

FINAL
Address to the AMA House of Delegates
Interim Meeting 2024

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Together, We Can Fix It

Madam speaker, members of the board, delegates, colleagues and guests, it is an honor to speak to you this evening.

The day after returning home from the incredible high of my inauguration, I was in the hospital to see a consult - you know, doing my real job, practicing medicine.

A physician whom I did not know... and since we're at Disney, I'll call him "Dr. Grumpy", came up to me and bluntly asked, "So how are you going to fix it?"

"I don't know," I told him. "I haven't seen the patient yet."

He shook his head. "I'm not talking about a patient. Aren't you the new president of the AMA? I mean how are you going to fix health care? It's a real mess."

Little did I know, he was just getting started.

"We're getting paid less every year for working harder. They keep piling more administrative 'stuff' on us. The insurance companies and the administrators have all the power. I'm ready to get out as soon as I can."

Still somewhat stunned, but shifting back into my AMA mode, I acknowledged his concerns and explained that I too experienced all these challenges. Then, pulling a line from my inaugural address, I proclaimed, "and I'm ready to fight, fight for our profession, fight for our patients."

His cool response... "Well, it's about damn time."

So, I asked the obvious question: "Are you an AMA member?"

"No," he told me. "I quit years ago. I read something the AMA did and it really *turned* me off."

Ignoring all my media training, I said back to him, "The first step to *Fix It* is for you to join us so we can fix it, together."

Thankfully, the people here in this room know that the work to fix what's broken in health care belongs to each of us, and to all of us.

And I'm optimistic, because we're in the most magical place on earth.

Much of my travel this year has been to rural areas. You see, I've been pitched as the "rural physician", even though my practice serves a metropolitan area of almost a million people.

I guess if you're from Kentucky, you're rural.

Accordingly, my travels have taken me to Mississippi, Louisiana, Arizona, Utah, Tennessee, Texas, Iowa, Indiana, Idaho and South Dakota - twice. I have seen Mount Rushmore, not to mention the world's largest Buffalo, and nearly missed my plane from Sun Valley because the streets were filled with the annual "trailing of the sheep."

At one point, after visiting a critical access hospital in a remote area I drove to the "regional" airport. Now, I have been on some small planes and through some small airports, but never before had I seen a sign on an airport entrance that read: "At lunch, back shortly."

So, I waited in the small parking lot. After a bit another car pulled up and a man in a suit walked over to the door, seeing the sign he returned to his car. A bit later, a woman inside flipped the sign over and welcomed us in. We followed her over to the rental car counter and she processed our returns.

When I walked to the ticketing desk, there was the same woman. She checked us in, along with a family of four who had arrived. It was going to be a full flight.

Then she proceeded over to the TSA area and announced security for the flight was now open.

When she asked the guy in front of me for his ID, he said: "You just saw my ID a minute ago at check-in." She responded, "Sir, that was for airline check-in, this is TSA."

A few minutes later, we saw the same lady loading the bags onto the small plane. The other guy turned to me and said, "If she's flying the plane, I'm driving."

This is emblematic of health care today, as fewer physicians are asked to do more and more.

You see, the challenges that health care faces are not hypothetical. They are here now, and they are magnified in rural areas where patients today face a shortage of 20,000 primary care physicians, where 80 percent of counties lack specialty care, and where eleven hundred counties are without a single obstetrician.

We have all heard the alarming statistics ... 1 in 5 physicians hope to leave their practice in the next two years, 1 in 3 plan to reduce their hours, 40 percent of medical students are unsure they ever want to enter clinical practice.

These are not just statistics; these are our colleagues, our brothers and sisters in this profession.

I want to read part of a letter, shared with me by a friend, from an OB/GYN in a rural area:

To my patients,

With profound sadness and a heart full of memories, I am writing to inform you that after 27 years of dedicated service, my practice will be closing on October 31, 2024. This decision marks the end of a chapter that has been filled with joy, challenges, and countless moments of connection with each of you.

The world of independent medical practice has become increasingly difficult to navigate, and despite my deep love for this work and for all of you, the financial pressures have reached a point where I can no longer sustain the practice.

It breaks my heart to step away, knowing how much trust you have placed in me over the years. I am keenly aware of the challenges you may face in finding new care, especially given the strain on other practices in our community.

I am deeply grateful for the trust you have placed in me, and it has been an absolute privilege to be a part of your lives. Thank you for allowing me to be your doctor, your confidant, and your advocate.

This letter broke my heart. We cannot afford to lose even one more doctor.

But the financial reality we face makes letters like this more common.

We're all familiar with the 29 percent reduction in Medicare payment to physicians since 2001. And now it's official – CMS proposes another 2.8 percent cut for next year, while at the same time estimating that our expenses to deliver care will increase by 3.5 percent. This is unsustainable and is pushing physician practices to the brink of financial ruin.

And it's not just Medicare because in most states Medicaid is based upon Medicare rates, and private payers - who are all keenly aware of the two-decade spiral of Medicare payments - often tie their physician contracts to the Medicare payment schedule.

This puts us in an impossible position. Either turn away patients, reduce our hours, or close our doors for good. And in each of these scenarios, it's our patients who suffer, particularly our nation's elderly and disabled persons.

This is why Medicare payment reform has been the AMA's top advocacy priority, and why it will continue to be until meaningful reforms are achieved.

So, how do we fix it?

Well, to quote the words of 233 bipartisan representatives in a Dear Colleague letter addressed to Congressional leadership:

“To prevent the very real scenario of insufficient access to physicians treating Medicare patients, Congress must stop the 2.8 percent payment cut from occurring in 2025, enact targeted reforms to statutory budget neutrality requirements, and provide physicians with a payment update reflective of inflationary pressures.”

And last Friday, the Medicare Patient Access and Practice Sustainability Act of 2024 was formally introduced, a bill that would eliminate the 2.8 percent cut for 2025 and provide an update based upon the inflationary cost of practicing medicine.

Now, Congress must prioritize passing this legislation during the lame duck session.

Make no mistake, this is going to be an uphill battle.

But I believe that with the unified voice of physicians from across the country, from every state and specialty ...

Together, we CAN Fix it.

We CAN Fix Medicare Now!

As physicians, we are also familiar with the needless delays and denials from prior authorization and the harm it causes for patients.

We all know that prior authorization denials are rarely – if ever – rooted in science or evidence.

When I get on the phone to appeal a denial with a so-called peer, it’s often clear I’m not talking to someone who has been to medical school. It’s almost never an otolaryngologist.

Heck, most of them can’t even say *otolaryngology*.

But after years of sustained pressure from the AMA, united with our Federation partners – the education campaigns, model bills and persistent lobbying efforts – resulted in more than two dozen prior authorization reform bills enacted in states since 2023.

On a federal level, when we couldn’t get Congress to Fix It, we went straight to CMS. And our advocacy was instrumental in a CMS final rule for 2024 for government-

regulated health plans to reduce the timeframes for prior authorization, to improve transparency, and for payers, to move beyond fax machines.

Congress is finally hearing our message.

Quoting from a letter to CMS, not from the AMA, but from the Chair of the U.S. Senate Committee on Finance and influential members of the House:

“Medicare Advantage plan use of prior authorization has skyrocketed – reaching 46 million requests in 2022 – burdening health care providers and delaying care.”

46 MILLION requests from Medicare Advantage plans alone ... let that sink in.

The letter goes on to say,

“Overuse of prior authorization is not only harmful to patients, it hinders health care providers’ ability to offer best in class service.”

I couldn’t have said it better myself.

Our AMA, with your support, helped get the “Improving Seniors’ Timely Access to Care Act” reintroduced this year. I’m happy to report that last week, a modified version of the bill was given a CBO score of zero dollars and now has 221 House co-sponsors and 54 Senate co-sponsors – that reflects true bipartisan, bicameral support.

We also urge Congress to pass this bill before the end of the year!

Together, we can fix it.

The final challenge that I want to address this evening is scope of practice expansion.

Simply put, patients deserve to be cared for by a physician. And patients agree - with 95 percent of patients saying they want a physician involved in their diagnosis and treatment.

The data now confirms what we as physicians already knew – that non-physician providers use more resources, overprescribe antibiotics and opioids, order unnecessary diagnostic tests and imaging. And when you put it all together, patients that don’t have a physician involved in their care have worse health outcomes and higher overall health care costs.

And thanks to our combined advocacy – with bipartisan support, this time at the state level - we’ve secured significant scope victories to protect patients, defeating more than 80 bills this year, including those that would have removed physician supervision of nurse practitioners, allowed optometrists to perform eye surgery, and licensed naturopaths to prescribe medications.

Let's be clear: changing your name from physician assistant to physician associate - does not change the fact that you have not been to medical school.

The only way to fight these battles, to fix this problem, is with a unified front.

And the AMA will not back down.

I recognize that we've just come to the end of a polarizing election, and that makes it all the more important that we find common ground on these issues that we know are harming our patients, our fellow physicians and our practices.

Our AMA works with Democrats and Republicans to fix the flaws in our health system and improve public health, and that means advocating for meaningful solutions regardless of who is in power.

Be assured that we will always remain true to our mission.

That we will always stand for science, follow the evidence, and be guided by the policies of this House.

I saw Dr. Grumpy again not long ago. I wasn't really looking forward to another encounter, but he approached me and said, "I've been following your work at the AMA. I've seen some of the quotes and interviews. You really are fighting for our profession and our patients."

And then ... he showed me his AMA membership card.

You see, this work, to advocate for our profession, for our patients, belongs to all of us, to all of you, to all in our profession.

At my first AMA meeting, I saw the power that physicians have when we come together as a unified body.

All these years later I still believe the AMA makes a difference for our patients and our profession.

I still believe... in the power of a unified profession.

I still believe it ... because I see our advocacy in action.

I see the results.

I believe that together... WE CAN FIX IT!

Thank you.

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