



AMA ADVOCACY IMPACT REPORT

JUNE 2026

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LETTER FROM THE CEO

Dear Colleagues,

Every effort to improve the health system is ultimately about improving patient care. When we work together to remove barriers, modernize outdated policies or help guide the responsible use of new technology, patients benefit. It is our advocacy that creates the conditions for better care, better access, and better outcomes.

This report reflects the momentum the American Medical Association and our partners across medicine built during the first half of 2026. Together, we pushed for Medicare payment reform, fought to ease prior authorization burdens that delay care, strengthened efforts to expand access for patients, and elevated physician mental health and well-being as a national priority.

But this work is about more than policy. It is about shaping the future of medicine.

Major decisions about payment, access, technology, and the physician workforce are being made every day in Congress and state capitals across the country. It is critical those decisions are informed by the people who know patients best.

At a time of growing confusion, misinformation, and distrust, the physician voice remains one of the most trusted and credible forces in healthcare. When physicians lead together, we can strengthen trust, improve care, and help build a better future for our patients and our profession.

Sincerely,

John Whyte, MD, MPH

CEO and Executive Vice President
American Medical Association

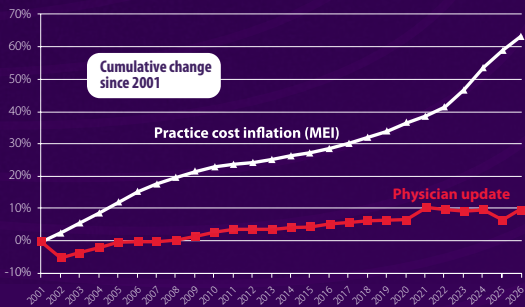


REFORMING MEDICARE PAYMENT

The ever-increasing gap between what Medicare pays physicians and what it costs to provide care continues to put an immense strain on practices. Thanks to tireless advocacy, the AMA managed to reverse years of back-to-back payment declines and secure an increase for 2026.

However, the need for long-term reform is still as pressing as ever. When adjusted for inflation in practice costs, Medicare payment rates have declined 33% from 2001 to 2026. Severe repercussions for patient access and quality of care hang in the balance.

As a result of the AMA's multipronged campaign, Congress is now aware of the problem and increasingly ready to act.



OUR GRASSROOTS CAMPAIGN TO FIX MEDICARE NOW

Since the start of our campaign, we've reached millions of people and inspired physicians and patients to contact Congress hundreds of thousands of times.



1,967,000+
FixMedicareNow.org
site visitors



12,300,000+
engagements with
Fix Medicare Now content



357,700,600+
paid media impressions



741,862
contacts to Congress



220+ earned media placements
reaching an estimated audience of
950,000,000+

THE AMA'S RECIPE FOR REFORM

Year after year, our demands to Congress are clear. We're calling on policymakers to reform the Medicare Access and CHIP Reauthorization Act (MACRA) along four key pillars:

- Annual payment updates tied to the Medicare Economic Index
- Reforms to budget neutrality
- Overhaul of the Merit-based Incentive Payment System (MIPS)
- Modifications to alternative payment models

MOMENTUM IS BUILDING

- We began the year with Congress providing a one-time 2.5% Medicare payment update for 2026 in the One Big Beautiful Bill Act (H.R. 1) (OBBBA).
- In March, a bipartisan group of House members introduced the Provider Reimbursement Stability Act (H.R. 8163). This AMA-supported legislation makes targeted improvements to the statute governing budget neutrality requirements within the Medicare Physician Fee Schedule. In May, the bill passed the House Ways and Means Committee unanimously.
- Also in March, in a report to Congress, MedPAC echoed the AMA's concerns that the growing gap between the cost of delivering care and the reimbursement provided by Medicare could threaten patients' access to care.
- For 2027, MedPAC voted to recommend an additional 0.5% update on top of the updates specified in current law—0.25% and 0.75%—and will forward that recommendation to Congress.
- In late April, Reps. Mariannette Miller-Meeke, MD, R-Iowa, and Herb Conaway, MD, D-N.J., introduced the Medicare Physician Data-driven Performance Payment System Act of 2026 (H.R. 8622). This legislation makes key, targeted reforms to the MIPS program in hopes of making it more efficient, useful and fair for all participating physicians.

FORECASTING POTENTIAL IMPACTS OF MEDICARE PAYMENT RATES

The Centers for Medicare & Medicaid Services (CMS) calculates practice expense relative value units for the Medicare Physician Fee Schedule. However, since it does not publish its methodology, there's no way to confirm the accuracy of its findings.

In response, the AMA created its own model that replicates the approach CMS takes. This will allow the AMA to check CMS's predicted published impacts, explore these impacts at a more granular level than what is shared publicly and assess additional "what if" scenarios.

PROTECTING ACCESS TO CARE

When the OBBBA was passed by Congress in 2025, it introduced sweeping funding cuts and policy changes to Medicaid, the Health Insurance Marketplace®, Medicare physician payment and medical student loans. Nearly one year later, these changes have had a significant impact on many physicians and their patients' access to care.

A few of the harmful provisions in the OBBBA include:

- Substantial funding cuts to state Medicaid programs
- Work requirements for enrollees in Medicaid expansion programs
- More frequent eligibility checks in Medicaid
- Stricter verification, plus increased premiums and out-of-pocket costs for people with Affordable Care Act marketplace coverage

15 MILLION INDIVIDUALS COULD LOSE HEALTH INSURANCE

and access to critical services due to the OBBBA and related changes to Affordable Care Act policies.

ADVOCATING AND COLLABORATING TO PROTECT ACCESS TO CARE

Throughout the OBBBA debate, the AMA was vocal about the potential harms to patients. Now, we are working on multiple fronts to protect patient access to affordable coverage and ensure that states and advocates have the resources they need to help limit the law's impact by:

- **Continuing to press federal agencies** to prioritize patient access in implementing regulations
- **Convening state and specialty medical societies** to share information, strategize, and strengthen advocacy in every state to lessen the negative impact on Medicaid and marketplace enrollees and physician practices
- **Creating and sharing advocacy tools**—including issue briefs, detailed legislative and regulatory summaries, and other resources addressing the impending funding cuts and policy changes—to help physician advocates develop strategies to prevent coverage losses
- **Providing resources, presentations and webinars** to help physicians understand the impact of the changes on their patients and highlight opportunities to prevent coverage losses



Care will be less accessible, and patients may simply forego seeing their physician because the lifelines of Medicaid and CHIP are severed.

BOBBY MUKKAMALA, MD
President
American Medical Association

MORE WAYS WE'RE PROTECTING ACCESS TO CARE

Launching the Mental Health Parity Index

The AMA partnered with The Kennedy Forum, Third Horizon, the American Psychological Foundation, and the Ballmer Group to develop the Mental Health Parity Index to provide real-time commercial insurance data on mental health and substance use disorder coverage metrics. For the first time, health insurance companies' own data can be used to more accurately pinpoint where increased access to care is needed and payment disparity exists.



View the Mental Health Parity Index

Building support for the H-1Bs for Physicians and the Healthcare Workforce Act

The \$100,000 filing fee for H-1B petitions adds significant costs for hospitals and private practices, making it more difficult to hire physicians and other healthcare professionals. The added cost will worsen shortages, increase wait times and force patients to travel farther for care.



About 1 in 4 practicing physicians in the U.S. are international medical graduates.

The bipartisan H-1Bs for Physicians and the Healthcare Workforce Act (H.R. 7961) would exempt physicians and other healthcare professionals from the \$100,000 filing fee, protecting patient access to care. This legislation is strongly supported by the AMA, and we are actively encouraging more members of Congress to co-sponsor it.



Tell your representative to sponsor H.R. 7961

FIXING PRIOR AUTHORIZATION

Creating a barrier between patients and necessary care under the guise of controlling costs, prior authorization has become an overused, dangerous tactic that has woven its way into everyday medicine.

Prior authorization reform bills at the state level continue to sweep across the country, and insurers and Congress have begun to take action.

We continue to work to advance policy that will:

- Reduce the volume of prior authorizations
- Reduce care delays that prior authorizations cause
- Reduce repeat prior authorizations
- Ensure only qualified physicians can issue care denials on behalf of health plans
- Streamline and automate the prior authorization process in alignment with new federal requirements
- Increase the transparency and clinical validity of prior authorization requirements
- Ensure authorizations are a guarantee of coverage

Pushing back on a modifier 25 proposal

The AMA is fighting for physicians and patients on payer issues such as downcoding and surprise billing. This year, we worked with the Michigan State Medical Society to push back successfully on a modifier 25 proposal that would have imposed significant financial harms on physician practices in Michigan.

QUANTIFYING THE HARM CAUSED BY PRIOR AUTHORIZATION

Every year, the AMA conducts a survey of physicians about prior authorization. Our latest survey shows that even with recent changes at the state level, prior authorization remains a serious issue that, in some ways, has gotten worse. The need for comprehensive reform at the national level is greater than ever.



95% of physicians say prior authorization leads to care delays.



Physicians are now completing 40 prior authorizations per week.



94% of physicians say prior authorization somewhat or significantly increases physician burnout.

PUSHING FOR CHANGE ON EVERY FRONT

Racking up wins at the state level

- **Kentucky:** Kentucky's new law requires every insurer to offer an exemption or gold card program, under which physicians may qualify for an exemption from prior authorization requirements for covered services if they meet certain requirements, including a 93% approval rate. The legislation also requires information and data regarding the new exemption program to be submitted to the legislature.
- **South Dakota:** South Dakota's new law applies to medical services and focuses on volume reduction by requiring health plans to identify and remove prior authorizations with high approval rates. The law also requires health plans to report on their volume reduction efforts, as well as prior authorization statistics and data, to the Division of Insurance.

- **Utah:** New requirements in Utah mandate increased prior authorization data reporting by health plans, decreased response times, extended prior authorization periods, especially for the treatment of chronic conditions, and reduced retroactive denials.
- **Virginia:** A new law prohibits health plans from denying prior authorization requests unless the request is reviewed and approved by an appropriate licensed clinician—specifically, a licensed physician, or, when a physician is unavailable, a licensed pharmacist for prescription drugs or a licensed mental health provider for mental health services.
- **Washington:** Building on existing prior authorization laws and rules, the Washington State Medical Association successfully advocated for new restrictions on the use of AI in prior authorization denials, clarification of a prohibition on retroactive denials and requirements on posting of prior authorization changes. These reforms also further align state prior authorization automation requirements with new federal standards.

Making progress on Capitol Hill

- The House and Senate reintroduced the Improving Seniors' Timely Access to Care Act of 2025 (H.R. 3514/S. 1816), which improves transparency and reduces unnecessary delays in patient care by facilitating the expansion of electronic prior authorization in Medicare Advantage.
- The House introduced the bipartisan Patient Access to Autoimmune Treatments Act (H.R. 5467), which helps to reduce administrative burdens on physicians and their patients who are dealing with chronic diseases.

Holding insurers accountable

- AHIP and the Blue Cross Blue Shield Association announced that over 60 of their member plans would improve prior authorization by:
 - Reducing the overall volume of requirements
 - Offering a standardized electronic process that integrates with EHRs and enables real-time decisions
 - Improving continuity of care and enhancing transparency

PROMOTING PHYSICIAN-LED CARE

The best care and safest outcomes for patients depend on healthcare teams working together—with physicians in the lead.

However, every year we see an increasing number of legislative efforts, especially at the state level, that try to inappropriately expand the scope of practice of non-physicians. This year is no different.

The AMA's nationwide network of partners is essential to push back on these efforts and promote physician-led care. We collaborate with every state medical association as well as national medical associations and specialty societies including:

- American Academy of Dermatology
- American Academy of Family Physicians
- American Academy of Ophthalmology
- American Academy of Orthopaedic Surgeons
- American Academy of Otolaryngology – Head and Neck Surgery
- American College of Emergency Physicians
- American College of Physicians
- American College of Radiology
- American Osteopathic Association
- American Psychiatric Association
- American Society for Dermatologic Surgery
- American Society of Anesthesiologists

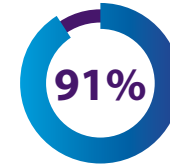
A STRONG START TO THE YEAR

So far this year, the AMA, in collaboration with state medical associations, has successfully blocked numerous proposed bills that would have inappropriately expanded the scope of practice for physician assistants, optometrists, pharmacists and more.

These include:

- **Idaho:** With the help of a Scope of Practice Partnership (SOPP) grant, the Idaho Medical Association defeated physician assistant independent practice legislation and a bill that would have granted lay midwives broad authority to administer prescription drugs.
- **Indiana:** The Indiana State Medical Association delivered an important victory by defeating an advanced practice registered nurse independent practice bill.
- **New Hampshire:** The New Hampshire Medical Society scored a major win by securing a governor veto of an optometry surgery bill.
- **Tennessee:** Thanks to diligent advocacy and an SOPP grant, the Tennessee Medical Association was able to stop nurse practitioner and physician assistant independent practice bills, pharmacist test and treat legislation, and a psychologist prescribing bill.
- **Washington:** The Washington State Medical Association successfully defeated multiple scope bills this year including psychologist and naturopath prescribing legislation, as well as legislation that would have granted pharmacists the authority to diagnose and prescribe.
- **West Virginia:** The West Virginia State Medical Association successfully protected physician-led care by defeating physician assistant and nurse practitioner independent practice bills and a naturopath licensure bill.
- **Wisconsin:** With the help of an SOPP grant, the Wisconsin Medical Society secured a decisive win by defeating legislation that would have removed physician supervision of physician assistants and permitted them to change their title to “physician associate.” It was also successful in defeating pharmacist and audiologist scope expansion legislation.

At the federal level, we achieved a major victory earlier this year with the passage of the Consolidated Appropriations Act of 2026. The bill included several AMA advocacy priorities and did not include the Equitable Community Access to Pharmacist Services Act, which would have expanded pharmacists' scope of practice.



91%
of patients say a physician's years of education and training are vital to optimal patient care.



95%
of patients say it's important for a physician to be involved in their diagnosis and treatment decisions.

14 grants

provided by the AMA Scope of Practice Partnership so far in 2026.

\$5.7 million

in grants provided by the AMA Scope of Practice Partnership since its inception.

IMPROVING PHYSICIAN WELL-BEING

Physicians, residents and medical students should be able to seek and receive care for mental health or substance use without fear of stigma and with full confidentiality protections. The AMA strongly urges all licensing boards, hospitals, health systems, liability carriers and credentialing bodies to remove from their applications inappropriate questions about mental health and treatment for a substance use disorder that create unnecessary barriers to care.

Many incremental steps have become a sea change

What started out as a change made by a handful of states, health systems and hospitals has become a nationwide movement in just a few short years.

Critical to this success is the collaboration between the AMA, the Dr. Lorna Breen Heroes' Foundation, the Federation of State Medical Boards, the Federation of State Physician Health Programs, the National Association of Medical Staff Services and all the other organizations that helped to make these changes a reality.

Nearly 200 health systems have taken their commitment to physician well-being even further and earned recognition in the AMA Joy in Medicine® Health System Recognition Program.

STATE SNAPSHOT

(as of January 2026)

34 States where both licensing and credentialing applications are consistent with recommendations

2 States where medical boards' initial and renewal MD and DO applications are consistent with recommendations

11 States where care facilities' credentialing applications are consistent with recommendations

Examples include:

- **California, Colorado, Kansas, Missouri, Ohio, Texas and Virginia:** These are the only states where prominent children's hospitals' credentialing applications have been confirmed to be free of stigmatizing language concerning mental health and substance use.
- **Idaho, Illinois, Michigan and Pennsylvania:** With support from the AMA, the Dr. Lorna Breen Heroes' Foundation and the state medical societies, these became the first four states in which all licensure boards (medical, dental, nursing and pharmacy) have questions consistent with AMA recommendations.
- **Louisiana, Mississippi, North Carolina and Oregon:** Building on successful efforts in Mississippi by the Mississippi State Medical Association, the AMA and the Dr. Lorna Breen Heroes' Foundation collaborated with medical societies in Louisiana, North Carolina and Oregon to help medical boards adopt highly supportive attestations in their licensing applications to benefit physicians' health and well-being.
- **Virginia:** Following advocacy led by the Medical Society of Virginia, the state enacted the first set of laws to remove stigma from licensing applications and continues to strengthen those laws to this day. This is a model the AMA has successfully used to help enact laws in other states.

43 medical boards

and 2,100+ health systems, hospitals, medical centers, clinics and other facilities have verified their licensing or credentialing applications are free from stigmatizing questions as of January 2026.



2022 19

2025 43

In 2022, only 19 medical boards and a few dozen hospitals and health systems had reviewed their applications. **A few years later, that number has risen significantly.**

3,000,000+

physicians and other licensed/credentialed healthcare professionals benefit from these reforms.



The AMA's early and ongoing partnership has been foundational to our shared mission of removing the stigma around seeking mental healthcare or substance use treatment.

COREY FEIST, JD, MBA
Co-founder and CEO,
Dr. Lorna Breen Heroes' Foundation

SHAPING THE FUTURE OF DIGITAL HEALTH AND AI

In just a few years, augmented intelligence (AI) in medicine has gone from being a specialized tool to a widespread part of practice. It's now used by most physicians, and its impact is only set to grow.

This rapid change has prompted a response from federal and state lawmakers to help AI reach its full potential while addressing its current challenges. Physicians must play a leading role in these conversations and shape how AI is used in medicine. The AMA is making sure that happens.

More than
4 in 5 (81%)

physicians use AI in their practices, more than double the 2023 rate (38%).

More than
3 in 4 (76%)

physicians say AI provides an advantage in their ability to care for patients.



Read the AMA's Physician Survey on Augmented Intelligence

STATES LEAD THE WAY WITH AI LEGISLATION

In just the last year, states have introduced a number of bills on a wide range of AI topics including:

- Creation of task forces
- AI use by health plans and payers
- AI use in clinical care
- AI use in mental or behavioral health services
- AI-enabled chatbots



AI has quickly become part of everyday medical practice. Physicians see real promise in its ability to support clinical decisions and cut down on administrative burden. But as this technology advances, it is critical that augmented intelligence be designed to enhance—not replace—physicians.

JOHN WHYTE, MD, MPH
CEO and Executive Vice President
American Medical Association



DRIVING DISCUSSIONS ON AI IN MEDICINE—WHEREVER THEY HAPPEN

At the federal level, AMA advocacy is focused on three key areas:

- Continuing to engage with Congress and the executive branch on AI issues currently on the agenda
- Preparing to increase advocacy around regulations of AI chatbots and issues of deepfakes of physicians
- Escalating our continued push for transparency requirements for AI technology, updated data privacy and cybersecurity protections, oversight on payer use of AI for claims determinations, and addressing issues of accountability and liability

Conversations about the future of AI in medicine aren't just happening in Congress. Whether it's national conferences or C-suites across the country, the AMA is showing up in new places and in new ways to ensure the voice of physicians is heard.

- Following the launch of the AMA Center for Digital Health and AI, Dr. Whyte joined Mayo Clinic Chief AI Implementation Officer Micky Tripathi, PhD, at HIMSS to discuss strategies for healthcare professionals to adopt AI more safely and effectively.
- AMA President Dr. Bobby Mukkamala talked about how advancements in AI and health technology can help address workforce shortages at the annual HLTH conference in Las Vegas.

STANDING UP FOR SCIENCE

So far this year has seen continued attacks on science and uncertainty in public health policy that characterized much of 2025, especially at the federal level. These developments have further eroded the public's trust in government agencies like the Centers for Disease Control and Prevention (CDC) and complicated the fight against medical misinformation.

The AMA has remained steadfast in standing up for science and championing evidence-based decision-making. We've continued to speak out online and in the media, and this year, we are using our position as a trusted source to reach people in new ways.



Health information is everywhere today, but its accuracy is harder than ever to determine. The AMA is dedicated to helping patients cut through the clutter and elevate the valid over the viral. Accurate, trustworthy information saves lives.

JOHN WHYTE, MD, MPH
CEO and Executive Vice President
American Medical Association

THE PUBLIC LOOKS TO THE AMA FOR ANSWERS

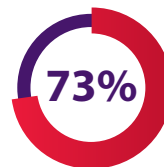
According to a report from the Annenberg Public Policy Center at the University of Pennsylvania in March 2026, Americans are twice as likely to accept guidance on vaccine safety from the AMA than from the CDC.

While the report's findings are concerning, they also underscore the responsibility and opportunity we have at the AMA. People are looking to us for steady, evidence-based guidance in this moment, and it's our duty to provide it.

One of the ways we're doing that is through our new collaboration with the Vaccine Integrity Project. Together, we will be conducting a structured, evidence-based review process to assess vaccine safety and effectiveness for the 2026–2027 respiratory virus season.

The outcome of this process will be a series of scientific evidence briefs for influenza, COVID-19 and RSV, which will be distributed to medical societies and front-line physicians to support them in their conversations with patients about important vaccination decisions.

The public is
2X more likely
to accept the AMA's recommendation
on vaccine safety than the CDC's.



**of Americans trust the
AMA for public health information.**

Source: Annenberg Public Policy Center (March 2026)

Hitting the airwaves to separate health from hype

In collaboration with iHeartMedia's Ruby studio, the AMA launched a new podcast series in April called "Health vs. Hype with the AMA."

This eight-episode series provides an entertaining deep dive into the latest viral wellness trends and other common health myths.

Topics include protein maxxing, cold plunge cures, detoxing and more. Each episode will also include an evidence-based discussion with a physician to help listeners understand the trend and distinguish which health claims are real and backed by science.

This collaboration is another example of how the AMA is acting on the trust the public places in us, helping ensure that patients receive the credible, evidence-based health information they need.



Listen to the latest episodes



SHAPING MEDICINE'S FUTURE THROUGH THOUGHT LEADERSHIP

Physicians must be architects of change in medicine and driving conversations about the future of care. Thought leadership from the AMA plays an essential role in that. Our original reports, research, trusted analysis and resources don't just start these important conversations—they allow us to shape them.

The unique insights we provide help us build trust, sharpen our policy, strengthen our advocacy and cement us as the definitive voice of medicine.

AMA RESEARCH AND REPORTS

Every year the AMA publishes a wide range of research with new insights on some of the biggest trends in healthcare and solutions to some of today's most pressing problems.

- **AMA Physician Practice Benchmark Survey:** one of the AMA's most significant undertakings, this original research looks at physicians' practice arrangements and payment methodologies
- **Competition in healthcare research:** independent research on competition, vertical integration, and market power in markets for health insurance and other healthcare sectors
- **Medical liability market research:** original research that examines medical liability claim frequency and premium trends
- **Physician compensation methods:** analyzing trends from 2014 to 2024, the findings reveal a marked shift toward blended compensation models, with a growing prevalence of salary, productivity and bonuses in physician compensation structures



ORIGINAL INSIGHTS THAT MAKE A BIG IMPRESSION

Medical Care Delays for Approval Persist, Despite Insurers' Promises

—The New York Times

Physician lawsuit rates hit historic lows, but malpractice premiums are soaring: AMA

—Becker's ASC Review

AMA: Physicians Not Confident In Insurer Pledge To Improve Prior Auth

—InsideHealthPolicy

Share of Physicians in Private Practice Continues to Slide, AMA Reports

—Medscape

Competition Remains Elusive in Private Insurance Market

—Medscape

Health Insurers Vow—Again—to Fix Prior Authorization Process. Here's What to Know

—TIME



Stay up to date on AMA research by following us on LinkedIn

AMPAC

The American Medical Association Political Action Committee (AMPAC) plays an important role in building and maintaining relationships with federal lawmakers. Working in partnership with state medical society PACs, AMPAC provides financial support to congressional allies and candidates who may become strong advocates in the next Congress. By supporting individuals who understand issues affecting physicians, AMPAC helps advance the AMA's broader advocacy efforts.

In addition to supporting candidates, AMPAC offers two educational programs for physicians, residents and medical students: the Candidate Workshop and the Campaign School. Each year, these programs equip participants with the proper skills to run for elected office themselves or become a valuable member of a political campaign.

AMPAC is funded exclusively through voluntary, individual contributions from members of the AMA and state or county medical societies. It is imperative that every member does their part to ensure this important advocacy resource remains strong and effective.



\$1,756,074
funds raised for the 2025–2026 election cycle

30%
increase in funds over the 2023–2024 election cycle

1,573
AMPAC members

534
Capitol Club donors

67
Diamond-level donors

66
Platinum-level donors

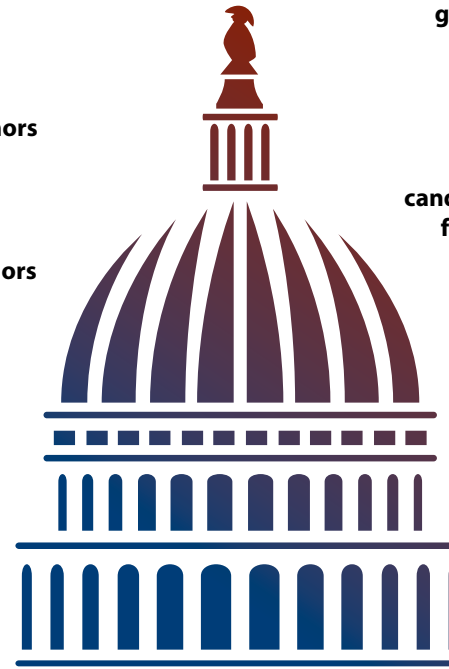
166
Gold-level donors

235
Silver-level donors

85
physicians running for Congress
during the 2026 election cycle

18
graduates of AMPAC's 2026
Candidate Workshop

123
candidates supported by AMPAC
for the 2026 election cycle

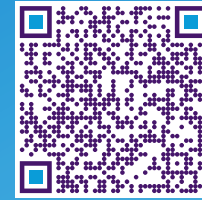


Contribute to AMPAC



2027 STATE ADVOCACY SUMMIT

Jan. 7–9, 2027
Terranea Resort
Rancho Palos Verdes, Calif.



[Learn more](#)



Save the date!

NEW VENUE

2027 NATIONAL ADVOCACY CONFERENCE

Feb. 22–24, 2027
The Mayflower Hotel
Washington, D.C.



[Learn more](#)





