



American Medical Association

# Advocacy in Action

Updated February 2020

[ama-assn.org/advocacy](http://ama-assn.org/advocacy)



MEMBERSHIP  
MOVES  
MEDICINE™

# Addressing surprise medical bills

## *Where the AMA stands:*

The AMA supports efforts to hold patients accountable only for in-network cost-sharing amounts in situations, such as emergencies, where they had no opportunity to select an in-network physician or other provider for their care. An independent dispute resolution (IDR) system, like that currently working in New York, is a proven remedy for settling payment disputes between physicians and insurers that protects patients while preserving incentives for insurers to negotiate network participation contracts in good faith.

### Results

- Worked with state medical societies and national medical specialty societies to craft a common set of policies to guide our combined advocacy efforts on surprise billing
- Worked closely with legislators in the House and Senate to shape developing legislation according to AMA policy and successfully prevented an objectionable bill from being passed before Congress adjourned in 2019
- Sent more than a dozen letters to Congressional committees working on this issue, in addition to holding regular meetings with members of Congress, Congressional leadership and staff
- Testified before the House Ways and Means Committee and submitted a statement for the record for a House Energy and Commerce Committee hearing
- Placed op-eds in approximately two dozen local newspapers in key Congressional districts to explain the importance of including IDR in any surprise billing legislation
- Held meetings with administration officials to provide medicine's perspective on a surprise billing solution following the president's expressed interest in the subject and his opposition to "arbitration"
- Supported dozens of states' efforts to address the issue of surprise billing with legislation that protects patients and targets fair physician payment
- Sent out AMA grassroots alerts, along with a grassroots action kit (representatives from key states were flown in to meet with Senate leaders on this issue; AMA Council on Legislation members and attendees at the AMA National Advocacy Conference also held meetings in Washington)

### ..... In progress .....

- Continuing efforts to pressure House committee leaders at the House Education and Labor Committee, the Energy and Commerce Committee, and the Ways and Means Committee to make further improvements to any related legislation they may consider in 2020
- Continuing conversations with Senate Health, Education, Labor, and Pensions Committee leaders, who pledged to continue working to improve their surprise billing legislation

**LEARN MORE** [bit.ly/surprisebillingkit](https://bit.ly/surprisebillingkit)

# Protecting immigrant health

## *Where the AMA stands:*

The AMA will continue to be aggressive in demanding oversight of southern border detention facilities and will continue to voice its concern and advocate for the health and safety of migrating children and families.

### Results

- Convinced the administration to reverse course on its proposal to revoke the nation's medically deferred deportation policy for critically ill individuals, many of whom are children with conditions like cancer and muscular dystrophy
- Called on the administration and Congress several times to address the condition of facilities at the southern border, which are inconsistent with evidence-based recommendations for appropriate care and treatment of children and pregnant women
- Opposed a proposed rule that would expand long-term detention of migrating families
- Opposed proposed regulations that would deny entry to immigrants who have been or seem likely to be dependent on public programs like Medicaid and the Supplemental Nutrition Assistance Program
- Urged the administration to provide all medically appropriate care, including vaccinations, to asylum-seekers

### ..... In progress .....

- Continuing educational and advocacy efforts on conditions on the border and the potential long-term health impacts, particularly for children

# Improving Medicare physician payment

## *Where the AMA stands:*

Providing flexibility, reducing the reporting burden and ensuring the program is clinically relevant are the AMA's top priorities to improve the Merit-based Incentive Payment System (MIPS).

### Results

- MIPS participation reached 95% in 2017 and more than 1 million clinicians received a final MIPS score of at least three points to avoid a Medicare payment penalty. In 2018 preliminary results show participation increased to 98%. As a result of AMA advocacy efforts 2017 and 2018 were transition years that helped make these positive results possible.
- Preliminary results indicate small practice participation in MIPS increased from 81% to 90% from 2017 to 2018, showing the AMA's advocacy supporting independent physicians and small practices is working.
- Successfully urged Centers for Medicare & Medicaid Services (CMS) to adopt new payment models—including a set of primary care payment models and a model on emergency services.
- At the AMA's urging, CMS took several steps in 2019 to make the cost measure development process more transparent, including allowing all interested specialty societies to listen in on meetings where decisions are made about measure specifications.
- CMS outlined a new participation option that would tailor MIPS reporting requirements around an episode of care or condition. The AMA is seeking modifications to ensure it is voluntary, less burdensome than the current program, and incentivizes physicians to opt-in to this new framework. If properly modified, the option will significantly help to streamline MIPS.
- CMS added new Medicare telehealth codes for opioid use disorder treatment and principal care management, and reduced documentation burdens for transitional care management.
- CMS implemented the Current Procedural Terminology (CPT®) framework for documentation and coding of office visits, and the AMA Specialty Relative Value Scale Update Committee (RUC) recommendations to revalue payment on Jan. 1, 2021. Significant burden reduction to be achieved as CMS moves to adopt these changes, coupled with regulatory relief implemented in 2019.
- Due to AMA efforts, CMS significantly expanded Medicare coverage for ambulatory blood pressure monitoring and will now pay physician practices to educate their patients in self-measured blood pressure (SMBP) monitoring.

### ..... In progress .....

- Working closely with the Federation MIPS work group and the specialty societies to identify priorities to improve MIPS, the AMA continues to advocate for:
  - Streamlining reporting requirements to reduce burden
  - Continuing to gradually increase the performance threshold
  - Improving quality and cost measure scoring methodologies
  - Promoting measures that are applicable to specialists and sub-specialists, including Qualified Clinical Data Registry measures
  - Opposing total cost of care and population health measures that are outside physicians' control
  - Moving away from prescriptive Promoting Interoperability measures tied directly to certified EHR use and instead using yes/no attestation
- The AMA remains steadfast in urging CMS to provide more granular data and analytics from MIPS and claims data sources to better understand opportunities for quality and efficiency improvements and ways to streamline MIPS.
- Continuing to urge Congress to make refinements to the Medicare Access and CHIP Reauthorization Act (i.e., such as allowing multi-category credit to harmonize the program, thus giving CMS the flexibility to set multiple performance thresholds to help level the playing field for small practices), and to remove the mandate to include the Total Per Capita Cost measure.
- Exploring solutions to negative 2021 payment impacts projected for many specialties as a result of CMS policy changes to office visit coding that extend beyond those approved by CPT and the RUC.

**LEARN MORE** [ama-assn.org/medicare-payment](https://ama-assn.org/medicare-payment)

# Pushing for regulatory relief

## *Where the AMA stands:*

**Administrative burdens reduce patient access to care, cause physician burnout, decrease professional satisfaction and increase health care costs.**

### Results

- CMS removed several physician office evaluation and management (E/M) coding and documentation requirements, so physicians are no longer required to re-document the chief complaint and history that are already recorded by ancillary staff or the patient, among other improvements.
- CMS replaced current requirements to defer, to a certain extent, to the ambulatory surgical center (ASC) policy and operating physician's clinical judgment to ensure that patients receive the appropriate pre-surgical assessments tailored to the patient and the type of surgery being performed.
- CMS replaced the requirement that ASCs have written transfer agreements or privileges with the local hospital with a requirement that ASCs must periodically provide the local hospital with written notice of its operation and the patient population served.
- Proposed HIT rules contain many policies we have been urging the administration to adopt.
- CMS expanded the covered indications for ambulatory blood pressure monitoring to include use in diagnosing patients with suspected masked hypertension.
- After seven years the U.S. Food and Drug Administration (FDA) eliminated the risk evaluation and mitigation strategy (REMS) for HIV pre-exposure prophylaxis (PrEP), which removes a barrier to wider use of this powerful HIV prevention tool.
- EHR vendors will no longer be able to use contractual, technical or financial limitations to restrict the access, exchange or use of health information.
- EHR vendors will no longer be able to block or restrict physicians from communicating concerns with their EHR's usability, interoperability or impact on patient safety. EHR vendors must remove any "gag clauses" included in contracts with physicians.

..... In progress  .....

- Working to eliminate, streamline, align, and simplify the many federal rules and regulations imposed on physicians
- Making the EHR Stark exception and anti-kickback safe harbor permanent
- Creating broad cybersecurity technology and services Stark exception and anti-kickback safe harbors
- Working to strengthen patient data privacy, reduce complications with some aspects of the Office of the National Coordinator's information blocking proposals, and restrict entities (e.g., payers) from using EHR data to circumvent physician clinical decision-making and increasing prior authorization requirements

# Promoting patient access to compounded pharmaceuticals

## *Where the AMA stands:*

**The AMA considers in-office compounding of pharmaceuticals by physicians for administering to their patients to be the practice of medicine, and that FDA regulations intending to protect patient safety in large-scale facilities for broader distribution should not be applied to physician offices and ambulatory surgical centers.**

### Results

- United States Pharmacopeia (USP) finalized updated Chapter 797 for sterile compounding that provides an exemption for physicians preparing sterile drug products in an office setting so long as that drug is administered to a patient within four hours of preparation.
- The FDA updated draft guidance for "Insanitary Conditions at Compounding Facilities," which exempts physicians from FDA regulation of compounding activities so long as they are compounding for administration to their own patients in an office setting.

..... In progress  .....

- Urging FDA to finalize the updated draft guidance for "Insanitary Conditions at Compounding Facilities" as proposed

# Fighting scope of practice expansions that threaten patient safety

## *Where the AMA stands:*

Patients deserve care led by physicians. The AMA will vigorously work to preserve physician leadership and defend the practice of medicine and the safety of our patients at the state and federal levels, as well as in the courts.

### Results

- In 2019 the AMA's state advocacy team, in strong collaboration with state and national medical specialty societies, defeated more than 50 scope bills across the country.
- In 2019, after a two-year coordinated effort, the 2015 Advanced Practice Registered Nurse (APRN) Multistate Licensure compact was eliminated. The compact would have allowed APRNs to practice independently in any state that adopted the compact, even if incongruent with state law.
- Since inception in 2006, the AMA Scope of Practice Partnership's (SOPP) membership has grown to 105 national, state and specialty societies. To date, the SOPP has awarded more than \$2 million in grants—funding the development and implementation of advocacy tools and campaigns.
- The AMA has distributed thousands of AMA "Education Matters" wheels—legislator leave-behinds that compare the education and training of physicians and nonphysician providers.
- The AMA has created a solid evidence base to educate policymakers on why they must oppose inappropriate scope expansions including 10 "deep dive" compendiums comparing physician and nonphysician education and training; more than 1,500 geomaps that show practice location of physicians and nonphysicians; the AMA Workforce Mapper; social media graphics; model legislation; and more.

### ..... In progress .....

- Actively tracking hundreds of 2020 legislative and regulatory proposals seeking to expand the scope of practice of nonphysician providers and engaging with state legislators and regulators
- Responding to Federal Trade Commission (FTC) enforcement against state licensure board actions, as well as their interest in scope of practice at the state level
- Engaging the administration to preserve physician supervision of non-physician professionals in Medicare, ensuring the scope of practice of health care professionals is commensurate with their level of education and training

# Protecting public health

## *Where the AMA stands:*

Physicians are uniquely suited to advocate for the improvement of the public's health. The AMA works at the federal and state levels on preventing the resurgence in vaccine-preventable illnesses and deaths, as well as addressing the skyrocketing use of e-cigarettes—particularly among youth.

### Results

- Supported eliminating all non-medical exemptions to vaccinations required for school enrollment in Maine and New York
- Supported other state efforts to tighten non-medical exemption requirements and opposed legislation that would undermine immunization programs
- Supported local efforts to expand smoke-free areas
- Supported state actions to prohibit the sale of flavored e-cigarette and tobacco products that attract young people
- Supported state and federal legislation to raise the minimum age to purchase tobacco and e-cigarette products to 21
- In January, the Administration announced a new policy to address the youth e-cigarette epidemic by limiting flavors in some vaping products, following advocacy by the AMA and other health organizations

### ..... In progress .....

- Supporting the elimination of non-medical exemptions across the country
- Continuing to press the administration to expand its e-cigarette policy to include a ban all flavored products

# Fighting prior authorization and insurer practices that hinder optimal patient care

*Where the AMA stands:*

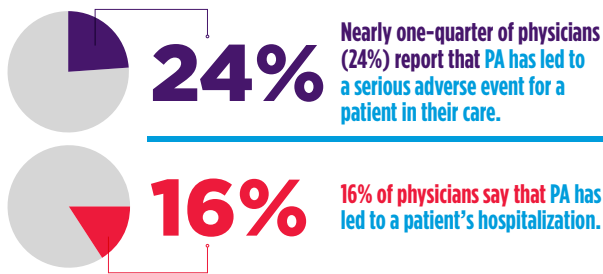
Payers continue to implement harmful policies—like prior authorization (PA)—that delay patient care and interfere with physicians' ability to practice medicine.

## Results

### Prior authorization

- Supported federal legislation to streamline prior authorization in Medicare Advantage plans and state legislation to improve the prior authorization process for patients and physicians in more than 15 states
- Released new 2019 prior authorization physician survey data that highlight the significant negative impact of this process on both patients and practices

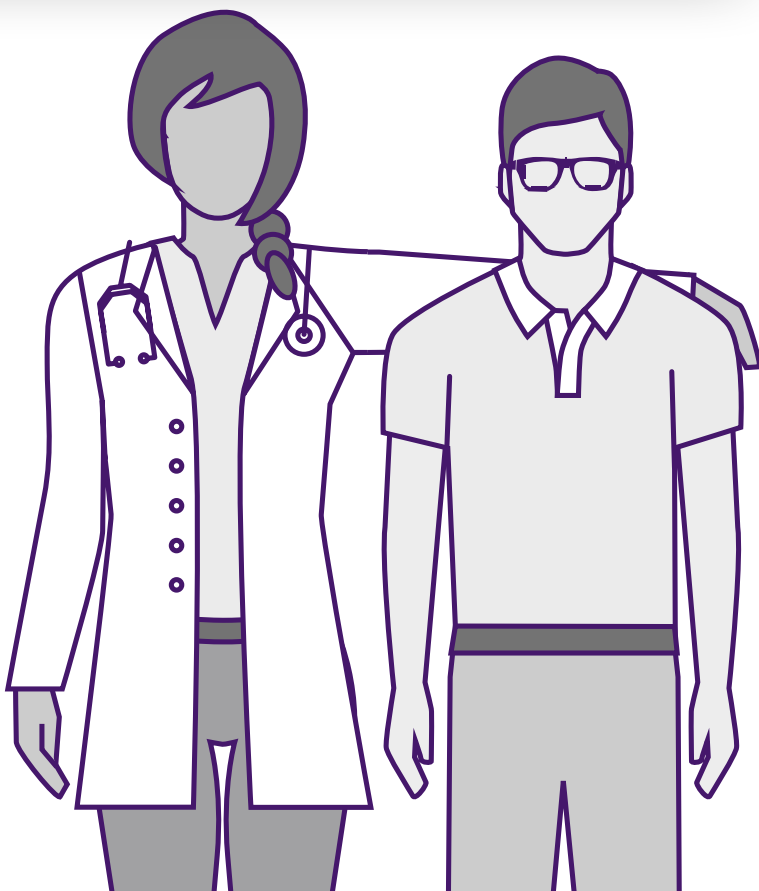
### PA and patient harm



- Successfully advocated for the CMS to address prior authorization as part of its initiative to reduce administrative burdens and called on CMS to take a broad approach to reforming this process, rather than singly focusing on automation
- Continued to enhance the grassroots website, [FixPriorAuth.org](https://fixpriorauth.org), to educate the general public about the problems associated with prior authorization and to gather physician and patient stories
  - [FixPriorAuth.org](https://fixpriorauth.org) results since July 2018 launch: 20.8+ million impressions, 1,019,000+ social engagements, 665+ patient and physician stories captured, 130,685+ petitions signed, and 392,055+ messages sent to Congress
  - **New!** Prior authorization video features compelling clips from Congressional hearings urging support for H.R. 3107, the "Improving Seniors' Timely Access to Care Act of 2019"
- Presented the issues of prior authorization and other insurer abuses at the annual National Association of Insurance Commissioners meeting, as well as to the National Council of Insurance Legislators

### Insurer practices

- Strongly advocating against increased use of utilization management in Medicare programs, including step therapy protocols for Part B drugs in Medicare Advantage, additional prior authorization and step therapy for six Part D protected drug classes and indications-based formulary design (note: these policies were partially rolled back)
- Helped prevent numerous state bills from being enacted that would have undercut physicians' ability to obtain fair contracts and reduced the adequacy of provider networks



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# Physicians report prior authorization interferes with continuity of care

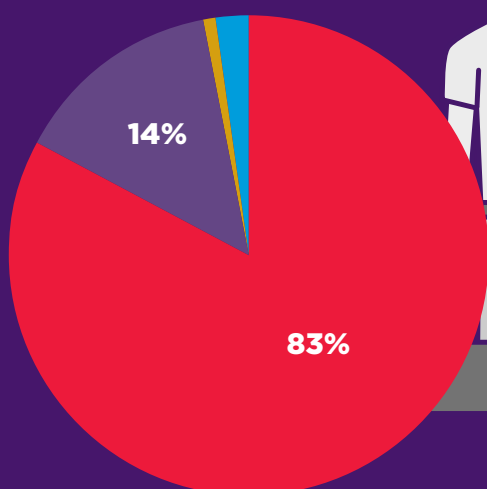
In the 2018 "Consensus Statement on Improving the Prior Authorization Process," health care professional and insurer organizations agreed to encourage sufficient protections for continuity of care during a transition period for patients undergoing an active course of treatment when there is a formulary or treatment coverage change or change of health plan that may disrupt their current course of treatment.

In the AMA's survey, an overwhelming majority (**83%**) of physicians report that prior authorization interferes with continuity of care.



How often does the PA process interfere with the continuity of ongoing care (e.g., missed doses, interruptions in chronic treatment)?

- Sometimes, often or always (83%)
- Rarely (14%)
- Never (1%)
- Don't know (2%)



## ..... In progress .....

- Advocating directly with health insurers to change policies that adversely affect patients and physicians
- Working with regulators to enforce patient protections
- Working with both public and private sector payers to reduce the overall volume of prior authorization submissions and the number of physicians subjected to such requirements
- Advocating for passage of H.R. 3107, the "Improving Seniors' Timely Access to Care Act of 2019," which would reduce unnecessary delays in care by streamlining and standardizing prior authorization under the Medicare Advantage program
- Advocating to national policymaking organizations for regulation of utilization management programs

LEARN MORE

[ama-assn.org/prior-auth](https://ama-assn.org/prior-auth)

# Ending the opioid epidemic

## *Where the AMA stands:*

The opioid epidemic continues to have a devastating effect on our nation. Patients need increased access to multidisciplinary pain care, as well as treatment for substance use disorders.

### Results

- Released a national opioid policy roadmap to provide best practices and evidence on how policymakers can help end the nation's opioid epidemic, along with state-specific analyses in Colorado, Mississippi, North Carolina and Pennsylvania.
- Through direct advocacy, technical and media support and other efforts, in 2018–19, the AMA in partnership with state and specialty medical societies has helped remove prior authorization for medication-assisted treatment for patients with opioid use disorder in the Medicaid and/or commercial markets in Arizona, Arkansas, Colorado, Delaware, the District of Columbia, Illinois, Iowa, Maine, Missouri, New Jersey, New York, Pennsylvania, Vermont, Virginia and Washington.
- From 2013 to 2018 annual opioid prescriptions declined from 251.8 to 168.9 million, and prescription opioid total morphine milligram equivalents have decreased 43% since 2011, including 17.1% in 2018.
- Use of Prescription Drug Monitoring Programs (PDMP) is growing—more than 460 million queries were made in 2018—more than triple the 136 million queries in 2016.
- Naloxone prescriptions increased from 136,395 in 2016 to nearly 600,000 in 2018.
- More than 700,000 physicians and other health care professionals completed continuing medical education trainings and accessed other Federation education resources in 2017, and more than 1 million accessed opioid-related education on the JAMA Network.
- The number of physicians trained/certified to provide buprenorphine in-office continues to rise—more than 83,000 physicians are now certified—which has more than doubled since 2016.
- Physician and patient advocacy, including the AMA and the Oregon Medical Association, helped an Oregon Medicaid committee to abandon a harmful opioid tapering policy.
- The FDA and CDC recently clarified their opioid prescribing guidelines after continued advocacy from the AMA.
- AMA presentations and advocacy to the National Association of Insurance Commissioners on roadmap recommendations has led to increased action on mental health and substance use disorder parity.
- Roadmap recommendations to increase access to comprehensive pain care options for patients being used by the Colorado Legislature in legislation to remove barriers such as prior authorization for physician-recommended pain care.
- Based on a roadmap recommendation, and in coordination with the AMA Pain Care Task Force, the AMA created a “What does a sufficient pain care formulary look like?” advocacy resource to provide state policymakers with an objective tool to help ensure health insurance companies provide access to affordable non-opioid pain care options.

..... In progress  .....

### The AMA Opioid Task Force is:

- Urging physicians to continue to take action to end the nation's opioid epidemic
- Advocating to policymakers and payers to remove all barriers to treatment for opioid use disorder, including prior authorization for medication-assisted treatment
- Advocating for payers to remove barriers to comprehensive, multidisciplinary, multimodal pain care
- Encouraging physicians to co-prescribe naloxone to patients at risk of overdose
- Urging states to enforce mental health and substance use disorder parity laws
- The AMA is engaging additional states in 2020 to identify best practices, provide technical assistance to advance the roadmap recommendations, and engage additional stakeholders to have the roadmap guide policy discussions at the state and national levels.
- AMA state advocacy is working with states to identify and encourage evaluation of promising pilot programs to reduce drug-related overdose and increase access to treatment.
- AMA state advocacy efforts seek to have all 50 states remove prior authorization for medications used to treat opioid use disorder in the self-insured, commercial and Medicaid markets.
- AMA state advocacy is emphasizing to policymakers the need to evaluate laws that restrict access to legitimate medication; if the laws/policies are not improving patient outcomes, the laws need to be revised or removed.
- AMA state advocacy is highlighting the need for increased harm reduction efforts, including more robust Good Samaritan statutes and needle and syringe services programs.

**LEARN MORE** [end-opioid-epidemic.org](https://end-opioid-epidemic.org)



# Enhancing access to care

## *Where the AMA stands:*

The AMA has long advocated for health insurance coverage for all Americans, as well as pluralism, freedom of choice, freedom of practice and universal access for patients.

### Results

- Defeated state bills that would undercut network adequacy and access to specialty care and supported state legislation that will protect patients from surprise bills while establishing fair physician payment processes
- Helped establish state policies and programs to stabilize the individual health insurance markets (e.g., reinsurance programs, individual mandate penalties)
- Advocated for a number of ACA improvement bills and provided recommendations for further enhancements
- Supported state regulatory and legislative efforts to reduce patient harm associated with federal expansion of non-comprehensive insurance plans
- Worked to preserve access to medically necessary care for transgender patients in military and VA health programs
- Supported several state efforts to join the Interstate Medical Licensure Compact (Georgia, Kentucky, North Dakota, Oklahoma)

### ..... In progress .....

- Promoting Medicaid expansion to cover the uninsured in all 50 states
- Opposing Medicaid work requirements
- Continuing to fight in the courts to protect access to coverage, including addressing the unfortunate decision in the *Texas v. the United States* case
- Advocating for policies that stabilize the individual insurance market
- Working to address inadequate insurer networks that reduce access to care and contribute to high out-of-pocket costs for patients confronted with “surprise” medical bills
- Advocating for robust federal oversight of state Medicaid payment policies to ensure Medicaid patients can access care

**LEARN MORE** [patientsbeforepolitics.org](https://patientsbeforepolitics.org)

# Advocating for drug pricing transparency

## *Where the AMA stands:*

The cost of prescription medication increases year after year due to an opaque system that prioritizes company profits over patient health. This system creates unnecessary barriers, puts treatment out of reach and worsens public health.

### Results

- Successfully advocated for Medicare Advantage and Part D to require plans to provide real-time access to drug pricing data through at least one EHR or drug e-prescribing system by 2021
- Continued grassroots engagement through [TruthinRx.org](https://truthinrx.org), including the addition of new content and a new interactive story gallery
- Supported federal bills addressing the escalating prices of prescription medications by increasing drug price and cost transparency, removing barriers to market entry for affordable drugs, and identifying anticompetitive practices in the pharmaceutical supply chain that can lead to price escalation
- Built a network of more than 344,000 advocates who have taken action and signed our online petition calling for increased drug price and cost transparency
- Generated more than 1 million messages to Congress demanding drug price transparency
- Developed model bills to better regulate pharmacy benefit manager practices

### ..... In progress .....

- Continuing to advocate for standardized real-time pharmacy benefit technology that supports integration across EHRs and the provision of data for all patients among all PBMs
- Continuing our [TruthinRx.org](https://truthinrx.org) campaign with heightened grassroots mobilization efforts
- Urging state medical associations to advance AMA model legislation to increase transparency

**LEARN MORE** [truthinrx.org](https://truthinrx.org)

# Preventing gun violence

## *Where the AMA stands:*

**Gun violence in America has reached epidemic proportions. The AMA advocates to find workable, comprehensive solutions to reduce gun violence and the culture of violence in America.**

### Results

- Secured long-sought funding for gun violence research at CDC and NIH
- Published a joint call to action along with other physician groups in the *Annals of Internal Medicine* calling for commonsense reforms such as expanded background checks and more federal support for firearms injury research
- Supported the Bipartisan Background Checks Act
- Supported state legislation to promote the use of safe storage devices, expand background checks, require waiting periods before a firearm purchase, and protect safe school zones
- Partnered with the American Foundation for Firearm Injury Reduction in Medicine (AFFIRM), a physician-led, nonprofit organization that aims to counter the lack of federal funding for gun violence research by sponsoring gun violence research with privately raised funds

### ..... In progress .....

- Calling for the assault weapons ban—including banning high-capacity magazines—to be renewed and strengthened
- Pushing for federal funding of research on firearm violence
- Advocating for schools as gun-free zones
- Supporting laws to remove firearms from individuals subject to domestic violence restraining orders, including dating partners, and temporarily removing firearms from individuals who are deemed by a court to present a danger to themselves or others
- Supporting an increase in legal age of purchasing ammunition and firearms from 18 to 21
- Opposing federal legislation permitting “concealed carry reciprocity” across state lines
- Supporting firearm buyback programs to reduce the number of circulating, unwanted firearms
- Developing resources to help physicians talk to patients about firearm safety
- Collaborating with state and specialty medical societies and other like-minded organizations

# Addressing health equity

## *Where the AMA stands:*

**Everyone should have access to quality evidence-based health care. The AMA advocates to expand access to medical services, reduce stigma in treating patients with unique needs and break down discriminatory barriers to necessary care.**

### Results

- Supported legislation to address the troubling rates of maternal mortality, morbidity and infant mortality in the U.S.
- Advocated for a ban on so-called “conversion therapy” on minors in three states
- Recent analysis shows that expanded coverage under the Affordable Care Act has improved minority access to cancer screening
- Testified on issues related to maternal health for minority populations

### ..... In progress .....

- Continuing to push for access to care and fighting in the courts against the Title X family planning physician gag rule
- Supporting funding for the Supplemental Nutritional Assistance Program
- Supporting access to care for LGBTQ patients
- Supporting improved health care for immigrant detainees
- Opposing family separation
- Collaborating with state and specialty medical societies and other like-minded organizations to advance LGBTQ issues
- Advocating for appropriate safeguards in the development of digital health and augmented intelligence tools to assure they accommodate the health care needs and characteristics of our diverse patient population



**SAVE THE DATE**

# **AMA State Advocacy Summit**

**Jan. 7–9, 2021**

**Ritz-Carlton Dove Mountain  
Marana, Ariz.**

# **AMA National Advocacy Conference**

**Feb. 22–24, 2021**

**Grand Hyatt Washington  
Washington, D.C.**



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