

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 809
(I-19)

Introduced by: Utah

Subject: AMA Principles of Medicaid Reform

Referred to: Reference Committee J

1 Whereas, Medicaid is a state/federal program that pays for healthcare services for low-income
2 pregnant women and adults with and without children, children, individuals who are elderly or
3 have a disability, parents and women with breast or cervical cancer, and
4

5 Whereas, Some low-income individuals eligible for Medicaid may qualify for private health
6 insurance funded by Medicaid; and
7

8 Whereas, Spending on Medicaid is about one-tenth of the federal budget, \$630 million in 2018;
9 and
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11 Whereas, The average annual growth in Medicaid spending is 5.5 percent, exceeding that of
12 private health insurance; and
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14 Whereas, Medicaid member obligations do not always encourage use of the most appropriate
15 care and avenues of care; and
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17 Whereas, Medicaid reimbursement does not always support the most effective and efficient
18 interaction between clinicians and patients; and
19

20 Whereas, Some Medicaid policies regarding enrollment qualification and leaving the program
21 encourage patients to behave in ways that are not in the patients' best interest (e.g., Medicaid
22 spend-down); and
23

24 Whereas, Physician-directed oversight of access, quality, and cost can greatly improve
25 Medicaid; and
26

27 Whereas, Unnecessary and burdensome administrative requirements on clinicians could be
28 evaluated and reduced; therefore be it

29 RESOLVED, That our American Medical Association support the following principles of
30 Medicaid reform:
31

- 32 1. Provide appropriate access to care that is the most cost effective and efficient to our
33 citizens.
- 34 2. Encourage individuals to be enrolled in private insurance supported by Medicaid funding, if
35 possible.
- 36 3. Create the best coverage at the lowest possible cost.
- 37 4. Incentivize Medicaid patient behavior to improve lifestyle, health, and compliance with
38 appropriate avenues of care and utilization of services.
- 39 5. Establish a set of specialty specific high-quality metrics with appropriate remuneration and
40 incentives for clinicians to provide high quality care.
- 41 6. Seek to establish improved access for Medicaid patients to primary care providers and
42 referrals to specialists for appropriate care.
- 43 7. Assure appropriate payment and positive incentives to encourage but not require clinician
44 participation in Medicaid for both face-to-face and non-face-to-face encounters, under
45 appropriate establishment of clinician-patient relationship.
- 46 8. Include payment incentives to clinicians for after-hours primary care to assist patients with
47 an inability to access care during normal business hours.
- 48 9. Avoid tactics and processes that inhibit access to care, delay interventions and prevent
49 ongoing maintenance of health.
- 50 10. Eliminate current disincentives (e.g., Medicaid spend-down in order to qualify) to patients
51 improving their lives while on Medicaid, to increase successful transition into the private
52 insurance market.
- 53 11. Cease any tax, or attempt to tax, any health care profession for the purpose of supporting
54 the cost of Medicaid.
- 55 12. Develop a physician directed clinician oversight board at the state level to insure the proper
56 access, quality and cost of care under the Medicaid program throughout all geographically
57 diverse areas of the states.
- 58 13. Allow clinicians to see patients for more than one procedure in a visit so that patients do not
59 have to return for another service at an extra cost to the Medicaid program and extra time
60 and effort to the Medicaid patient (e.g., if patient comes because they are sick, allow them to
61 have a diabetes check-up at the same time).
- 62 14. Strategically plan to reduce administrative costs and burdens to clinicians, and of the
63 Medicaid program itself, by reducing at least, but not limited to, burdensome documentation
64 requirements, administrative obstacles, and regulatory impediments. (New HOD Policy) and
65 be it further
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67 RESOLVED, That our AMA pursue action to improve the federal requirements for Medicaid
68 programs based on the AMA's principles of Medicaid reform (Directive to Take Action)
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Fiscal Note: not yet determined.

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