

October 20, 2026

The Honorable Mehmet C. Oz, MD, MBA
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
Hubert H. Humphrey Building, Room 445-G
200 Independence Avenue, SW
Washington, DC 20201

Dear Administrator Oz:

On behalf of the physician and medical student members of the American Medical Association (AMA), I am writing to offer two recommendations to the Centers for Medicare & Medicaid Services (CMS) to help individuals make informed Medicare coverage decisions and provide greater flexibility for them to reconsider decisions when necessary.

The AMA appreciates your efforts to educate the public about Medicare enrollment, including the videos you created to explain the available coverage options and factors individuals should consider when making their decisions. Under your leadership, CMS has also made several improvements to the information available to prospective enrollees, including by incorporating Medicare Advantage (MA) plan directories into Medicare Plan Finder. Nevertheless, significant gaps remain in the availability of clear, actionable, and timely information to support informed coverage decisions.

Many seniors lack a basic understanding of health insurance terminology and concepts; the differences among Medicare Parts A, B, C, and D; and enrollment deadlines and associated penalties. Beyond these foundational issues, choosing between traditional Medicare and MA requires understanding important differences in physician access, utilization management, and out-of-pocket costs between the coverage pathways. For example, prospective MA enrollees may not understand what it means to have a physician network, how network restrictions affect their choice of physicians, whether their current physicians participate in a particular plan, or whether they can obtain needed care at an accessible location within a reasonable timeframe. They may also be unaware that most tests, referrals, admissions, procedures, and therapies are available under traditional Medicare without prior authorization, whereas prior authorization requirements are pervasive in MA. Moreover, individuals attracted by low- or zero-dollar MA premiums may choose MA expecting lower overall costs compared with traditional Medicare, without recognizing that their healthcare needs, utilization, and the plan's cost-sharing requirements could instead leave them with substantially higher expenses.

Additional complications can arise when individuals change coverage during annual enrollment periods. Those with Medigap policies may not understand that their supplemental coverage cannot be used to pay MA copayments or that, if they subsequently disenroll from MA, they may have difficulty obtaining Medigap coverage again.

Strengthen Medicare Enrollment Education and Decision Support

The AMA recommends that CMS develop a comprehensive strategy to ensure that individuals approaching Medicare eligibility and annual enrollment periods have the information and guidance needed to make informed coverage decisions. In developing this strategy, the agency should aim to educate the public about fundamental features of Medicare and the differences in coverage, physician access, and costs that individuals should consider when choosing between traditional Medicare and MA, or among individual MA plans.

The AMA recently outlined one potential approach to improve enrollment education and decision support in a [letter to Deputy Administrator and Director Abe Sutton](#). The letter recommended that the Center for Medicare & Medicaid Innovation (CMMI) test a demonstration model that would help individuals approaching Medicare eligibility make better-informed coverage decisions and evaluate how those decisions affect quality of care and Medicare spending. Under this proposed model, CMMI would test four complementary interventions:

1. Earlier enrollment outreach and guidance, delivered through Medicare information provided 12, six, and three months before people are first eligible for enrollment, as well as Social Security communications and targeted guidance at key decision points in the enrollment process.
2. Standardized MA benefit designs and personalized, curated coverage options that make plans easier to compare while preserving access to all available options.
3. Clearer, more comparable information through Medicare Plan Finder, with side-by-side comparisons of total costs under traditional Medicare and MA as well as plan-level information on prior authorization, network breadth, directory accuracy, and the scope and limitations of supplemental benefits.
4. Expanded and more consistent access to impartial enrollment assistance through State Health Insurance Assistance Programs, with prescheduled appointments, stronger counselor training, and standardized counseling scripts and decision-support protocols.

We believe these changes to the enrollment process, whether adopted by CMS or tested by CMMI, would help enrollees make better-informed coverage decisions and select plans that align with their needs and financial circumstances. We would greatly appreciate your support for making these improvements for people facing Medicare enrollment.

Expand First-Year MA Disenrollment Rights

The AMA is also concerned that people who switch from traditional Medicare to MA have limited opportunities to change their enrollment choice if they find that their plan does not meet their healthcare needs or financial circumstances. Current Medicare rules provide disenrollment protections in two circumstances. Individuals who enroll in MA when they first become eligible for Medicare can switch to traditional Medicare during the first 12 months of MA enrollment and be granted guaranteed-issue (GI) rights to purchase Medigap coverage. CMS also provides a Special Enrollment Period (SEP) for beneficiaries who drop a Medigap policy when they enroll in MA for the first time, allowing them to return to traditional Medicare within 12 months and obtain Medigap coverage under applicable GI protections.

Individuals who switch from traditional Medicare to MA for the first time without Medigap coverage, however, do not receive comparable first-year disenrollment protections. This gap can have serious consequences for individuals who discover that their new plan does not meet their healthcare needs. For example, an enrollee may find that no in-network specialist can provide an appointment within a

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reasonable timeframe or distance from home. Under current rules, the enrollee may be unable to return to traditional Medicare until the next applicable enrollment period, despite these barriers to obtaining needed care. Whether an individual may reconsider an initial MA enrollment decision should not depend on whether they previously held Medigap coverage. The AMA therefore recommends that CMS establish a new SEP allowing individuals who switch from traditional Medicare to MA for the first time without Medigap coverage to return to traditional Medicare at any time during their first 12 months of MA enrollment.

Thank you for your consideration of these recommendations. Please reach out to me directly at 312-464-5288 or John.Whyte@ama-assn.org if you have questions or need further information.

Sincerely,

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

John Whyte, MD, MPH