Whereas, pediatric subspecialists play a critical role in providing specialized medical care to children with complex health needs; and

Whereas, 39% of children in the United States receive health care coverage under the Medicaid program; and

Whereas, Medicaid reimbursement rates for pediatric subspecialists are often significantly lower compared to private insurance and Medicare reimbursement rates, leading to financial challenges for healthcare providers and limited access to care for Medicaid-enrolled children; and

Whereas, adequate reimbursement is essential to sustain pediatric subspecialty practices, recruit and retain skilled healthcare professionals, and maintain access to specialized care for children from low-income families; and

Whereas, children enrolled in Medicaid are disproportionately affected by disparities in healthcare access and outcomes, and ensuring equitable reimbursement for pediatric subspecialists can help mitigate these disparities and promote health equity; and

Whereas, timely access to specialized pediatric care is crucial for early diagnosis, intervention, and management of various medical conditions, which can ultimately improve health outcomes, reduce healthcare costs, and enhance quality of life for children and their families; therefore be it

RESOLVED, that our American Medical Association make increasing Medicaid reimbursement for pediatric specialists a significant part of its plan for continued progress toward health equity (Directive to Take Action); and be it further

RESOLVED, that our AMA include in its advocacy on budget neutrality that improvements in Medicaid payment rates are made without invoking budget neutrality (Directive to Take Action); and be it further

RESOLVED, that our AMA work with pediatric specialty societies to develop a value-based payment model that makes pediatric specialist practices sustainable and promotes access to care and health equity among the pediatric patients (Directive to Take Action); and be it further
RESOLVED, that our AMA work with state stakeholders to support the implementation of the
value-based payment model for pediatric specialists in state Medicaid programs. (Directive to
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.