



AMA policy opposing Medicaid caps had an immediate impact

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During the health care reform debates of 2017, the AMA opposed the major Affordable Care Act repeal-and-replace bills considered. The opposition was not based on partisanship, but on principle and policy. One of the most impactful policies—opposition to federal caps on Medicaid spending—was adopted a year ago this June at the 2017 Annual Meeting, and the story behind that House of Delegates action shows the power the AMA has to represent physicians across the nation and across specialties.

The AMA stated clearly and early in the health reform debate that its first objective in its vision for health reform was to ensure that individuals currently covered do not become uninsured as the result of any new legislation and that any new law should include steps toward achieving health care coverage and access for all Americans.

The reason behind this principle was simple: Physicians know that people without insurance live sicker and die younger.

The U.S. House of Representatives passed the American Health Care Act despite the objections of the AMA and a projection by the Congressional Budget Office that it would lead to 23 million fewer Americans having health insurance. This would have happened in part because the measure called for cutting \$839 billion in federal Medicaid assistance to states. Any additional spending above the new cap would need to be fully financed by states.

The AMA noted its opposition to caps on Medicaid federal spending in a May 23, 2017 letter to Sen. Finance committee Chair Orrin Hatch, R, Utah. But then, the next month, the AMA House of Delegates took this opposition a step further.

A new policy was adopted that declared “Our AMA opposes caps on federal Medicaid funding.”



Several delegations, including physicians from the American Academy of Pediatrics (AAP) and the American Academy of Family Physicians (AAFP), urged that the AMA adopt the policy.

“We are much more dependent on Medicaid than other specialties, so we get passionate about it,” said Charles Barone, MD, an AAP delegate from Michigan.

Timing was crucial

Dr. Barone said the AAP delegation worked closely with the AAFP and the delegations from the American College of Obstetricians and Gynecologists and the American College of Physicians on strategy to get the strong anti-cap policy adopted.

“There was a lot of texting,” he said. “Some of it at the last second on the House floor: ‘I’ll go to microphone two, you go to microphone four.’”

Dr. Barone said timing was a big issue. He said there was concern that Republican Senators would soon be introducing a bill that would call for Medicaid caps or changing Medicaid to a block grant program.

“That was part of the spirited discussion,” he said. “We felt that, if we didn’t get this done right, right away, we would end up disappointed down the road.”



AAFP Board Chair John Meigs, MD, said the strong stance physicians took opposing Medicaid caps helped bolster the resolve of some lawmakers who may have been wavering on the issue.

“Those attempts last summer to repeal and replace the ACA didn’t pass, so—hopefully—the stance we took was a part of that,” he said. “We need more people covered, not less.”