

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 249
(A-24)

Introduced by: American College of Rheumatology, American Academy of Allergy, Asthma and Immunology, American Academy of Neurology, American Academy of Ophthalmology, American Urological Association, Association for Clinical Oncology

Subject: Pediatric Specialty Medicaid Reimbursement

Referred to: Reference Committee B

- 1 Whereas, pediatric subspecialists play a critical role in providing specialized medical care to
2 children with complex health needs; and
3
4 Whereas, 39% of children in the United States receive health care coverage under the Medicaid
5 program; and
6
7 Whereas, Medicaid reimbursement rates for pediatric subspecialists are often significantly lower
8 compared to private insurance and Medicare reimbursement rates, leading to financial
9 challenges for healthcare providers and limited access to care for Medicaid-enrolled children;
10 and
11
12 Whereas, adequate reimbursement is essential to sustain pediatric subspecialty practices,
13 recruit and retain skilled healthcare professionals, and maintain access to specialized care for
14 children from low-income families; and
15
16 Whereas, children enrolled in Medicaid are disproportionately affected by disparities in
17 healthcare access and outcomes, and ensuring equitable reimbursement for pediatric
18 subspecialists can help mitigate these disparities and promote health equity; and
19
20 Whereas, timely access to specialized pediatric care is crucial for early diagnosis, intervention,
21 and management of various medical conditions, which can ultimately improve health outcomes,
22 reduce healthcare costs, and enhance quality of life for children and their families; therefore be
23 it
24
25 RESOLVED, that our American Medical Association make increasing Medicaid reimbursement
26 for pediatric specialists a significant part of its plan for continued progress toward health equity
27 (Directive to Take Action); and be it further
28
29 RESOLVED, that our AMA include in its advocacy on budget neutrality that improvements in
30 Medicaid payment rates are made without invoking budget neutrality (Directive to Take Action);
31 and be it further
32
33 RESOLVED, that our AMA work with pediatric specialty societies to develop a value-based
34 payment model that makes pediatric specialist practices sustainable and promotes access to
35 care and health equity among the pediatric patients (Directive to Take Action); and be it further

- 1 RESOLVED, that our AMA work with state stakeholders to support the implementation of the
- 2 value-based payment model for pediatric specialists in state Medicaid programs. (Directive to
- 3 Take Action)

Fiscal Note: Moderate - between \$5,000 - \$10,000

Received: 5/15/2024

RELEVANT AMA POLICY

Expanding AMA Payment Reform Work and Advocacy to Medicaid and Other Non-Medicare Payment Models for Pediatric Health Care and Specialty Populations H-385.901

Our AMA will: 1) Support appropriate demonstration projects, carve outs, and adjustments for pediatric patients and services provided to pediatric patients within the payment reform arena, and 2) Extend ongoing payment reform research, education, and advocacy to address the needs of specialties and patient populations not served by current CMMI models or other Medicare-focused payment reform efforts, and 3) Support and work with national medical specialty societies that are developing alternative payment models for specific conditions or episodes, target patient populations including pediatric populations, and medical and surgical specialties and continue to advocate that the Centers for Medicare and Medicaid Services, including the Center for Medicare and Medicaid Innovation; state Medicaid agencies; and other payers implement physician-developed payment models, and 4) Consider improved Medicaid payment rates to be a priority given the critical impact these payment rates have on patient care and patient access to care, and 5) Support and collaborate with state and national medical specialty societies and other interested parties on the development and adoption of physician-developed alternative payment models for pediatric health care that address the distinct prevention and health needs of children and take long-term, life-course impact into account.

Res. 817, I-23

Plan for Continued Progress Toward Health Equity H-180.944

Our AMA will work toward health equity, defined as optimal health for all, by advocating for health care access, research, and data collection; promoting equity in care; increasing health workforce diversity; influencing determinants of health; and voicing and modeling commitment to health equity.

BOT Rep. 33, A-18 Reaffirmed: CMS Rep. 5, I-21 Reaffirmed: CMS Rep. 1, I-23