

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 023
(A-22)

Introduced by: Oregon

Subject: Promoting and Ensuring Safe, High Quality, and Affordable Elder Care Through Examining and Advocating for Better Regulation of and Alternatives to the Current, Growing For-Profit Long Term Care Options

Referred to: Reference Committee on Amendments to Constitution and Bylaws

1 Whereas, The U.S. population is aging and more than half of adults 65 and older will need long
2 term services and supports (LTSS) including hired in-home caregiving or residential care, and
3 the population receiving these services usually have limited affordable choices available to meet
4 their needs; and

5
6 Whereas, The long term and post acute care industry serves this vulnerable population, and
7 currently approximately 70% of all long term care (LTC) facilities in the US market are for-profit.
8 For-profit facilities operate as profit maximizers by preferring private-pay and Medicare over
9 Medicaid residents and reducing staffing levels to cut costs and perform better financially, thus
10 demonstrating that the responsibility of for-profit companies to maximize profits can be in direct
11 conflict with caring for the neediest and with safest approaches to delivery of care; and

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13 Whereas, For-profit and private equity companies managing LTC facilities in addition to
14 maintaining lower staff-to-resident ratios have been found to have higher rates of deficiencies
15 (violations of federal quality standards) and serious deficiencies (where harm or jeopardy to a
16 resident occurred), may increase both resident death rates and costs for government payers
17 (11), and may also have business disincentives to invest in facility safety updates (e.g. related
18 to earthquake and flooding risk, communicable disease transmission, extreme weather events,
19 structural maintenance, etc.), placing residents at increased risk especially in the setting of
20 increasingly frequent climate-change-related events; and

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22 Whereas, Not-for-profit and government LTC facilities generally have higher staff-to-resident
23 and RN-to-resident ratios, which are associated with positive outcomes including “fewer
24 pressure ulcers; lower restraint use; decreased infections; lower pain; improved activities of
25 daily living (ADLs) independence; less weight loss, dehydration, and insufficient morning care;
26 less improper and overuse of antipsychotics; and lower mortality rates” as well as reduced ED
27 visits and hospital readmissions; and

28
29 Whereas, LTC facilities with lower Medicare five-star ratings demonstrated a higher probability
30 of having COVID-19 cases early in the pandemic, LTC facilities with lower registered nurse
31 staffing had greater numbers of COVID-19 cases and deaths (19), for-profit LTC facilities were
32 noted to have 60% more cases and deaths than not-for-profit facilities, and deaths tied to long
33 term care facilities account for more than a third of American deaths from COVID-19 in 2019
34 and 2020; therefore be it

1 RESOLVED, That our American Medical Association advocate for business models in long term
2 care for the elderly which incentivize and promote the ethical use of resources to maximize care
3 quality, staff and resident safety, and resident quality of life, and which hold patients' interests
4 as paramount over maximizing profit (Directive to Take Action); and be it further
5

6 RESOLVED, That our AMA, in collaboration with other stakeholders, advocate for further
7 research into alternatives to current options for long term care to promote the highest quality
8 and value long term care services and supports (LTSS) models as well as functions and
9 structures which best support these models for care. (Directive to Take Action)

Fiscal Note: Not yet determined

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