



2026 AMPAC Congressional Candidate Questionnaire

Thank you for taking the time to learn more about federal issues that impact physicians and their ability to deliver quality health care to their patients. This questionnaire includes detailed information about the issues of concern for organized medicine. As one of the oldest political action committees in the nation, AMPAC encourages candidates for the U.S. House of Representatives and the U.S. Senate to complete the questionnaire. All responses will remain confidential. Current incumbent members of Congress are not required to submit a questionnaire. Your stance on these issues is very important to organized medicine, so please consider your answers carefully. If you have any questions or would like more information about our issues, please visit www.ama-assn.org/health-care-advocacy or call 202-789-7466.

It is important to note that AMPAC works very closely with the medical society in your state and its affiliated political action committee. As a candidate, you are encouraged to develop a relationship with your state medical society and meet with them early in your campaign. You are also urged to set up a candidate interview with both your state medical society and AMPAC in Washington, DC.

Please return this questionnaire as soon as possible to AMA Political Affairs (email: political.affairs@ama-assn.org).

Section I. General Information

Candidate's full name: _____

Campaign Street Address (Do not use Post Office Box address): _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

State/Congressional District: _____ Political Party: _____

Campaign Manager: _____ Email & Cell: _____

Finance Director: _____ Email: _____

Candidate's Current Position/Occupation: _____

For current office holders, term expires: _____

Previous public offices or appointments: _____

Do you have any family members who are physicians? If so, what is their name, specialty, and relationship to you and where do they currently practice?

For Physician Candidates:

If you are a physician, what is your specialty? _____

Are you a member of your state medical society? ☐ YES ☐ NO

Are you a member of the AMA? ☐ YES ☐ NO

Please list any positions you have held in any medical society:

Section II. Financial

Do you accept trade association, professional and membership PAC funds?

☐ YES ☐ NO

How much has been raised? _____

Date: _____ Current cash-on-hand: _____

What do you expect to spend? (Please choose range for each election)

Primary: ☐ <\$1 million ☐ \$1-5 million ☐ over \$5 million

General: ☐ <\$1 million ☐ \$1-5 million ☐ over \$5 million

Section III. Basis for Candidacy

Please give three (3) reasons why you are running:

List major congressional or organizational endorsements received for this race:

Section IV. Organizational

Have you been in contact with your state and/or county medical society? If so, with whom?

Please name any physicians who are supportive of your candidacy and if they hold any official roles with your campaign. Please specify the type of assistance, whether it is grassroots, fundraising, policy, political, etc.

Who are your political consultants (fundraisers (DC or district), pollster, media, direct mail)? Please name them and provide contact information.

Discuss your district (include any redistricting changes) and why you think your campaign will be successful.

Section V. Policy Issues

What two main issue areas will be your focus as a member of Congress?

What do you view as the main issues facing health care, physicians, and medicine today?

What resources do you typically use to obtain information on health care?

AMA's Federal Advocacy Issues

Medicare Physician Payment Reform:

For more than two decades, Medicare physician payments have failed to keep pace with rising practice costs. Unlike hospitals and other Medicare providers, physicians receive no automatic inflationary update. A statutory freeze in annual Medicare physician payments remains in place until 2026, after which updates resume at only 0.25% per year—well below inflation. Congress provided a one-time 2.5% update for 2026, but this temporary fix disappears in 2027.

Do you support legislation to provide annual Medicare physician payment updates tied to the Medicare Economic Index (MEI) or another measure of inflation?

☐ YES ☐ NO ☐ DON'T KNOW

Budget Neutrality

Current statute requires any changes to the Medicare Physician Fee Schedule (MPFS) to be implemented in a budget neutral manner. If the Centers for Medicare & Medicaid Services (CMS) projects that pricing changes will alter total MPFS spending by more than \$20 million (a threshold unchanged since 1992), the agency must adjust the conversion factor across all services. When CMS overestimates utilization, cuts are not restored—resulting in permanent, across-the-board reductions to physician payments.

Would you support reforms to budget neutrality policies—such as raising the \$20 million threshold and requiring CMS to correct conversion factor cuts when projections are wrong—to provide more stable payments from year to year?

☐ YES ☐ NO ☐ DON'T KNOW

Improving MACRA and the Medicare Physician Fee Schedule

Since the enactment of the Medicare Access and CHIP Reauthorization Act (MACRA), physicians have worked closely with Congress and CMS to implement its provisions. However, the law has not yet delivered its promise of a strong, patient-centered alternative payment model (APM) pathway. The Medicare Physician Fee Schedule (MPFS), intended to reflect physician work and practice expenses, has failed to keep up with inflation. Other Medicare providers receive larger and automatic updates, while physician updates remain minimal and temporary.

Will you work to ensure that the Medicare Physician Fee Schedule provides stable, inflation-based updates rather than returning to 0.25% increases below medical or consumer inflation rates?

☐ YES ☐ NO ☐ DON'T KNOW

Reforming MIPS and Advancing Quality Care:

The Merit-based Incentive Payment System (MIPS) adds costly, complex reporting requirements with little demonstrated connection to improved patient outcomes. The administrative burden—averaging more than \$12,000 and 200 hours per physician annually—hits small, solo, and rural practices especially hard. Physicians also face long delays in receiving performance data and feedback, making it difficult to identify and implement improvements in real time.

Will you work with Congress to replace MIPS with a more meaningful approach that reduces reporting burdens, ensures timely data feedback, and better supports improved patient outcomes?

☐ YES ☐ NO ☐ DON'T KNOW

Any additional comments related to Medicare payment reform:

Access to Health Care and Coverage:

Medicaid Funding:

Medicaid provides coverage to millions of Americans and serves as a critical safety net for the nation's most vulnerable populations. Provider taxes are a financing mechanism used by states in partnership with the federal government to fund essential health services and have kept rural hospitals, maternity wards, nursing homes, and physician practices open in rural and underserved areas across this country. Provider taxes are often used by states to increase Medicaid payment rates to physicians and other health care professionals. Far too often, Medicaid payment rates lag behind private insurance and Medicare. While physicians have a strong sense of responsibility to provide care for Medicaid beneficiaries, physician practices cannot remain economically viable if they lose money on the care they provide. Without adequate payment rates, participating physicians will remain sparse in many areas of the country, and without an adequate supply of participating physicians, Medicaid patients may have coverage but not real access to care.

Do you support policies allowing states to assess provider taxes on hospitals, nursing homes, and managed care organizations to sustain or improve Medicaid patients' access to care?

☐ YES ☐ NO ☐ DON'T KNOW

Do you support proposals to ensure that provider tax revenue should be used to directly support Medicaid patients' access to care and not for state budget shortfalls?

☐ YES ☐ NO ☐ DON'T KNOW

Telehealth:

During the COVID-19 public health emergency, Congress and CMS broadened availability of digital health technologies. Congress has extended Medicare telehealth coverage through September 2025. The expansion of telehealth for health care delivery exhibited better provider/patient communication and trust, as well as access to a broad spectrum of real-time information—all of which can lead to better health outcomes and reduced care costs.

Do you support Congress permanently lifting telehealth geographic and originating site restrictions and ensuring all Medicare beneficiaries may receive covered Medicare telehealth benefits?

☐ YES ☐ NO ☐ DON'T KNOW

Pharmacy Benefit Manager (PBM) Reform:

Physicians and patients continue to face challenges from opaque and anticompetitive pharmacy benefit manager (PBM) practices that increase costs, limit access to medications, and reduce transparency in the prescription drug supply chain. Proposals before Congress would increase oversight of PBMs, prohibit spread pricing, and ensure fair reimbursement and transparency for patients, employers, and pharmacies.

Do you support legislation to increase transparency and accountability in PBM business practices to help lower drug costs and improve patient access to needed medications?

☐ YES ☐ NO ☐ DON'T KNOW

Health Insurance:

Do you think the federal government has a role to play in expanding access to affordable health insurance coverage for able-bodied Americans?

☐ YES ☐ NO ☐ DON'T KNOW

Access to Affordable Health Insurance Coverage:

There are differing views on how best to ensure that all Americans have access to affordable health insurance coverage. Recent changes to the Affordable Care Act (ACA) have made an already complex system even more difficult to navigate, and Congress will likely need to consider additional reforms to improve affordability and stability.

What types of reforms should Congress pursue to improve access to affordable health insurance coverage? *(Please check all that apply and specify any additional reforms.)*

- ☐ Eliminate all aspects of the ACA and allow private market forces to determine coverage and pricing.
- ☐ Continue efforts to refine and improve the ACA.
- ☐ Develop targeted reforms outside the ACA to improve affordability and coverage, such as supporting state innovation waivers, enhancing competition and reducing costs in the individual market, or promoting new affordable plan options.
- ☐ Allow some younger Americans to pay premiums for Medicare coverage (a "public option").
- ☐ Create a single-payer or "Medicare for All" coverage system and eliminate employer-sponsored coverage.
- ☐ Other (please specify): _____

No Surprises Act Enforcement:

The No Surprises Act was enacted to protect patients from unexpected medical bills while ensuring fair payment for physicians and other health care providers. However, reports indicate that some health plans are failing to comply with the law's payment requirements following independent dispute resolution (IDR) decisions, leaving many physicians unpaid or underpaid.

Do you support efforts to strengthen enforcement of the No Surprises Act to ensure that health plans comply with IDR decisions and pay physicians in a timely and fair manner?

☐ YES ☐ NO ☐ DON'T KNOW

Increasing Health Care Competition:

The trend toward sharply higher levels of hospital market concentration around the nation has not benefited patients, who experience higher costs and poorer health outcomes in highly concentrated markets. Fostering greater competition by dismantling barriers to physician ownership of hospitals will provide patients with another option to receive high-quality care through integrated, coordinated care delivery.

Do you support ending the statutory restrictions on physician-owned hospitals to expand quality care?

☐ YES ☐ NO ☐ DON'T KNOW

Any additional comments related to access to health care and insurance coverage:

Reducing Prior Authorization Burdens:

Americans across the country are experiencing significant delays in their access to care due to time-consuming and often unnecessary prior authorization requirements from their health insurance companies. Patients who have spent their hard-earned dollars on insurance premiums experience delays in treatment or even denials for medically necessary services or prescription medications due to these onerous insurer policies.

Will you support solutions that will protect patients from processes that obstruct their access to care recommended by their physician?

☐ YES ☐ NO ☐ DON'T KNOW

Any additional comments related to prior authorization:

Physician Workforce Issues:

Scope of Practice:

Achieving the triple aim of providing the highest quality care at the lowest cost possible while improving patient outcomes is becoming more difficult as our population ages, chronic conditions become more prevalent and newly-insured patients enter the health care system. The most effective way to achieve these goals is to maximize the complementary skill sets of all health care professionals to work as part of a physician-led team. Depending on the specific practice needs, a team-based approach can include various combinations of physicians, nurses, physician assistants, pharmacists, social workers, case managers and other health care professionals. Physicians, with 7 years or more of postgraduate education and at least 10,000 hours of clinical experience through training, should lead the team to ensure patient safety and quality of care.

Do you support defending the practice of medicine against scope of practice expansions that threaten patient safety and would prevent experienced physicians from leading health care teams?

☐ YES ☐ NO ☐ DON'T KNOW

Do you support the independent practice of advanced practice registered nurses, physician assistants, and other health care professionals working outside the physician-led team model?

☐ YES ☐ NO ☐ DON'T KNOW

Graduate Medical Education (GME):

Graduate Medical Education (GME) provides the essential funding that supports the training of America's future physicians. While GME funding is periodically threatened, an equally pressing challenge is that outdated federal caps on Medicare-supported residency positions—unchanged since 1997—limit the number of physicians who can be trained each year. These limits contribute to ongoing physician shortages and reduced access to care, particularly in rural and underserved areas. The AMA urges Congress to protect critical GME funding and to pursue policies that expand residency slots, train more physicians, and preserve access to care for patients.

Do you support preserving critical GME funding and pledge to oppose efforts to cut the program?

☐ YES ☐ NO ☐ DON'T KNOW

Do you support legislation to increase the number of Medicare-supported GME medical residency training positions to address current and projected physician shortages?

☐ YES ☐ NO ☐ DON'T KNOW

Immigration reform/Conrad 30:

International Medical Graduate (IMG) physicians who come to the United States on a J-1 visa to complete their residency are required to return to their country of origin for two years before they can apply for an additional visa or green card. The Conrad 30 program grants each state the opportunity to issue 30 waivers for J-1 physicians from the requirement to return to the country of origin in exchange for working in an underserved community for three years. In addition, physicians who work in an underserved community or a VA facility receive priority consideration and will not count against per-country caps for employment-based green cards.

Do you support efforts to expand the number of slots for International Medical Graduates (IMGs) to practice in underserved communities and/or other targeted physician immigration reforms to expand access to care?

☐ YES ☐ NO ☐ DON'T KNOW

Student Loan Relief:

One of the major barriers to acquiring medical education is the cost to receive the education. Nearly 75% of medical school graduates have outstanding medical school debt with the median amount being \$200,000. Efforts to address the increasing burden of student loans are necessary and beyond targeted loan relief programs.

Do you support allowing borrowers to qualify for interest-free deferment on their student loans while serving in a medical internship or residency program?

☐ YES ☐ NO ☐ DON'T KNOW

Physician Wellness:

Medical students, residents and physicians often do not seek care for a mental health condition or substance use because they are afraid that seeking care will end their careers. A national campaign named for Dr. Lorna Breen has successfully helped reform licensing and credentialing applications to safely balance confidentiality and disclosures to support physicians seeking care with ensuring patient safety. In addition to these state- and national efforts to remove stigmatizing language on medical board licensing and hospital and health system credentialing applications, the Lorna Breen Reauthorization Act would further support efforts to help physicians and other clinicians seek and obtain care for a mental health concern.

Do you support reauthorization of the Dr. Lorna Breen Reauthorization Act?

☐ YES ☐ NO ☐ DON'T KNOW

Any additional comments related to physician workforce issues:

Public Health Priorities:

Combating the Opioid Epidemic:

Ending drug overdose deaths is a high priority for America's physicians. Despite physicians reducing opioid prescribing by more than 50 percent over the past decade, illegally made fentanyl,

methamphetamine and cocaine continue to kill tens of thousands of Americans each year. At the same time, less than 20 percent of Americans with an opioid use disorder get treatment due to health insurance company barriers and other restrictive policies

Do you support holding health insurance companies accountable for denying or delaying evidence-based care for opioid use disorder for individuals seeking treatment?

☐ YES ☐ NO ☐ DON'T KNOW

Do you support increasing coverage for—and access to—comprehensive treatment for opioid use disorder, including medication-assisted treatment?

☐ YES ☐ NO ☐ DON'T KNOW

Improving Maternal Health:

The American Medical Association is committed to tackling the issues surrounding maternal mortality and morbidity. The U.S. has the highest maternal mortality rate among developed countries. A 2023 report by the Centers for Disease Control and Prevention (CDC) found that Black women are 3-4 times more likely to die from pregnancy-related causes than white women.

Do you support either of the following legislative proposals to reduce and prevent maternal mortality? *(Check those that apply.)*

- ☐ Require the Centers for Medicare & Medicaid Services (CMS) to report on, and provide resources for states related to, coverage of remote physiologic devices and related services (e.g., blood glucose monitors) under Medicaid.
- ☐ Increase the physician workforce to improve access to perinatal care, particularly in maternal care deserts and rural areas.

Preventing Gun Violence:

Gun violence in America has reached epidemic proportions. The AMA advocates to find workable, comprehensive solutions to reduce gun violence in America. Do you support efforts at the federal level to reduce gun violence?

☐ YES ☐ NO ☐ DON'T KNOW

If so, do you support any of the following proposals? (Please check all that apply and specify any additional solutions.)

- ☐ Support federal funding through CDC or NIH research on gun violence
- ☐ Support so-called “red flag” laws that remove firearms from individuals subject to domestic violence restraining orders, including dating partners
- ☐ Temporarily remove firearms from individuals who are deemed by a court to present a danger to themselves or others
- ☐ Increase the legal age of purchasing ammunition and firearms from 18 to 21 years old
- ☐ Expand the existing background check system to cover all firearm sales, while providing exceptions for law enforcement and family and friend transfers
- ☐ Other: _____

Any additional comments related to public health:

Additional Information:

Please feel free to attach or add any additional comments on health care policy and/or the campaign.
