

October 23, 2025

The Honorable Bill Cassidy, MD
Chairman
Committee on Health, Education, Labor and Pensions
United States Senate
Washington, DC 20510

Dear Chairman Cassidy:

I write today in response to your letter of October 6, 2025, regarding the American Medical Association's ("AMA") stewardship of the CPT® (Current Procedural Terminology) coding system. Thank you for the opportunity to address this matter. As you noted in your letter, the CPT system is not only essential for accurate medical billing and claims processing by public and private health insurers, it also enables communication and efficient processing of information throughout the entire health care system.

CPT was developed by the AMA in the 1960s. It is maintained by the CPT Editorial Panel (Panel) at no cost to the government. The Panel is a consensus-driven development process committed to openness and transparency. It maintains a close working relationship with all relevant Federal agencies in health care, who actively participate in the process and meetings. Panel meetings are open to any stakeholder who wishes to attend. Any organization or individual may request to be an "interested party" for an application under Panel review, allowing them to review the submitted applications and associated materials. The Panel process further maintains transparency by posting both its agenda 60 days prior to the meeting and a summary of Panel actions roughly 14 days after the close of each meeting.

The Panel itself is broadly representative of physicians and other stakeholders. Twelve of the Panel's twenty-one members are appointed by national medical specialty organizations. In addition to the Panel's specialty seats, it includes seats for the chair and vice chair, two seats for members of the CPT Health Care Professional Advisory Committee, as well as representatives from the Blue Cross and Blue Shield Association, America's Health Insurance Plans, the American Hospital Association, one at-large organization member, and one seat for an umbrella organization that represents private health care insurers. The Centers for Medicare & Medicaid Services, the Centers for Disease Control and Prevention, and the U.S. Food and Drug Administration each have one non-voting liaison who provides significant input and comments like all other Panel members. Furthermore, the Panel's open and transparent process includes direct input from practicing physicians, medical device manufacturers, developers of diagnostic tests, and advisors from more than 100 societies representing physicians and other health care

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professionals. Through this inclusive and comprehensive process, all stakeholders have direct input into CPT.

We respectfully disagree with the characterization that the AMA charges “exorbitant fees” for the use of CPT or that those charges lead to higher health care costs. CPT license fees amount to \$18.50 per year for each user. CPT licenses for health plans are \$0.24 per member per year. As you note, the AMA, like many other organizations, has also developed an extensive library of resources to assist physicians and others in accurately and completely documenting and submitting claims for medical services using CPT. The complete catalog of these resources may be accessed at <https://www.ama-assn.org/practice-management/ama-store>.

Regarding your inquiry on the use of AMA funds in the year 2024, while policies adopted by the AMA House of Delegates support diversity in medical education, the AMA did not directly spend any funds supporting such policy mandates¹ nor was any funding used supporting research on gender transition care.

Thank you again for the opportunity to address this matter. We would be pleased to discuss further at your convenience.

Sincerely,

A handwritten signature in black ink, appearing to read 'John Whyte', written in a cursive style.

John Whyte, MD, MPH

¹ The AMA is a sponsoring organization of the Liaison Committee for Medical Education (LCME). In 2024, the LCME accreditation standards included Element 3.3 relating to diversity programs and partnerships. On May 19, 2025, the LCME eliminated Element 3.3 to remove conflicts between the element and state laws to ensure there is a single set of accreditation expectations for all schools. The AMA has no control over the actions of the LCME or the establishment of accreditation standards.