 Whereas, Private for-profit medical insurers often use self-developed payment guidelines to their financial advantage in reducing or denying payment for necessary medical care; and

Whereas, For-profit private insurers have an unresolvable conflict of interest in denying payment for diagnostic and treatment options approved by the FDA and adopted by CMS, Workers' Compensation, auto liability insurance and other private payers and are considered medically necessary by the patient and treating physician; therefore be it

RESOLVED, That our American Medical Association advocate for private insurers to require, at a minimum, to pay for diagnosis and treatment options that are covered by government payers such as Medicare (Directive to Take Action); and be it further

RESOLVED, That our AMA seek to ensure by legislative or regulatory means that private insurers shall not be allowed to deny payment for treatment options as "experimental and/or investigational" when they are covered under the government plans; such coverage shall extend to managed Medicaid, Workers' Compensation plans, and auto liability insurance companies. (Directive to Take Action)

Fiscal Note: Modest - between $1,000 - $5,000

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