Whereas, Long term care services are received by over 12 million Americans today, with projections pushing the number to over 27 million in the next 40 years; and

Whereas, Long term care services can quickly exhaust private resources and, as a result, two-thirds of long term care is paid out of state Medicaid programs; and

Whereas, Medicare currently covers 100% of the 20-days of a skilled nursing facility; but on day 21 leaves a daily coinsurance (currently at $167) as the responsibility of the patient’s family, which for many is unaffordable; and

Whereas, Past and current discussions of our healthcare system are silent on long term care; therefore be it

RESOLVED, That our American Medical Association support the concept of increasing the existing 20-day limit of full Medicare coverage for a patient’s skilled nursing facility stay (New HOD Policy); and be it further

RESOLVED, That our AMA work to identify mechanisms by which the additional costs for this care can be fairly covered. (Directive to Take Action)

Fiscal Note: Not yet determined

Received: 04/25/18
RELEVANT AMA POLICY

Policy Directions for the Financing of Long-Term Care H-280.991
The AMA believes that programs to finance long-term care should: (1) assure access to needed services when personal resources are inadequate to finance care; (2) protect personal autonomy and responsibility in the selection of LTC service providers; (3) prevent impoverishment of the individual or family in the face of extended or catastrophic service costs; (4) cover needed services in a timely, coordinated manner in the least restrictive setting appropriate to the health care needs of the individual; (5) coordinate benefits across different LTC financing program; (6) provide coverage for the medical components of long-term care through Medicaid for all individuals with income below 100 percent of the poverty level; (7) provide sliding scale subsidies for the purchase of LTC insurance coverage for individuals with income between 100-200 percent of the poverty level; (8) encourage private sector LTC coverage through an asset protection program; equivalent to the amount of private LTC coverage purchased; (9) create tax incentives to allow individuals to prospectively finance the cost of LTC coverage, encourage employers to offer such policies as a part of employee benefit packages and otherwise treat employer-provided coverage in the same fashion as health insurance coverage, and allow tax-free withdrawals from IRAs and Employee Trusts for payment of LTC insurance premiums and expenses; and (10) authorize a tax deduction or credit to encourage family care giving. Consumer information programs should be expanded to emphasize the need for prefunding anticipated costs for LTC and to describe the coverage limitations of Medicare, Medicaid, and traditional medigap policies. State medical associations should be encouraged to seek appropriate legislation or regulation in their jurisdictions to: (a) provide an environment within their states that permit innovative LTC financing and delivery arrangements, and (b) assure that private LTC financing and delivery systems, once developed, provide the appropriate safeguards for the delivery of high quality care. The AMA continues to evaluate and support additional health system reform legislative initiatives that could increase states' flexibility to design and implement long-term care delivery and financing programs. The AMA will also encourage and support the legislative and funding changes needed to enable more accurate and disaggregated collection and reporting of data on health care spending by type of service, so as to enable more informed decisions as to those social components of long-term care that should not be covered by public or private health care financing mechanisms. BOT Rep. O, A-88 BOT Rep. X, I-88 Reaffirmed: CMS Rep. 3, A-94 BOT Rep. S, I-87 Reaffirmed: CMS Rep. 3-A-94 CMS Rep. 11, I-95 Reaffirmation A-04 Modified: CMS Rep. 6, I-05 Reaffirmed: BOT Rep. 32, A-09 Reaffirmation A-11