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March 9, 2026

The Honorable Robert F. Kennedy, Jr.  
Secretary  
U.S. Department of Health and Human Services  
200 Independence Ave. SW  
Washington, DC 20201

Dear Secretary Kennedy:

As you consider policy and regulatory actions that will shape the future of care, AMGA urges the Department of Health and Human Services (HHS) to prioritize advancing high-value care, streamlining administrative requirements, and ensuring that federal programs strengthen coordinated, patient-centered delivery systems. To support these efforts, I am pleased to share AMGA's regulatory priorities and our vision for a modernized, outcomes-driven healthcare delivery system.

AMGA is the national voice for multispecialty medical groups and integrated delivery systems, representing more than 450 organizations and 177,000 physicians caring for one in three Americans. Our recommendations reflect the lived experiences of multispecialty medical groups and integrated systems of care committed to improving quality, efficiency, and patient outcomes. Their priorities represent urgent needs voiced by frontline medical groups and integrated systems providing care to millions of Medicare beneficiaries.

To that end, AMGA has identified specific policies that warrant reform or repeal. Revising or eliminating these regulations would enhance provider efficiency, support chronic disease prevention and management, and accelerate systemwide progress toward improved health outcomes and cost containment. These recommendations align with, and would advance, the directives set forth in Executive Order 14212 "Establishing the President's Make America Healthy Again Commission," as well as Executive Orders 14219 and 14192, which direct agencies to eliminate outdated, unlawful, or unnecessarily burdensome regulations that stifle innovation and impede effective care delivery.

AMGA's recommendations are grounded in three fundamental principles:

1. **Reduce administrative complexity** and waste that diverts resources from patient care and undermines practice efficiency.
2. **Promote innovation** in care delivery models, digital health technologies, and team-based approaches that improve outcomes.

3. **Ensure long-term payment and regulatory stability** so practices can invest confidently in care transformation.

Our overarching goal is to ensure that HHS regulations reflect how care is delivered today—not the healthcare landscape of the 1960s, when most of these regulations were developed. AMGA’s recommendations empower patients to participate actively in care decisions, reduce administrative waste, and enable clinicians to focus on what matters most: direct patient care.

Building on the administration’s commitment to regulatory relief and high-value care, AMGA has identified several areas where targeted action by HHS would deliver meaningful improvements for both patients and providers. Each of these issues is explored in greater depth in the attached briefs, which provide additional context, rationale, and recommended regulatory solutions.

### **Reduce Administrative Complexity and Waste**

- **Prior Authorization:** Excessive prior authorization (PA) requirements delay access to medically necessary care and impose significant administrative waste. AMGA commends the administration for its recent steps to improve PA processes, including the America’s Health Insurance Plans’ (AHIP’s) “Improving Prior Authorization” pledge and related Centers for Medicare & Medicaid Services (CMS) rulemaking to increase transparency, reduce delays, and strengthen communication between payers and providers. These are important steps in the right direction. However, continued progress is essential. AMGA strongly supports further efforts to reduce or eliminate unnecessary PA requirements, accelerate decision timeframes, establish transparent approval standards, implement “gold carding” for high-performing providers who consistently meet evidence-based care standards, and enhance enforcement of PA standards.
- **Information Blocking and “Immediate Resulting”:** AMGA strongly supports patient access to health information. However, AMGA urges the Assistant Secretary for Technology Policy/Office of the National Coordinator for Health Information Technology (ASTP/ONC) to revise the regulatory requirements at 45 CFR § 171.201 to broaden the definition of patient harm to include mental or emotional harm. Our members have consistently reported troubling instances where patients learned of serious diagnoses—such as cancer diagnoses, miscarriages, or infectious diseases—through automated portal notifications before physicians could provide context or counseling. These experiences demonstrate the rigid requirement for “immediate release” fails to reflect the realities of clinical practice or compassionate care delivery.
- **Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS):** Regulations at 42 CFR § 410.38(d) impose substantial administrative burdens on physicians, suppliers, and beneficiaries without proportional benefits to program integrity. Unclear expectations regarding documentation content, signature requirements, and timing result in repeated documentation requests, claim denials unrelated to clinical appropriateness, and delayed delivery of medically necessary equipment. AMGA recommends that CMS clarify and consolidate documentation requirements into a unified standard, reduce regional variation in enforcement, replace vague terms with explicit, equipment-specific guidance, permit clinical documentation to serve as written orders when regulatory elements are present, modernize timing and

telehealth encounter rules, and mandate electronic health record (EHR) interoperability for ordering workflows.

### **Promote Innovation in Care Delivery Models, Digital Health, and Team-Based Care**

- **Skilled Nursing Facility 3-Day Rule:** The three-day inpatient stay rule for skilled nursing facility (SNF) coverage under Medicare is outdated and restricts timely access to appropriate post-acute care. Eliminating this requirement would align coverage with clinical need, reduce unnecessary hospitalizations, and facilitate efficient, patient-centered transitions of care.
- **Telehealth:** Pandemic-era telehealth flexibilities have proven invaluable for access, efficiency, and patient satisfaction. AMGA urges HHS to eliminate geographic and originating site restrictions, permanently extend payment parity, support audio-only visits when clinically appropriate, and allow permanent prescribing of controlled substances via telehealth.
- **Alternative Payment Models (APMs):** AMGA urges the administration to preserve the foundational principles of Advanced APMs by maintaining entity-level Qualifying Participant determinations and avoiding mandatory specialty payment models that fragment accountability and create duplicative reporting requirements. To advance the national transition to high-value care while reducing administrative burden as Congress intended, we recommend that CMS prioritize voluntary APM participation, streamline quality measurement by building on the Universal Foundation and incorporating standardized measure sets like AMGA's Value Measure Set, and harmonize reporting requirements across programs. These reforms will protect team-based care coordination, preserve provider investment in value-based infrastructure, and support outcomes-focused care delivery.

### **Ensure Long-Term Payment and Regulatory Stability**

- **Conversion Factor Reform:** The current statutory framework for the Medicare Physician Fee Schedule is broken and unsustainable. Short-term patches are insufficient; durable reform is required for practice sustainability. AMGA urges Congress and HHS to pursue comprehensive reforms that establish predictable, inflation-adjusted payment updates reflecting actual practice costs.

Collectively, these actions would reduce administrative burden, which amounts to little more than waste in the system, foster innovation in digital health and team-based care, and promote stability in provider payments—advancing AMGA's overarching mission to improve care quality, patient experience, and affordability, while directly supporting HHS' goals to strengthen high-value care and improve access and efficiency across federal programs.

AMGA and its member organizations are deeply committed to partnering with HHS and CMS to advance Medicare programs that are sustainable, patient-centered, and administratively efficient. We stand ready to provide real-world expertise as the department implements reforms to streamline regulation, modernize payment systems, and strengthen the nation's healthcare delivery infrastructure.

Beyond the recommendations included in the attached briefs, AMGA—recognizing the need to reauthorize the Medicare Access and CHIP Reauthorization Act (MACRA)—convened a task force of practicing physician executives from across the country to develop forward-looking, consensus-based policy recommendations. Over two years, our MACRA and Value-Based Care Task Force met frequently to examine care delivery and reimbursement challenges and produced actionable solutions organized around six pillars:

1. **Enhance Patient Engagement:** Empower patients to take an active role in their healthcare decisions.
2. **Improve Health Outcomes:** Address disparities to ensure all populations receive high-quality care.
3. **Protect Patient Dignity at End of Life:** Promote compassionate care that respects patient preferences.
4. **Remove Regulatory and Statutory Barriers:** Reduce administrative burdens that impede care delivery.
5. **Support Practices Serving Rural and Underserved Populations:** Ensure resources and support are available for rural and underserved areas.
6. **Ensure the Long-Term Sustainability of High-Value Care:** Establish a payment model that ensures long-term viability for providers.

The Task Force’s complete report is attached, and we would welcome the opportunity to meet with you to discuss its recommendations in greater detail.

We appreciate your consideration of these recommendations to improve care for the nearly 69 million Americans enrolled in Medicare. Should you have questions, please do not hesitate to contact AMGA’s Darryl M. Drevna, senior director of regulatory affairs, at 703.838.0033 ext. 339 or [ddrevna@amga.org](mailto:ddrevna@amga.org).

Sincerely,



Jerry Penso, MD, MBA  
President and Chief Executive Officer, AMGA