AMERICAN MEDICAL ASSOCIATION WOMEN PHYSICIANS SECTION

Resolution: (Assigned by HOD) (A-25)

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Subject: Preservation of Medicaid

Referred to: Reference Committee (Assigned by HOD)

Whereas, Medicaid provides healthcare coverage to 80 million low-income Americans, including pregnant women, children, adults, seniors, people with disabilities, and LGBTQIA+ individuals¹; and

Whereas, Medicaid improves health outcomes, with expansion linked to a 6% reduction in all-cause mortality, a 23% increase in self-reporting health as excellent, and 41% higher likelihood of having a usual care source^{2–9}; and

Whereas, Medicaid finances 40% of all births (including nearly 50% of births in rural communities), insures 40% of individuals under 18 years of age, is the largest single payer for behavioral health services, including substance use disorder (SUD) treatment, and is the largest payer of long term care services in the United States^{10–13}; and

Whereas, women physicians are more likely to serve patient populations who rely heavily on Medicaid funding and would be disproportionately impacted by federal funding cuts¹⁴; and

Whereas, previous efforts to cut Medicaid spending via work requirements did not increase employment and instead led to problems paying off medical debt, delayed care, and delayed taking medications due to cost^{15,16}; and

Whereas, the federal government finances 69% of Medicaid nationally, ensuring states can provide care without excessive fiscal burden¹⁷; and

Whereas, reductions to federal funding of Medicaid or changes to Medicaid eligibility at the federal level would lead to substantial loss of coverage for millions of Americans; and

Whereas, U.S. Congress is considering cutting federal Medicaid spending by adopting a percapita financing model, reducing the federal match rate, and imposing work requirements on certain enrollees —policies shown to force coverage reductions¹⁸; therefore be it

RESOLVED, that our American Medical Association will make preservation of federal funding and eligibility for Medicaid an urgent and top legislative advocacy priority, effective immediately at the conclusion of the Annual 2025 House of Delegates Meeting; and be it further

RESOLVED, our AMA strongly opposes federal and state efforts to restrict eligibility and funding for all public health insurance programs, including Medicaid and CHIP.

Fiscal Note: Modest

Date Received: XX/XX/2025

REFERENCES

- Jennings L. Access in Brief: Experiences of Lesbian, Gay, Bisexual and Transgender Medicaid Beneficiaries with Accessing Medical and Behavioral Health Care.
- Impact of the Medicaid Coverage Gap: Comparing States That Have and Have Not Expanded Eligibility. doi:10.26099/vad1-s645
- 3. Miller S, Johnson N, Wherry LR. Medicaid and Mortality: New Evidence From Linked Survey and Administrative Data*. *Q J Econ.* 2021;136(3):1783-1829. doi:10.1093/qje/qjab004
- 4. Chu RC, Peters C, Buchmueller T. Medicaid: The Health and Economic Benefits of Expanding Eligibility. Published online 2024
- Medicaid's lasting impressions: Population health and insurance at birth ScienceDirect. Accessed February 17, 2025. https://www.sciencedirect.com/science/article/abs/pii/S0277953617300503?via%3Dihub
- East CN, Miller S, Page M, Wherry LR. Multigenerational Impacts of Childhood Access to the Safety Net: Early Life Exposure to Medicaid and the Next Generation's Health. Am Econ Rev. 2023;113(1):98-135. doi:10.1257/aer.20210937
- Goodman-Bacon A. The Long-Run Effects of Childhood Insurance Coverage: Medicaid Implementation, Adult Health, and Labor Market Outcomes. Am Econ Rev. 2021;111(8):2550-2593. doi:10.1257/aer.20171671
- Goodman-Bacon A. Public Insurance and Mortality: Evidence from Medicaid Implementation. J Polit Econ. 2018;126(1):216-262. doi:10.1086/695528
- Sommers BD, Maylone B, Blendon RJ, Orav EJ, Epstein AM. Three-Year Impacts Of The Affordable Care Act: Improved Medical Care And Health Among Low-Income Adults. Health Aff (Millwood). 2017;36(6):1119-1128. doi:10.1377/hlthaff.2017.0293
- 10. Fact Sheet: Medicaid | AHA. February 13, 2025. Accessed February 17, 2025. https://www.aha.org/fact-sheets/2025-02-07-fact-sheet-medicaid
- Sep 26 P, 2023. Medicaid Enrollment and Unwinding Tracker Overview. KFF. Accessed September 26, 2023. https://www.kff.org/report-section/medicaid-enrollment-and-unwinding-tracker-overview/
- 12. optimal. Understanding the Biggest Payers in Long-Term Care. Articles | LTC Ally. December 17, 2024. Accessed February 17, 2025. https://ltcally.com/articles/understanding-the-biggest-payers-in-long-term-care/
- Health Insurance Coverage of Children 0-18. KFF. Accessed February 18, 2025. https://www.kff.org/other/state-indicator/children-0-18/
- Williams E, Mudumala A, Hinton E, Published RR. Medicaid Enrollment & Spending Growth: FY 2024 & 2025. KFF. October 23, 2024. Accessed February 17, 2025. https://www.kff.org/medicaid/issue-brief/medicaid-enrollment-spending-growth-fy-2024-2025/
- Sommers BD, Chen L, Blendon RJ, Orav EJ, Epstein AM. Medicaid Work Requirements In Arkansas: Two-Year Impacts On Coverage, Employment, And Affordability Of Care. Health Aff (Millwood). 2020;39(9):1522-1530. doi:10.1377/hlthaff.2020.00538
- Sommers BD, Goldman AL, Blendon RJ, Orav EJ, Epstein AM. Medicaid Work Requirements Results from the First Year in Arkansas. N Engl J Med. 2019;381(11):1073-1082. doi:10.1056/NEJMsr1901772
- 17. Williams E, Mudumala A, Rudowitz R, Published AB. Medicaid Financing: The Basics. KFF. January 29, 2025. Accessed February 17, 2025. https://www.kff.org/medicaid/issue-brief/medicaid-financing-the-basics/
- Rudowitz R, Burns A, Hinton E, Published JT. Medicaid: What to Watch in 2025. KFF. January 23, 2025. Accessed February 17, 2025. https://www.kff.org/medicaid/issue-brief/medicaid-what-to-watch-in-2025/

RELEVANT AMA POLICY

Medicaid Expansion D-290.979

- Our American Medical Association, at the invitation of state medical societies, will work with state
 and specialty medical societies in advocating at the state level to expand Medicaid eligibility to
 133% (138% FPL including the income disregard) of the Federal Poverty Level as authorized by
 the ACA and will advocate for an increase in Medicaid payments to physicians and improvements
 and innovations in Medicaid that will reduce administrative burdens and deliver healthcare
 services more effectively, even as coverage is expanded.
- 2. Our AMA will:
 - a. continue to advocate strongly for expansion of the Medicaid program to all states and reaffirm existing policies D-290.979, H 290.965 and H-165.823.
 - b. work with interested state medical associations and national medical specialty societies to provide AMA resources on Medicaid expansion and covering the uninsured to health care professionals to inform the public of the importance of expanded health insurance coverage to all.

[Res. 809, I-12 Reaffirmed: CMS Rep. 02, A-29 Reaffirmed: CMS Rep. 5, I-20 Reaffirmed: CMS Rep. 3, A-21 Reaffirmed: CMS Rep. 9, A-21 Reaffirmed: CMS Rep. 3, I-21 Reaffirmed: Joint CMS/CSAPH Rep. 1, I-21 Appended: Res. 122, A-22]