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United States Senate

COMMITTEE ON HEALTH, EDUCATION,
LABOR, AND PENSIONS

WASHINGTON, DC 20510-6300

December 1, 2025

VIA ELECTRONIC TRANSMISSION

Bobby Mukkamala, M.D.
President
American Medical Association
330 N. Wabash Ave., Suite 39300
Chicago, IL 60611-5585

Dear Dr. Mukkamala,

“Openness and transparency” are among the most essential tenets of providing quality care to patients and families. Despite the American Medical Association’s (AMA) stated commitment to those goals, and the extension of time granted for your response, the AMA’s October 23 reply to my October 6 letter was anything but open and transparent.

My goal as Chair of the Senate Committee on Health, Education, Labor, and Pensions (HELP) is to understand whether the current pricing and access framework the AMA uses to maintain and update the Current Procedural Terminology® coding system delivers the best outcomes for patients. I am concerned that the status quo focuses on enriching the AMA at the expense of patients, while the organization subsequently uses the revenue to advance a political agenda that is not representative of the majority of the medical community. Your recent response did not answer my questions that could assuage this concern. To that end, I am again requesting answers to the following questions you failed to answer, on a **question-by-question basis**:

1. One of the AMA’s primary activities is generating and updating CPT codes used to code for medical procedures and services. The AMA has held the exclusive right to generate these codes since 1983.¹ This process involves internal deliberations before a public stakeholder session prior to finalizing codes. While the AMA holds an outsized role in

¹ CPT® purpose & mission, American Medical Association, <https://www.ama-assn.org/about/cpt-editorialpanel/cpt-purpose-mission>.

this process, only approximately 26% of physicians in the United States are members of the AMA.²

- a. What steps has the AMA leadership taken to ensure that this mandatory process incorporates the feedback and concerns of all providers and specialties?
2. Last year, the AMA generated total revenue of \$513.2 million.³ \$281.4 million of that amount was generated from “books and digital content.”⁴ However, AMA does not provide transparency about how many millions in revenues it receives from licensing CPT products, subscriptions, and other educational materials.
 - a. How much of the total revenue amount was generated specifically from the sale and licensing of CPT coding materials?
 - b. What were the administrative costs associated with generating CPT coding materials?
 - c. How does the AMA calculate the for-sale price of CPT coding materials?
 - d. How has the for-sale price of CPT coding materials changed in the last five years?
 - e. In the last five years, how much revenue has the AMA generated from the sale of CPT coding materials and related products and subscriptions?

Additionally, the limited information provided in your letter raises additional questions about the AMA’s commitment to improving care. Therefore, I am also requesting specific information that is directly responsive to the following questions, on a **question-by-question basis**.

1. The AMA states that its CPT Editorial Panel, “maintains an open process” in approving CPT content changes.⁵
 - a. Does the AMA require that individuals nominated to the Editorial Panel have a membership with the AMA?

² *AMA Fact Sheet on its Decade of Membership Growth*, American Medical Association (Jun. 11, 2021), <https://www.ama-assn.org/system/files/2021-06/ama-10-years-2021-fact-sheet.pdf>.

³ *Why We Fight: 2024 Annual Report*, American Medical Association (Jun. 6, 2025), <https://www.ama-assn.org/system/files/2021-06/ama-10-years-2021-fact-sheet.pdf>.

⁴ *Id.* at Page 25.

⁵ *CPT ® Editorial Panel*, American Medical Association (Nov. 6, 2025), <https://www.ama-assn.org/about/cpt-editorial-panel>.

- b. If an individual is appointed to the Editorial Panel, are they required to maintain an active membership?
 - c. What is the selection process for individuals to join the Editorial Panel?
- 2. As part of the AMA's editorial process, it gives Interested Parties (IPs) who may be impacted by panel decisions the ability to comment on Code Change Applications (CCAs) to create or modify a CPT code.
 - a. Does the AMA require that IPs have a membership with the AMA to participate in this process?
 - b. How much weight does the AMA give to IPs comments when determining their CCAs?
 - c. Yearly, how many CCAs are accepted? Further, what is the average amount of requests that end in coding modifications or changes?
- 3. While the AMA publishes a Summary of Panel actions after each Editorial Panel Meeting, publicly available summaries provide limited information about the actions taken at each Editorial Panel Meeting due to extensive confidentiality requirements imposed on IPs.⁶
 - a. The AMA states that disclosure of this information “can cause significant disruption for physicians, patients, payers and third parties.” What specific disruptions is the AMA considering in mandating IPs sign confidentiality agreements?
 - b. How do these confidentiality agreements limit IPs ability to contest AMA coding decisions?
 - c. If an IP breaks the confidentiality agreement, what repercussions are implemented by the AMA?

⁶ *Summary of Panel Actions*, American Medical Association (Oct. 24, 2025), <https://www.ama-assn.org/about/cpt-editorial-panel/summary-panel-actions>; *CPT® Code Set Process Confidentiality Agreement*, American Medical Association (Sept. 10, 2025), <https://www.ama-assn.org/system/files/cpt-confidentiality-agreement.pdf>.

4. As part of the AMA's CPT Distribution Pricing Schedule for 2025, it charged \$18.50 for each user.⁷ However, the AMA also requires an upfront annual royalty fee of \$1,050.⁸ The AMA also charges for an assortment of other products, such as an additional \$18.50 to access the Relative Value Units (RVUs) associated with individual CPT codes.⁹
- a. How many users did the AMA record accessing its licensing models in 2024?
 - b. What is AMA's definition of "users?"
 - c. For providers who access CPT codes, are those fees calculated based on each unique user or on a per-code basis?
 - d. For other stakeholders who access CPT codes, specifically health plans (both private and public) and hospitals, are those fees calculated based on each unique user or on a per-code basis?
 - e. For stakeholders who access CPT codes, specifically electronic health record software companies, are those fees calculated based on each unique user or on a per-code basis?
 - f. The AMA also charges \$13,000 as an "Acquisition Royalty Fee due for Each Annual Release" for its CPT Link software.¹⁰ Is CPT Link required to be purchased in order to access AMA content digitally? Are there any other products or services that are required to be purchased in order to access AMA content, including the CPT codes, digitally?
5. The AMA's House of Delegates is "the legislative and policy-making body of the American Medical Association."¹¹ Indeed, AMA has stated that, "The House's policy statements on health topics are one of the cornerstones of the AMA in the sense that they define what the Association stands for as an organization."¹² The House of Delegates has consistently passed policies in support of DEI mandates and gender-transition procedures.

⁷ Notice: Standard CPT Distribution Pricing Schedule 2025, American Medical Association (Jun. 9, 2025), <https://compliance.ama-assn.org/hc/en-us/articles/15253095972247-Notice-Standard-CPT-Distribution-Pricing-Schedule-2025>.

⁸ *Id.*

⁹ *Id.*

¹⁰ *Id.*

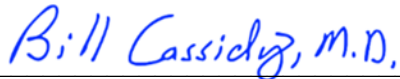
¹¹ *House of Delegates*, American Medical Association (Nov. 6, 2025), <https://www.ama-assn.org/house-delegates>.

¹² *Developing AMA policies*, American Medical Association (Nov. 6, 2025), <https://www.ama-assn.org/house-delegates/ama-policies/developing-ama-policies>.

- a. What partnerships and associations, both financial and non-financial, does the AMA have with organizations or projects supporting DEI mandates and gender-transition procedures?
- b. How have previous resolutions passed by the House of Delegates informed the AMA's advocacy and support on behalf of DEI mandates and gender-transition procedures?
- c. Do membership fees directly or indirectly fund activities of the House of Delegates?
- d. How does the AMA calculate advocacy when it assesses membership fees? Does the AMA give members the ability to opt out of supporting advocacy activities?

I request answers to the above questions by December 15, 2025. If you are unable to voluntarily reply in a fulsome and timely manner, the Committee will consider other options to secure the information requested from the AMA.

Sincerely,

A handwritten signature in blue ink that reads "Bill Cassidy, M.D." is positioned above a horizontal line.

Bill Cassidy, M.D.

Chairman

U.S. Senate Committee on Health,
Education, Labor, and Pensions

cc: John Whyte, M.D., MPH, CEO