Whereas, Low-income adults who qualify for Medicaid bear the greatest burden of chronic diseases, including diabetes mellitus, cardiovascular disease, and obesity;¹ and

Whereas, Forty-two percent of Americans today live with multiple chronic conditions, constituting over 70 percent of all healthcare spending in the United States;²,³,⁴,⁵,⁶ and

Whereas, For every dollar spent on Medicaid, 83 cents go towards the treatment of chronic diseases;⁵,⁷ and

Whereas, The frequency of fitness center visits has been shown to be directly correlated with monthly healthcare savings;⁶,⁸ and

Whereas, In contrast to private fitness facilities, community-based recreational exercise spaces are often pedestrian-unfriendly, unsafe, or inaccessible, leading to their underutilization;⁷,⁹ and

Whereas, Cost is a major barrier to attaining fitness facility memberships, particularly for families eligible for Medicaid;⁸,⁹,¹⁰,¹¹ and

Whereas, In a survey of low-income adults at risk for chronic disease, fitness facility memberships were rated as the most helpful among insurance-provided wellness benefits;¹⁰ and

Whereas, Fitness facility memberships alone yielded similarly effective improvements in chronic illness-related risk factors, in comparison to more costly comprehensive wellness programs that added nutritional education and personal fitness trainers;¹¹ and

Whereas, Existing AMA policies urge the development of exercise programs targeted to individuals over 65 and under 18, but non-elderly adults living in poverty have limited access to basic fitness facilities (AMA Policies H-25.995, H-470.961, H-470.975, H-470.989, H-470.998, H-470.999); and

Whereas, Existing AMA policies call upon physicians to promote physical fitness to the general public and encourage funding of community exercise venues in order to reduce incidence of chronic illness (H-470.990, H-470.991, H-470.997,, D-470.993); therefore be it

RESOLVED, That our American Medical Association support Medicaid coverage of fitness facility memberships as a standard preventive health insurance benefit for patients. (New HOD Policy)

Fiscal Note: not yet determined

Received: 04/26/18

RELEVANT AMA POLICY:

Promotion of Exercise H-470.991
1. Our AMA: (A) supports the promotion of exercise, particularly exercise of significant cardiovascular benefit; and (B) encourages physicians to prescribe exercise to their patients and to shape programs to meet each patient's capabilities and level of interest.
2. Our AMA supports National Bike to Work Day and encourages active transportation whenever possible.
Citation: (Res. 83, parts 1 and 2, I-77; Reaffirmed: CLRPD Rep. C, A-89; Reaffirmed: Sunset Report, A-00; Reaffirmed: CSAPH Rep. 1, A-10; Appended: Res. 604, A-11)

Government to Support Community Exercise Venues D-470.993
Our AMA will encourage: (1) towns, cities and counties across the country to make recreational exercise more available by utilizing existing or building walking paths, bicycle trails, swimming pools, beaches and community recreational fitness facilities; and (2) governmental incentives such as tax breaks and grants for the development of community recreational fitness facilities.
Citation: (Res. 423, A-04; Reaffirmed in lieu of Res. 434, A-12)

Requirement for Daily Free Play in Schools H-470.961
Our AMA recommends that elementary schools maintain at least thirty minutes of daily free play or physical education that is consistent with CDC guidelines.
Citation: Res. 409, A-04; Reaffirmation A-07; Reaffirmed: CSAPH Rep. 01, A-17; Cardiovascular Preparticipation Screening of Student Athletes H-470.962
Our AMA supports increasing awareness among physicians, state and local medical societies, parent-teacher organizations, state legislatures, athletic associations, school administrators, and school boards of the availability of consensus medical guidelines and recommendations for sports preparticipation evaluations
Citation: (CSA Rep. 5, I-99; Modified and Reaffirmed: CSAPH Rep. 1, A-09)

See also: Mandatory Physical Education H-470.975; Physical Fitness and Physical Education H-470.989; Youth Physical Fitness H-470.998; Youth Fitness H-470.999; Promotion of Exercise Within Medicine and Society H-470.990; Exercise Programs for the Elderly H-25.995; Exercise and Physical Fitness H-470.997