



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 advocates for 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 the burden on both providers and patients, 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 full adoption of electronic prior authorization. Utilization review policies should never interfere with the delivery of medically necessary care.

## **ADVANCING VALUE-BASED CARE**

Value-based delivery reform should ensure that group practices have the option to transition from fee-for-service to advanced alternative payment models (APMs). Advanced APMs must be designed to offer participants appropriate support, incentives, reimbursement, and flexibility. New voluntary advanced APMs should be launched to expand participation opportunities for group practices of all specialties. Multi-year incentive payments for participation in advanced APMs should be reinstated and qualifying participant (QP) thresholds should be frozen.

## **IMPROVING QUALITY REPORTING**

While recognizing the significant shortcomings of the Merit-based Incentive Payment System (MIPS) program, MGMA supports retaining it as an option as we work to improve overall quality reporting within the Medicare program. MIPS should be reformed to improve its clinical relevance, reduce the cost and administrative burden of reporting, and eliminate punitive penalties that disproportionately impact small, rural, and other practices unable to participate in advanced APMs. Quality reporting programs must be streamlined and support providers' ability to focus on efforts to improve patient care, not distract from them.

## **MEDICARE ADVANTAGE**

As Medicare Advantage enrollment continues to grow, and in many places exceeds traditional Medicare enrollment, practices are facing new administrative burdens and payment challenges. Medical groups that contract with Medicare Advantage plans face significantly more administrative burdens than traditional Medicare and are subject to policies such as prior authorization, automatic downcoding, and narrow networks. MGMA supports regulatory and legislative efforts to ensure Medicare Advantage plans fulfill contractual obligations to providers without undue burden.



## 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. MGMA supports long-term telehealth solutions that promote cost-effective, high-quality care while ensuring practices are appropriately reimbursed. Temporary extensions are inherently unstable, prone to lapses in funding, and create significant disruptions for both patients and providers. Telehealth policies must support continuity of care between a practice and its patients rather than disrupt it.

## EXPANDING THE PHYSICIAN WORKFORCE

The country faces 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, including, but not limited to, increasing the number of graduate medical education positions supported by federal funding.

## IMPROVING IMPLEMENTATION OF NO SURPRISES ACT REQUIREMENTS

MGMA supports the 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 that practices have the necessary information 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.

## IMPLEMENTING EFFECTIVE & ETHICAL ARTIFICIAL INTELLIGENCE IN HEALTHCARE

MGMA supports the use of artificial intelligence (AI) technology to reduce the administrative burden on medical practices and enhance patient care. To ensure effective and ethical implementation of AI technology across healthcare environments, clear and comprehensive federal standards are needed to understand and evaluate the risks and benefits. AI technology should be transparent, evidence-based, ethically implemented, enhance clinical decision making, prioritize patient safety, and include sufficient privacy protections while not perpetuating harmful healthcare inequities. AI technology should always support and augment clinical judgment rather than interfere with human decision-making.

## SUPPORTING THE USE OF HEALTH INFORMATION TECHNOLOGY

As health information technology (health IT) rapidly advances, MGMA supports policies that advance interoperability, strengthen infrastructure and security, enhance care delivery, improve the patient experience, and streamline healthcare operations while minimizing administrative and financial burdens on physician practices. Federal policies and investments must help ensure that health IT supports, rather than hinders, clinical care and operations, protects patient privacy, and relies on evidence-based and consensus-driven, nationally recognized health IT data and administrative simplification standards. Policymakers should provide clear federal guidance on the responsibility of vendors and other actors to ensure their platforms meet health information technology requirements.

With a membership of more than 70,000 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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