

Does removing stigmatizing language from credentialing applications help?

Background

The [American Medical Association](#) (AMA) and the [Dr. Lorna Breen Heroes' Foundation's](#) (LBF) national efforts, as part of the ALL IN: Wellbeing First for Healthcare coalition, to remove inappropriate, stigmatizing language on licensing, credentialing and other applications continues to gain momentum. As of January 26, 2026, there were 43 state medical boards and more than 2,100 hospitals, health systems and other care facilities that have updated their applications to be [consistent with recommendations](#) from the AMA, LBF and a growing list of national organizations. From the AMA and LBF's perspective, these changes greatly benefit the more than three million physicians and other health care professionals who complete these applications.

Questions requiring disclosure of treatment and/or diagnosis of mental health or substance use conditions—when there is no current impairment—cause fear and stigma among clinicians, which leads them to avoid seeking care.¹ Less is known, however, about what happens when health systems change those questions.

Topline results show positive operational and individual impacts of changing questions

To better understand if the changes recommended by the AMA and LBF helped hospitals and health systems that made the changes, 90 health systems were asked a series of questions about the impact of the changes on the use of mental health services, the organization's ability to manage risk, patient safety outcomes and other questions. Fifty systems completed the survey. Respondents included chief wellness officers, chief medical officers, credentialing officers, legal counsel and others directly involved with credentialing processes.² That is, the individuals completing the surveys are leaders in their systems who work directly to help improve their clinicians' mental health and wellbeing. While the results are extremely promising, the AMA and LBF see an ongoing need to remain engaged with all of the systems who have made changes.

Table 1				
Do you feel there has been a mostly positive impact, mostly negative impact or no meaningful impact on the following as a result of this change to credentialing applications?	Positive impact	Negative impact	No impact	Not sure
Use of mental health support services provided by your organization	41%	0%	9%	50%
Your organization's ability to manage risk and liability	30%	0%	26%	43%
Patient safety/patient health outcomes	28%	0%	20%	52%
Your organization's ability to recruit and retain physicians and advanced practice providers	26%	0%	22%	52%
Increased disclosure of current impairment	22%	0%	17%	61%

¹ More information from the AMA: [ARC Issue Brief: Campaign to support medical student, resident and physician health and well being](#) and the LBF: [New Report Uncovers Structural, Cultural Barriers Prevent Clinicians from Accessing Mental Health Care](#)

² AMA and LBF surveyed survey 50 hospitals and health systems across 19 states from December 2, 2025 - January 25, 2025. The response rate was 54.35%. Because of the sample size, these results should be seen as directional.

Institutional stigma remains a barrier to mental health care access for one-third of systems

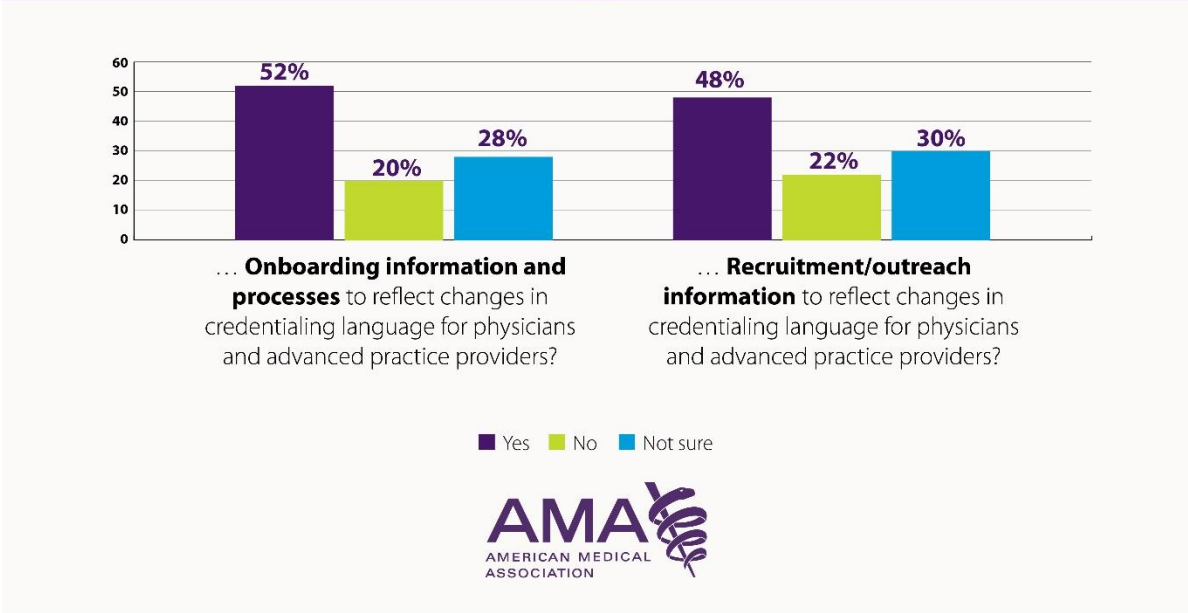
Systems also were asked if the health workers at their organizations experienced institutional stigma—defined as policies or culture of negative attitudes and beliefs that prevented them from accessing mental health care. While most systems somewhat or strongly disagreed that institutional stigma remains, more than one-quarter acknowledged institutional stigma remains.



Moving from policy change to cultural change has shown progress in accelerating positive impacts

The AMA and LBF have consistently encouraged health systems that have made changes to communicate those changes alongside available mental health resources and services, so clinicians know that it is okay and encouraged to prioritize their mental health and wellbeing. The survey found that more than 50 percent of health systems that have made the recommended changes did, in fact, communicate those changes when physicians and other clinicians entered the health system. The survey also found that nearly 50 percent of health systems updated their recruitment and outreach with specific information about the changes. (See Chart 2 below)

CHART 2
Percent of organizations updating their ...



Looking closer at the 41% of respondents who reported a “positive impact on mental health utilization” in Table 1 above, the survey found that 64% of those who said their utilization had seen a positive impact also said that they have updated recruitment/outreach information, and 58% said they have updated their onboarding information. The AMA and LBF see these results as indicative how making the changes and then communicating the changes leads to increasing use of mental health support services. We acknowledge that additional study is necessary to confirm and further understand what additional reasons may be leading to these connections.

What the health system leaders are saying

In addition to the quantitative results, the survey also generated a wide range of qualitative responses. Advice for colleagues considering making these changes in their organization stressed the importance of preparing for the various committees/individuals that will need to weigh in. Some emphasized the need for a strong champion and clear message to create buy-in from leadership; others pointed to the need to ensure 3rd party vendors (or outside legal/regulatory entities) do not slow down the process once it has begun. Representative examples include:

“The change was not as difficult as imagined. There are many supporters from Behavioral Health, Legal, and Medical Staff Programs. In addition, this foundation and state PHP programs can add support.”

“Our physician leaders gave an overwhelmingly positive response to changing our questions on the credentialing application and peer review forms.”

“While it may take effort and time, changing credentialing language supports clinicians and decreases stigma... Communicate the changes with positivity & support.”

“This was a relatively easy change for our organization to make. We even had the support of legal input from the Dr. Lorna Breen Foundation team to change the wording and support a stronger understanding of how the applicant should respond to the application questions.”

Analysis

Overall, the responses make clear that changes to credentialing applications and peer review forms—as recommended by the AMA and LBF—has had a positive impact across five key areas:

- Use of mental health support services
- Ability to manage risk and liability
- Patient safety/patient health outcomes
- Organizational ability to recruit and retain physicians and other clinicians
- Increased disclosure of current impairment

These positive impacts—important by themselves—shine even brighter because they answer many of the key questions that hospitals and health systems have posed to the AMA and LBF for the past few years. Specifically, hospitals and health systems have been concerned that if they do not ask about past diagnosis or treatment—or participation in a physician/professional health program—that they will not be able to identify physicians and other clinicians at increased risk—and thereby expose the hospital or health system to increased liability. Survey respondents were clear that this was not the case.

While many respondents are still not sure of all of the impacts of making the changes recommended by the AMA and LBF, no respondents said there was an increased risk of adverse patient safety events or risk of liability. The AMA and LBF will continue to work with all hospitals and health systems to monitor the impacts of the changes made to credentialing applications and peer review forms.

Looking ahead

The survey also highlighted two key areas for improvement. First, only half of respondents said that they had taken steps to communicate about the changes in the health systems' recruiting and/or onboarding process. The AMA and LBF see this as an opportunity for ongoing education and culture change across facilities, departments and units in a health system. The AMA and LBF view the removal of stigmatizing language about treatment for mental health conditions and substance use disorders as a system-wide benefit and is the beginning step for how health systems can evolve from reactive crisis management to proactive, confidential support systems and comprehensive benefits for accessing mental health support services.

The second area is that the survey also highlighted that health systems that have made the changes recommended by the AMA and LBF often did so as a result of strong internal leadership. The AMA and LBF urge that health systems that have made these changes to also communicate across health systems to encourage their colleagues to similarly raise the bar in support of clinicians' mental health and wellbeing.

Finally, the survey identified multiple areas where respondents were "not sure" of the impacts of changes or whether the changes were communicated throughout the system. These are areas for further investigation and study.

For more information

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