WHEREAS, 52% of Medicare beneficiaries are now enrolled in Medicare Advantage (MA) plans, with an anticipated growth to 70% within a year; and 

WHEREAS, a former Center for Medicare and Medicaid Services (CMS) administrator stated recently in a national publication that, “I think MA growth should be slowed or stopped, at least until we end the extraordinarily high subsidies for MA plans, which are unfair to traditional Medicare and burdensome to the treasury and many beneficiaries.”1; and 

WHEREAS, it is anticipated that MA plans, in 2024 will receive $88 billion more than what is spent for the same number of patient in traditional Medicare; and 

WHEREAS, it is anticipated that MA plans, in 2024 will receive $88 billion more than what is spent for the same number of patient in traditional Medicare; and 

WHEREAS, the amount that an MA plan gets is adjusted for the number of codes for diagnoses that a beneficiary has; and 

WHEREAS, providers and physicians are rewarded in any MA plans for upcoming, or they receive a percentage of the insurance premium the MA collects from CMS or, they are employed by the MA; and 

WHEREAS, this ends up being a transfer of funds out of the healthcare arena into the private sector, which goes to profit for the MA, or for stock buybacks, or for higher compensation for the MA executives, and activities that don’t benefit beneficiaries; therefore be it 

RESOLVED, that our American Medical Association urge the United States Congress and Center for Medicare and Medicaid Services to take steps to end the upcoding for Medicare Advantage plans that results in high subsidies which are unfair to traditional Medicare and burdensome to the public treasury and many beneficiaries (New HOD Policy); and be it further 

RESOLVED, that our AMA encourages Center for Medicare and Medicaid Services to improve the attractiveness of traditional Medicare so that the option remains robust and available giving beneficiaries greater traditional choices for this option and to seek better care for themselves. (New HOD Policy) 

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

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