



The foundation of MGMA's federal advocacy agenda is to ensure the sustainability of medical group practices and advance their ability to provide high-quality patient care.

PROTECTING THE FINANCIAL VIABILITY OF MEDICAL GROUP PRACTICES

MGMA champions physician payment policies that establish appropriate reimbursement rates. At a minimum, government rates should cover the cost of delivering care and be regularly updated commensurate with inflation. Policies should support medical practices' ability to provide a full range of ancillary services, such as imaging, testing, and physician administered drugs. MGMA works to protect medical practices against predatory business tactics and supports regulatory flexibilities that allow practices to focus their time and resources on delivering high-quality and efficient care.

REDUCING PRIOR AUTHORIZATION BURDEN

To promote patients' timely access to care, and reduce provider and patient burden, MGMA seeks to eliminate or significantly reduce the volume of prior authorizations and other prerequisites for coverage. There must be greater health plan transparency, uniform national standards, and increased automation.

ADVANCING VALUE-BASED CARE

Value-based delivery reform should ensure group practices have the choice to move away from fee-for-service into alternative payment models (APMs). APMs must be designed to offer participants appropriate support, incentives, reimbursement, and flexibility. New voluntary APMs should be launched to expand participation opportunities for group practices of all specialties. Incentive payments for participation in APMs should be reinstated and extended beyond the 2025 payment year, for a period of at least six years.

IMPROVING QUALITY REPORTING

MGMA supports maintaining traditional Merit-based Incentive Payment System (MIPS) reporting as a reporting option under the Quality Payment Program, and encourages the Administration to ensure other quality reporting programs are streamlined to improve clinical relevance and reduce reporting burden. Providers should be encouraged to furnish higher-quality care through quality and cost incentives. Quality reporting programs must support providers' ability to focus on efforts to improve patient care, not distract from them.

PROMOTING STANDARDIZATION AND EFFICIENCY

MGMA supports policies to standardize healthcare transactions, documentation requirements, claims review processes, and audits, to decrease the administrative burden and costs associated with inefficient and inconsistent standards.

MAINTAINING ACCESS TO CARE THROUGH TELEHEALTH

Throughout the COVID-19 pandemic, telehealth usage dramatically increased due to the flexibilities afforded by Congress and the Administration. Recent congressional and regulatory action extended many telehealth flexibilities until the end of 2024. MGMA supports long-term telehealth solutions that promote cost-effective, high-quality care while appropriately reimbursing practices. Telehealth policies must support continuity of care between a practice and its patients, rather than disrupt it.

EXPANDING THE PHYSICIAN WORKFORCE

The country is facing a significant shortage of physicians and other non-physician healthcare professionals. To ensure a robust provider workforce and enhancements to the nation's graduate medical education system, MGMA supports federal legislative efforts to strengthen and expand physician training programs.

IMPROVING IMPLEMENTATION OF NO SURPRISES ACT REQUIREMENTS

MGMA supports implementation of the *No Surprises Act* (NSA) in a manner that does not interfere with medical groups' ability to engage in reasonable and balanced contractual negotiations with health plans. Independent dispute resolution (IDR) fees should be minimal to protect the ability of medical groups to initiate the IDR process. MGMA supports clear implementation guidance from the Administration to ensure practices have the information necessary to protect patients. The Administration should provide sufficient time for practices to understand and implement new processes and workflows to comply with the NSA's surprise billing and transparency requirements.

SUPPORTING THE EFFECTIVE AND ETHICAL APPLICATION OF ARTIFICIAL INTELLIGENCE TECHNOLOGY

MGMA supports development and oversight of artificial intelligence (AI) that appropriately balances the technology's promise with its risks. Congress and the Administration should avoid establishing competing and confusing standards, and not allow AI to aggravate current administrative burdens faced by medical groups. AI technology should be transparent, ethical, and include sufficient privacy protections while not perpetuating harmful healthcare inequities. ■

With a membership of more than 60,000 medical practice administrators, executives, and leaders, MGMA represents more than 15,000 medical groups in which more than 350,000 physicians practice. These groups range from small private practices in rural areas to large regional and national health systems and cover the full spectrum of physician specialties and organizational forms.

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