administrators. We struggle with overwhelming debt … and mental health challenges we may be afraid to acknowledge.

And too often, we're forced into impossible choices.

[*Play clip*]

For one physician, that means fighting to keep their practice open. For another, it's selling to private equity.

For a medical student, it may mean abandoning the dream of becoming a physician because the cost is simply too high.

For a young doctor, it may mean choosing a specialty based on debt rather than passion.

Sometimes, we're forced to cut the rope.

These are choices no one should have to make. And we should never accept a system that forces them. But colleagues, this is where thinking differently becomes more than an idea.

It becomes a responsibility. We cannot simply describe what's broken. We cannot hope it will improve by itself. Hope is not a strategy!

We spend $5 trillion dollars a year for outcomes that rank near the bottom. Who do they blame? Us. But who knows more about how to deliver better health outcomes than us?

So, let's stop letting amateurs make all the decisions.

So, here's an idea. Local communities are tracking their outcomes data. Why don't we use the outcomes data for that region and reverse engineer the system?

We're not going to fix the outcomes overnight. Let's start with a modest goal of improving outcomes by 10%. Then work with our stakeholders to design a delivery system to achieve this.

Let’s stop funding healthcare as a system and start funding for outcomes.

Here’s another idea. Our PACs — AMPAC, state and specialty — are powerful tools to turn our collective voice into meaningful change.

If each member of the AMA invested $1,000 annually in our AMAPAC – less than $3 per day – we would have $300 million a year to preserve medical practice and protect care for the most vulnerable.

If every member gave their state PAC and their specialty organization just $250 a year for each, just imagine our influence on medicine’s future. What would an additional $16 million do for us in Florida? How about $21 million in my home state of New York. My specialty, urology, would have $3.5 million to invest in thinking differently.

For too long important decisions about healthcare have been made by amateurs. Our investment ensures that healthcare is shaped by experts who understand it best.
We have to make that clear for our colleagues around the country.

Let’s create a healthcare system that not only works for some of us, but for the sum of us.

And who knows healthcare better than us?

Tonight, I began by talking about music. About a moment when someone dared to imagine an entirely different way of doing something familiar. A thousand songs in your pocket. It seemed impossible … until it wasn't.

Now imagine what we could accomplish if we brought that same spirit of imagination to medicine. A future where physicians are **empowered** to practice medicine. Where patients receive the care they need, **when** they need it. A future where our health system works for people instead of forcing people to work around the system. That's a future worth fighting for.

The future of medicine will not be defined by what we're willing to accept … but by what we **dare to imagine.** By what we have the **courage** to challenge. And by what we choose to build — **together**.

That is our mission.

That is our calling.

And this is our moment!

Thank you.

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