



Welcome to the spring edition of the AMA's Very Influential Physician (VIP) Insider. Read on for details about these topics:

- The only cure for Medicare payment mess is wholesale reform
- Help us help YOU to Update Medicare Physician Payment!
- In-person meetings much more influential than form communication
- Assessing 2024 congressional redistricting

The only cure for Medicare payment mess is wholesale reform

The continued failure of Congress to commit to wholesale reforms that might actually fix our broken Medicare payment system is an insult to physicians, hobbles the financial viability of independent practices, and further erodes the health care safety net for tens of millions of Americans—with seniors and those in underserved communities most at risk.

While Congress did not outright ignore the urgent cries from physicians to reverse the planned 3.37% Medicare payment reduction that went into effect on Jan. 1, the 1.68% fix included in the 2024 appropriations package this week—reducing our cuts by half—is woefully inadequate and continues to put physician practices in a financial squeeze when they can least afford it. Medicare physician payment rates have plummeted by about 30% since 2001, adjusted for inflation, jeopardizing the long-term viability of our health care system.

The impact of sustained, year-over-year Medicare payment cuts will become noticeable first in rural and underserved areas and with small, independent physician practices. Physician practices will continue to scale back the number of Medicare patients they serve; many will stop seeing them permanently. Sadly, such situations often catch families off guard, leading to frantic searches for a replacement and delays in essential care.

Physicians are the only providers who do not receive automatic inflation updates to their Medicare payments, and we are the only group experiencing a payment cut this year despite high inflation. We cannot minimize the costs and hardships this flawed system has on

patients and physicians alike.

No more stopgaps

This is why the AMA continues to call on Congress to stop the annual cycle of pay cuts and stopgap patches for Medicare payment and enact permanent reforms that bolster our physician workforce and prioritize public health. Despite this latest setback, I continue to be optimistic that real reform will happen.

The AMA created our [FixMedicareNow.org](https://www.fixmedicarenow.org) website to continue raising awareness of this urgent issue and coordinate our collective physician response. We have [created advocacy materials](#) for our partners in organized medicine, including payment trend charts and educational content to more effectively brief policymakers and Congress.

Spurred in large part by AMA advocacy, Congress took an important first step last year toward Medicare reform with the introduction of H.R. 2474, the Strengthening Medicare for Patients and Providers Act. This bill would provide automatic, annual payment updates to account for practice cost inflation as reflected in the Medicare Economic Index (MEI), which is the government measure of inflation in medical practice costs.

Tying annual payment updates to the Medicare Economic Index has long been supported by the AMA because it is a commonsense solution to the continued erosion of Medicare physician payments and would place physicians on equal ground with other health care providers. The AMA and our [Physicians Grassroots Network](#) and [Patients Action Network](#), as well state and specialty medical societies, have joined us in this effort, helping to secure bipartisan co-sponsors for this bill, and educating members of Congress on why it is so desperately needed.

Reasons for hope

Despite this year's failure to cancel the cut, there are signs that key players in Congress understand the need for comprehensive change. In February, a bipartisan coalition of U.S. senators announced the creation of a Medicare payment reform working group that will explore and propose long-term reforms to the physician fee schedule and updates to the Medicare Access and CHIP Reauthorization Act (MACRA).

Another potential long-term, partial solution that has bipartisan support in Congress is H.R. 6371, which was introduced in the House of Representatives last year by the co-chairs of the GOP Doctors Caucus to reform the budget-neutrality policies that have been producing across-the-board payment cuts. The draft bill would:

- Require the Centers for Medicare & Medicaid Services to review actual claims data and correct flawed utilization projections that cause inappropriate conversation factor cuts or increases.
- Raise the spending threshold that triggers a budget-neutrality adjustment from \$20 million to \$53 million.
- Limit destabilizing swings in payment by capping budget-neutrality adjustments to 2.5% in any given year.

Until these or similar reforms are adopted, physicians will continue to be punished by an unfair system. Under the current model, physician payments are subject to a six-year payment freeze that ends in 2026. And even when the freeze ends, the statutory update for most physicians will be limited to 0.25% indefinitely, far below even normal rates of inflation.

To put this into perspective: while physicians endured another round of Medicare pay cuts in 2023 and 2024, the payment schedule confirmed an MEI increase at 4.6%, the highest this century and on top of last year's 3.8%.

These kinds of cuts, year after year, are not only unsustainable, they're unconscionable considering the critical role that physicians have in caring for a nation beset by a worsening drug overdose epidemic, rising maternal mortality, declining life expectancy, and where tens of millions of Baby Boomers will soon require advanced levels of care.

We need Congress to work with us to fix the fatal flaws in our current Medicare payment model before these annual cuts create even greater workforce shortages across health care, shrink access to care for patients, and exacerbate the alarming trends that have pushed out nation's health to the brink.

Help us help YOU to Update Medicare Physician Payment!

The American Medical Association (AMA) Physician Practice Information (PPI) Survey is nearing completion, and we urgently need all selected physicians to actively engage in this effort. The intent of the survey, which has been endorsed by over 170 medical societies and other health care associations (see full list [here](#)), is to collect updated and accurate data on practice costs which are a key element of physician payment. These data have not been

updated since last collected over 15 years ago and it is critically important to update these data to ensure accurate payment.

See [here](#) for more information about this survey.

[Mathematica](#), a well-regarded consulting firm, is helping the AMA run this survey. Your practice may receive an email (from ppisurvey@mathematica-mpr.com) and an USPS mail packet from Mathematica that contained a link to the survey as well as supporting information. We urge you to speak with your practice management colleagues to determine if they have received these communications and ask them to complete this important survey. In the coming weeks or months, you may be asked to complete a brief survey on the number of weekly hours spent on direct patient care. We urge you to complete this two-minute survey. **Help us help YOU to update Medicare physician payment!**

In-person meetings much more influential than form communication

Our partners at The Congressional Management Foundation (CMF) wanted to know what's more influential, form communication or good-old-fashioned in-person meetings. They asked congressional staff the following question.

"If your Member/Senator has not already arrived at a firm decision on an issue, how much influence might the following advocacy strategies directed to the Washington office have on his/her decision?"

What they learned: Even if you generate a large number of form emails, nothing is more influential than in-person meetings between Congress and constituents. While nearly half of the staff surveyed (48%) agreed that in-person meetings with constituents have "a lot of influence," only 3% agreed that form emails have a lot of influence. Advocacy groups spend a great deal of time and money to support form email campaigns. What would happen if these groups made the same investment in encouraging and training their supporters to meet their Members of Congress face to face either in Washington or back home?

When did congressional staffers tell us this?

These responses are based on an online survey of congressional staff in December 2023 to solicit their opinions on best practices for citizen communications and advocacy strategies. Nearly all of the staff respondents are Chiefs of Staff, Legislative Directors, Communications Directors, and Legislative Assistants.

Source: *Partnership for a More Perfect Union, Copyright Congressional Management Foundation, <http://CongressFoundation.org>. Used with permission.*

Assessing 2024 congressional redistricting

By [Kyle Kondik](#) and [J. Miles Coleman](#) from [Sabato's Crystal Ball](#)

It's easy to think of congressional redistricting as a once-in-a-decade event, but it really isn't. Over the past six decades, at least [one map has changed](#) from one two-year cycle to the next a little more than 75% of the time (24 of 31 two-year congressional election cycles). That tally includes 2024, as five states changed their maps for a variety of reasons. Let's quickly summarize what happened (click on state names to see our more detailed analysis of each state remap):

[Alabama](#): Somewhat surprisingly, the U.S. Supreme Court in last year's *Allen v. Milligan* decision upheld Section Two of the Voting Rights Act, which can prompt the creation of majority-minority districts in places that can accommodate them based on certain criteria. A court-imposed map created a second Black majority seat in the state, which should cut the state's 6-1 Republican delegation to 5-2.

[Louisiana](#): *Allen v. Milligan* effectively opened the door to a new map in Louisiana, too, and eventually the state legislature created what amounts to a heavily Democratic district, which should have the effect of reducing the GOP edge from 5-1 to 4-2.

[Georgia](#): Another case in the style of Alabama and Louisiana was decided in Georgia, but the Republican-controlled state legislature simply rearranged districts in the Atlanta area to create an additional Black majority district that won't otherwise upset the partisan makeup of the state's congressional delegation, currently 9-5 Republican.

[North Carolina](#): The state's then-Democratic state Supreme Court imposed a map that resulted in a 7-7 tie in the delegation in 2022. Republicans took control of the state Supreme Court, which then re-opened the door to the GOP-controlled legislature re-imposing a partisan gerrymander. Republicans converted two Safe Democratic seats and one very competitive seat won by a Democrat in 2022 into three Safe Republican seats, and they also

changed a northeast North Carolina district held by first-term Rep. Don Davis (D, NC-1) from one that Joe Biden carried by 7.3 points to just Biden +1.7.

[New York](#): After the state's highest court imposed a map to replace an aggressive Democratic gerrymander in 2022, state Democrats got a more liberal version of the same court to re-open the state's convoluted redistricting process. The end result was a mildly better map for Democrats, with potentially the most impactful change coming in Rep. Brandon Williams's (R) Syracuse-based NY-22, which went from Biden +7.5 to Biden +11.4.

So, who won? Probably Republicans, but only modestly.

This is because the pro-Democratic changes in Alabama, Louisiana, and New York do not, together, offset the pro-Republican changes in North Carolina.

[Continue reading](#)

APRIL

SUN	MON	TUE	WED	THU	FRI	SAT
	1	2	3	4	5	6
7 World Health Day	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

AMA Events
Senate in Session
House in Session
Both Chambers in Session

State Work Periods
District Work Periods
Both Work Periods

Be sure to follow all the AMA's Physician Grassroots Network social media accounts for all the latest news on physician advocacy and what you can do to make sure your voice is heard on Capitol Hill.





[AMA Advocacy](#)



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