

**YOUR CARE IS
AT OUR CORE**

New Mexico's Physicians

NMMS

**NEW MEXICO MEDICAL SOCIETY
2025 ANNUAL CONFERENCE**

Saturday, September 27, 2025

Sandia Resort and Casino

AMA Update

Presented by



Michael Suk, MD, JD, MPH, MBA
Immediate Past Chair, Board of Trustees
American Medical Association





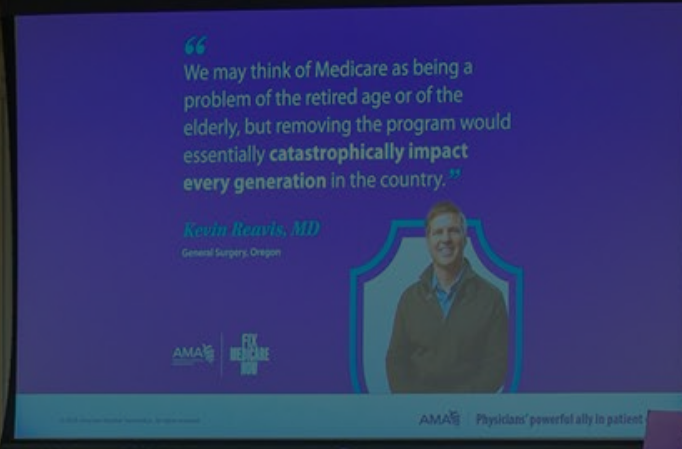
Leadership and Advocacy in 2025

Michael Suk, MD, JD, MPH, MBA, FACS
Immediate Past Chair
American Medical Association Board of Trustees

New Mexico Medical Society

September 27, 2025
Albuquerque, NM

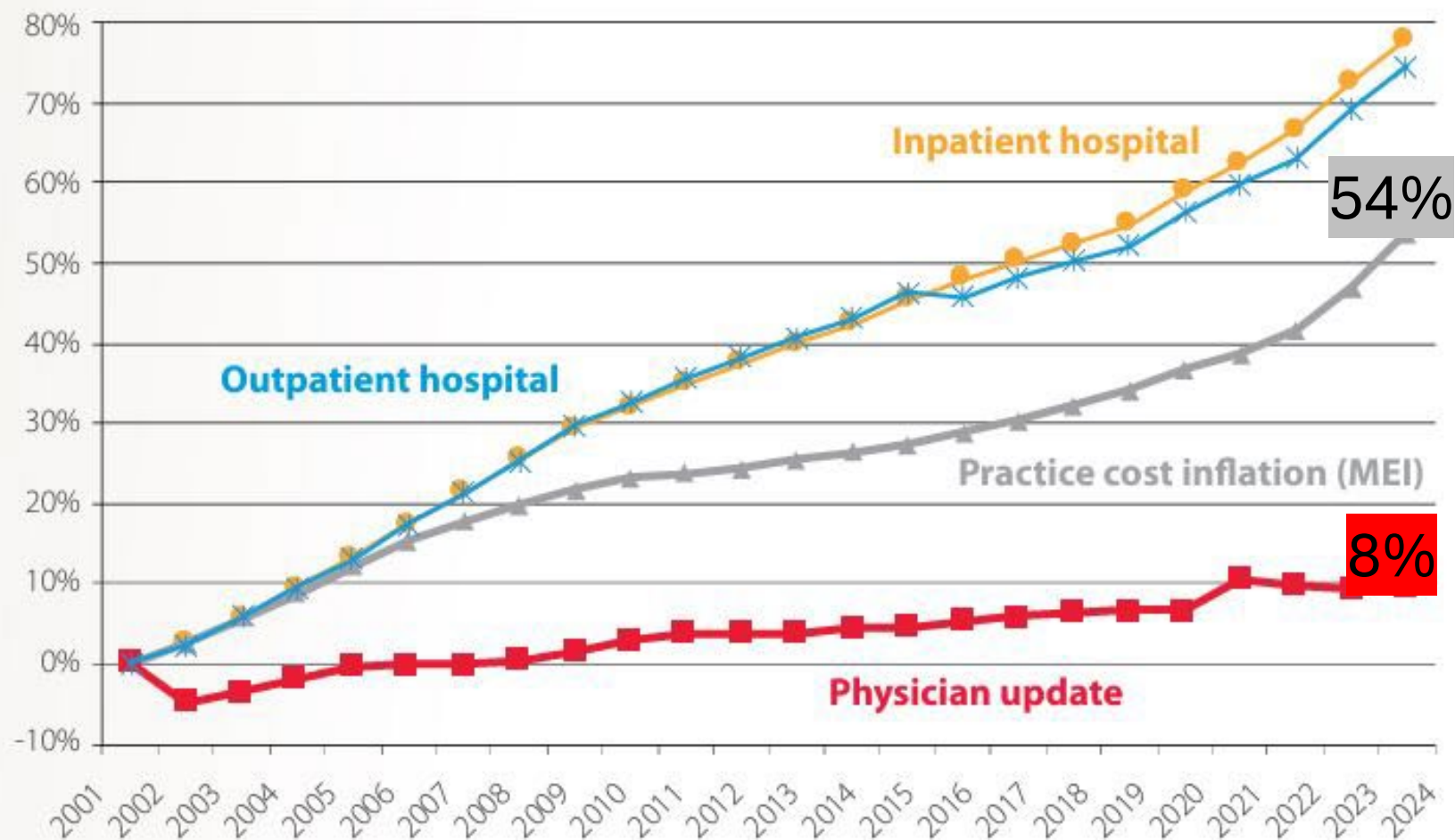
AMA Advocacy Priorities



Medicare physician payment is NOT keeping up with practice cost inflation.

Medicare updates compared to inflation in practice costs (2001–2024)

Adjusted for inflation in practice costs, Medicare physician payment **declined 29%** from 2001 to 2024.



Sources: Federal Register, Medicare Trustees' Reports, Bureau of Labor Statistics, Congressional Budget Office.

Updated May 2024

Fixing the burden of prior authorization

On average, practices complete

43

PAs per physician, per week

Physicians and their staff spend

12
HOURS

each week completing PAs



More than **1 in 3** or

35%

of physicians have staff who work exclusively on PA

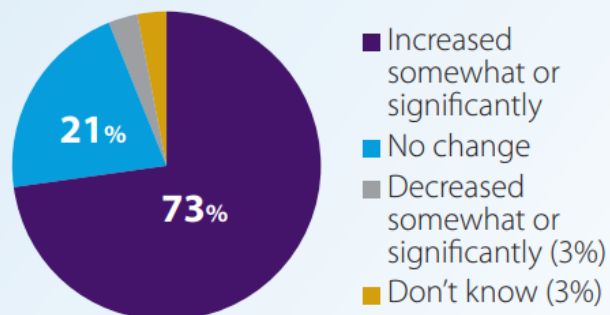
PA denials

More than

1 in 4 (27%)

physicians report that PAs are **often** or **always** denied

Q: How has the number of PA denials changed over the last five years?



95%

of physicians report that PA **somewhat or significantly increases** physician burnout

PA appeals

Fewer than

1 in 5 (18%)

physicians report that they **always** appeal an adverse PA decision

Why don't physicians appeal?

62% report that they do not believe the appeal will be successful based on past experience

48% report that patient care cannot wait for the health plan to approve the PA

48% report that they have insufficient practice staff resources/time

100+ scope bills defeated in 2023

- Patients prefer physician-led care
- Non-physicians use more resources
- Increased overall health care costs
- Worse health outcomes



SCOPE EXPANSION INCREASES COSTS

X-ray ordering increased
441% among non-physicians



Non-physicians needed
2x the number of biopsies
to screen for skin cancer

Patients were **15%**
more likely to receive an antibiotic
from a non-physician



6.3% of nurse practitioners prescribed opioids
to over half of their patients compared to **1.3%** of physicians

PATIENTS PREFER PHYSICIAN-LED CARE



91%
say a physician's education and
training are vital for optimal care

3/4

would wait longer and pay more
to be treated by a physician



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

**Health care teams working together—with physicians in the lead—
is critical to having the best and safest outcomes for patients.**

MYTH

Allowing non-physicians to practice without physician involvement will increase access to care in rural and underserved areas.

FACT

States with laws allowing nurse practitioners to practice without physician supervision or collaboration has not guaranteed increased access in rural and underserved areas.

All patients, regardless of ZIP code, deserve care led by a physician.

A photograph of a modern, curved hospital building at night. The building has multiple floors with large windows and a curved facade. The word "HOSPITAL" is illuminated in large, white, sans-serif capital letters on the upper part of the building. The building is lit up from within, and there are some flags in front of it. The sky is dark blue.

HOSPITAL

End the Ban on Physician Owned
Hospitals

And...

- AI/NA Health
- Antitrust
- Augmented Intelligence
- Climate change
- Consolidation
- Coverage/ACA/Medicaid
- Cybersecurity
- Data/Privacy
- Drug Prices
- Gender Affirming Care
- Gun Violence
- Immigration
- Information Blocking
- Insurance Coverage
- Interoperability
- Maternal Health
- Medical Debt
- Medical Liability
- Medical Research
- Medicare Advantage
- Medicare Fraud
- Mental Health
- Non-competes
- Nutrition
- Open Payments
- Physician-owned hospitals
- Public Health and pandemic preparedness
- Regulatory Relief
- Reproductive health
- Rural/underserved
- Site of Service
- Student Debt
- Substance Use Disorders
- Surprise Billing
- Tobacco
- Unique Device Identifiers
- Veteran's Affairs
- Workforce

A silhouette of a man in a suit and tie stands against a background of an American flag. The flag's stars and stripes are visible, with the stripes appearing as vertical bands of red and white. The man's silhouette is solid black, and he is positioned slightly to the right of the center. The overall mood is serious and political.

Political Landscape

Days of Thunder

Completed Actions Affecting Healthcare

Drug Pricing
Shifts

DEI and LGBTQ+
Policies

Medicare
Advantage
Expansion

Public Health
System Erosion

NIH Funding
Crisis

Threats to
Medical
Education
Oversight

Medical Student
Loan Instability

International
Medical Graduate
(IMG) Barriers

A person is holding a large white sign with a black border. The sign features a small American flag in the top right corner and the text 'ONE BEAUTIFUL BILL' in large, bold, black letters. The word 'ONE' is on the top line, 'BEAUTIFUL' is on the middle line, and 'BILL' is on the bottom line. The person holding the sign is wearing a dark jacket and has their hands visible at the top and bottom edges of the sign. The background is dark and out of focus.

Medicaid
Affordable Care Act
Medicare
Health Savings Accounts

MAHA-MAGA Alliance



NBC NEWS

WATCH

CDC Director Susan Monarez fired by Trump administration after refusing to resign, citing 'reckless directives'

Monarez's lawyers said she "refused to rubber-stamp unscientific, reckless directives." The White House said that she was "not aligned with the president's agenda."

BREAKING

FLORIDA PLANS TO END VACCINE MANDATES STATEWIDE, INCLUDING FOR SCHOOLCHILDREN

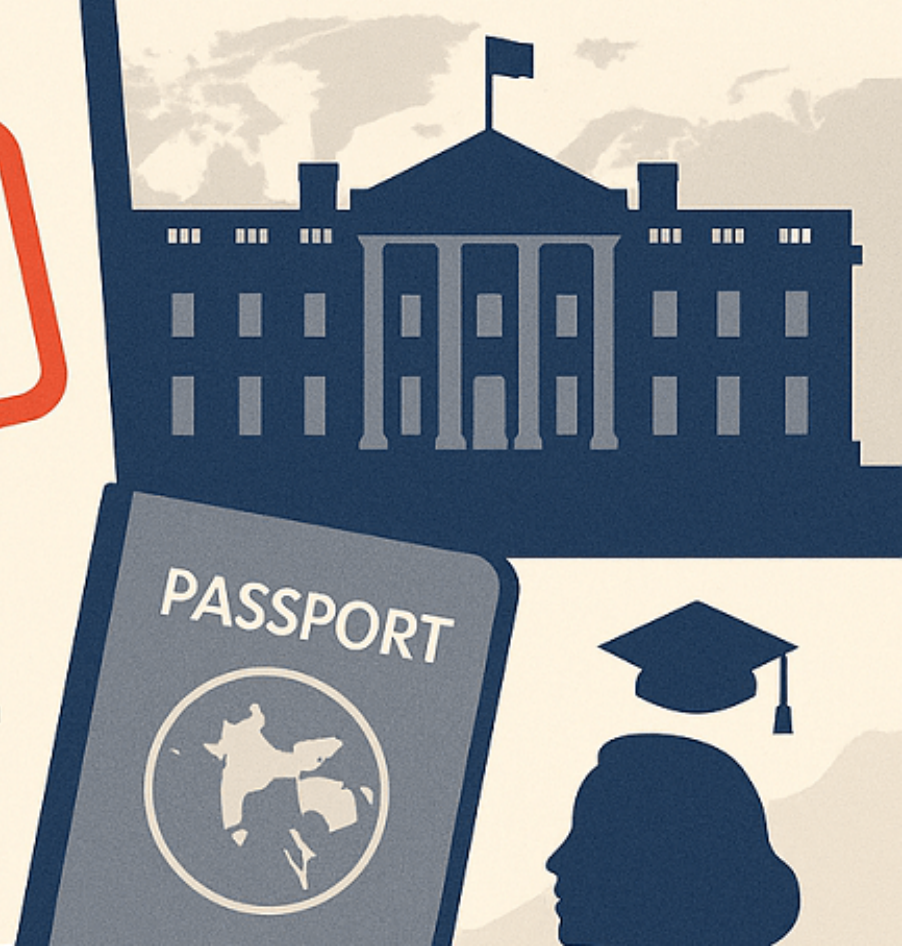
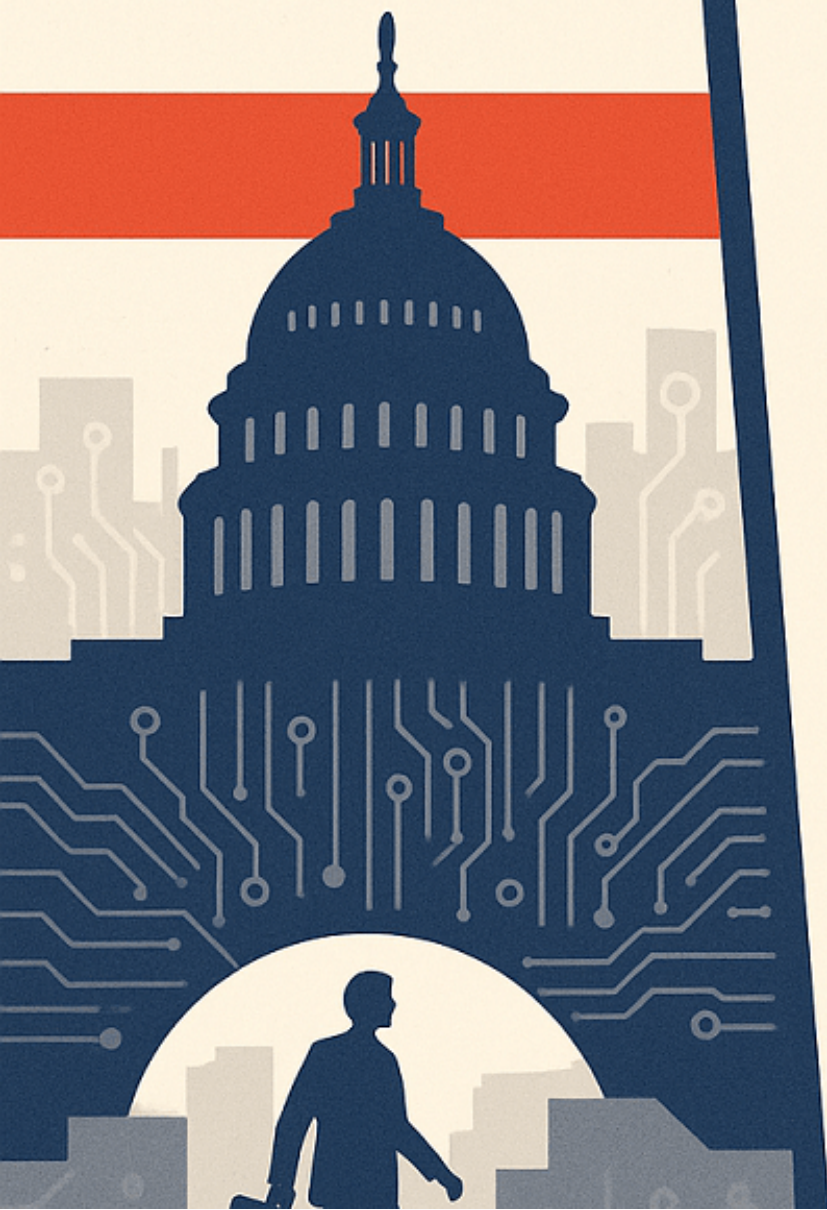


HHS Secretary Robert F. Kennedy Jr. replaced every single ACIP member with loyalists and people known for spreading anti-vaccine information.

H-1B

VISA APPLICATION

\$100,000
FEE



Impact on Physician Workforce

- ~23% of U.S. physicians are international medical graduates (IMGs)
- Many serve in rural & underserved areas and in shortage specialties
- \$100K/physician could force reductions in hiring, services, or closures
- J-1 → H-1B conversions may stall, limiting residency/fellow retention
- Risk of worsening projected 86,000 physician shortfall by 2036

AMA Position

- Leading a coalition of 50+ groups - categorical exemption for physicians
- Access to care in underserved communities is a matter of national interest

The image features two women in profile, facing each other against a dark background. The woman on the left is rendered in a blue, wireframe-like digital form, with glowing lines representing neural connections or data flow. The woman on the right is a realistic human figure with dark hair, overlaid with a complex, glowing orange and yellow network of lines and nodes, suggesting a sophisticated AI or data processing system. The overall aesthetic is futuristic and technological.

AI in Healthcare: The Next Chapter

The Promise and Concern

Artificial Intelligence holds unprecedented promise to reshape healthcare, yet it remains a field fraught with hype, misunderstanding, and legitimate concern.

The key lies not in adopting technology for its own sake, but in deploying it "correctly and well"—ethically, safely, and in ways that elevate both patient and provider experiences.

Why AI is set to become an important healthcare tool, not a threat

Despite concerns that doctors will become a relic of the past, AI is not a sinister threat. It is set to play an important role in the future of health care.

Growing Complexity

Healthcare systems face increasingly complex challenges requiring sophisticated solutions.

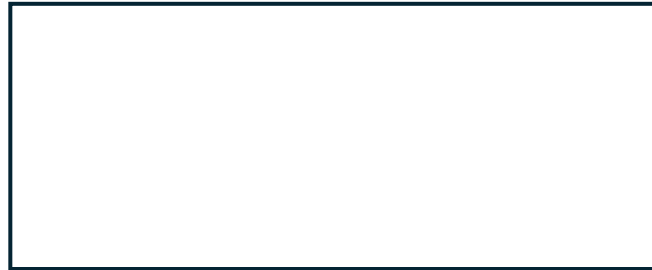
Workforce Burnout

Clinicians are experiencing unprecedented levels of exhaustion and administrative burden.

Rising Costs

Healthcare expenses continue to climb, creating pressure to find efficiency without sacrificing quality.

Time to Reach 100 Million Users



 **TikTok** 9 months


Instagram 2.5 years


Snapchat 3 years



3.5 years

facebook 4 years

 5 years

twitter  6 years

NETFLIX 10 years

AI vs. Doctors: Competitor or Cooperation in Modern Healthcare?

So, who do you trust with your life
– a human, or a machine?



**AI IS ALREADY BETTER THAN
MOST DOCTORS. THAT'S THE
HONEST TRUTH. AND IT WILL
BECOME FAR BETTER. SAME
FOR ALL JOBS TO BE
HONEST, INCLUDING MINE**

- ELON MUSK

EXPLORING THE PROS
AND CONS

AI vs Doctor:
Who's Better?



Detecting Diabetes from Chest Xray



thoughtful.ai
Sponsored

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AI Agent PAULA
gets prior auths
right every time

Learn more



Why OpenAI is Going
After Healthcare



CHINA OPENS THE WORLD'S FIRST
AI HOSPITAL WITH 14 ARTIFICIAL
INTELLIGENCE DOCTORS

DOCTOR VS CHATGPT

DOCTORS RATED RESPONSES TO
200 PATIENT QUESTIONS

5%

**EMPATHETIC
RESPONSES**

45%

21%

**HIGH QUALITY
RESPONSES**

79%

21%

PREFERRED

79%



A Vision for AI "Done Right"

- The promise of AI in healthcare is extraordinary, but only if we use it correctly and well. This requires:
 - Commitment to ethical principles
 - Robust validation processes
 - Relentless focus on supporting both clinicians and patients
 - Prioritizing transparency, safety, and equity
 - Maintaining continuous human oversight
- When implemented thoughtfully, AI can help achieve the triple aim of improved care, lower costs, and better patient experience—without sacrificing trust or compassion.

Cigna R49

Effective October 1, 2025



What's Happening



Cigna will automatically downcode certain high-level E/M visits (99204–05, 99214–15, 99244–45) if diagnosis codes appear “inconsistent” with complexity (e.g., “earache,” “sore throat”).



Payment will be issued at the lower level first, with appeals requiring faxed records.



Understanding the RUC: Medicare's Physician Payment Advisory System

What Exactly is the RUC?

- Convened by the American Medical Association since 1991
- Physician volunteers from multiple specialty societies across medicine
- Bridge between medical practice and Medicare payment policy
 - Translating clinical expertise into economic valuations
- AMA acts as a neutral convener

RUC Membership Structure

The committee includes external observers from MedPAC, GAO, and CMS, along with various subcommittees addressing specific aspects of valuation.

32

Total Members

Mostly from national medical specialty societies

21

Voting Members

Of 29 voting members represent E&M-focused specialties

125+

Advisory Societies

Supporting organizations providing input and expertise

Relationship with CMS

- Advisory not Binding
 - Not legally required to accept RUC recommendations, but historically adopts approximately 90% of them.
- Transparency Concerns
 - RUC is not a Federal Advisory Committee under statutes requiring transparency and balanced membership, raising concerns about process openness and potential conflicts of interest.

Calculating Payment

Step 1

Step 2

CF

\$\$

$\cong 51\%$

$\cong 45\%$

$\cong 4\%$



INVESTIGATIONS

The Secret Committee Behind Our Soaring Health Care Costs

For decades, an AMA-created group even many doctors aren't aware of has skewed fees toward specialists.

By KATIE JENNINGS | August 20, 2014

An A.M.A. committee meets in secret to determine the difficulty and time demands of each type of medical visit, test and procedure, and then recommends to Medicare how much doctors should be paid for performing them.

But a change buried inside a 1,803-page [proposed regulation](#) published last Monday suggests the Trump administration would like to move away from this longstanding system. If finalized, it could begin overturning a process that has entrenched pay advantages for certain kinds of doctors.

Key Criticisms

Representation Imbalance

Primary care underrepresented relative to share of patient care

Procedural Bias

Assigned RVUs that overestimate time and complexity versus cognitive services

Process Opacity

Non-disclosure agreements and secret ballots limit transparency in deliberations

Survey Reliability

Small, potentially unreliable surveys based primarily on specialty input

Balance, Transparency and Adjustment

Government retains oversight and final decision-making authority

Volunteer physicians provide invaluable expertise on complex medical procedures

RUC meetings are open to anyone who registers to attend.

Potentially Misvalued Services Project



If not the AMA, then Who?





Michael Suk, MD, JD, MPH, MBA, FACS
Immediate Past Chair, American Medical Association
Chair, The Joint Commission