I-23 SPS Resolutions – Summary of Actions

Resolution	Policy	HOD Action
Res. 216: Saving Traditional Medicare	RESOLVED, That our American Medical Association continue its efforts to fix the flawed Medicare payment system for physicians recognizing that Traditional Medicare is a critical healthcare program while educating the public on the benefits and threats of Medicare Part C expansion (Directive to Take Action); and be it further RESOLVED, That our AMA continue to address the funding challenges facing Traditional Medicare through legislative reform and policy changes ~~that increase revenue streams, reduce waste and inefficiency~~, while at the same time advocating for sustainable, inflation adjusted reimbursement to clinicians (Directive to Take Action); and be it further ~~RESOLVED, That our AMA address Medicare plans overpayments by urging the Department of Justice to prosecute those found complicit in fraudulent activity (Directive to Take Action); and be it further~~ ~~RESOLVED, That our AMA advocate for change in CMS risk adjustment methods to guarantee a level playing field by using a competitive bidding process to replace the current benchmark system for determining Medicare Advantage bonus payments (Directive to Take Action); and be it further~~ ~~RESOLVED, That our AMA support the "Save Medicare ACT" which proposes renaming Medicare "Advantage" plans as "Alternative Private Health Plans". (New HOD Policy)~~ RESOLVED, That our AMA acknowledges that the term "Medicare Advantage" can be misleading, as it implies a superiority or enhanced	Adopted as amended

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	value over traditional Medicare, which may not accurately reflect the nature and challenges of these plans. (New HOD Policy) RESOLVED, that AMA Policy H-330.886 be ~~reaffirmed~~.	
Res. 608: Confronting Ageism in Medicine	RESOLVED, That our American Medical Association (AMA) develop practical interventions to combat ageism as a part of AMA's health equity policy (Directive to Take Action); and be it further RESOLVED, That our AMA develop with other interested organizations educational materials, including a podcast, on ageism that can be distributed to medical, nursing and allied health schools, GME programs and CME/CNE providers to advocate for the importance of early interventions in the minimalizations and mistreatment of others (Directive to Take Action); and be it further RESOLVED, That our AMA conduct outreach and collaboration with national senior governmental and private organizations to help educate the public and legislators on the significance of ageism and its subtleties of discrimination, inequities and exclusions. (Directive To Take Action).	Resolution not for consideration – will be forwarded instead at A-24. *Note:* Under AMA Bylaws, the Interim Meeting is to focus on advocacy-related issues, and that focus is implemented by having the Resolution Committee judge each resolution with respect to whether it meets the criteria to be considered at the Interim Meeting. The Resolution Committee reviewed all resolutions submitted for consideration at an Interim meeting and determining compliance of the resolutions with the purpose of the Interim Meeting
Res. 814: Providing Parity in Medicare Facility Fees	Your Reference Committee recommends that Alternate Resolution 814 be adopted in lieu of Resolution 814.	Referred for decision.

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Resolution	Policy	HOD Action
	RESOLVED, that our American Medical Association continue advocating for an annual, inflation-based update to Medicare physician payment, which will increase payment parity across outpatient sites of service by allocating additional funds for the Medicare physician payment system. (New HOD Policy) HOD ACTION: Resolution 814 referred for decision.	
Res. 815: Long-Term Care and Support Services for Seniors	RESOLVED, that our American Medical Association amend Policy D-280.982, Promoting and Ensuring Safe, High Quality, and Affordable Elder Care Through Examining and Advocating for Better Regulation of and Alternatives to the Current, Growing For-Profit Long Term Care Options, by addition to read as follows: Promoting and Ensuring Safe, High Quality, and Affordable Elder Care Through Examining and Advocating for Better Regulation of and Alternatives to the Current, Growing For-Profit Long Term Care Options D-280.982 1. Our AMA will advocate for business models in long term care for the elderly which incentivize and promote the ethical and equitable use of resources to maximize care quality, staff and resident safety, and resident quality of life, and which hold patients' interests as paramount over maximizing profit. 2. Our AMA will, in collaboration with other stakeholders, including major payers, advocate for further research into alternatives to current options for long term care to promote the highest quality and value long term care services and supports (LTSS) models as well as functions and structures which best support these models for care.	Alternate Resolution 815 adopted in lieu of Resolution 815.

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Resolution	Policy	HOD Action
	RESOLVED, that our AMA amend Policy H-280.945, Financing of Long-Term Services and Supports, by addition to read as follows: Financing of Long-Term Services and Supports H 280.945 Our AMA supports: (1) policies and incentives that standardize and simplify private Long Term Care Insurance (LTCI) to achieve increased coverage and improved affordability for all Americans; (2) adding transferable and portable LTCI coverage as part of workplace automatic enrollment with an opt-out provision potentially available to both current employees and retirees; (3) allowing employer based retirement savings to be used for LTCI premiums and LTSS expenses, including supporting penalty-free withdrawals from retirement savings accounts for purchase of private LTCI; (4) innovations in LTCI product design, including the insurance of home and community-based services, and the marketing of long term care products with health insurance, life insurance, and annuities; (5) permitting Medigap plans to offer a limited LTSS benefit as an optional supplemental benefit or as separate insurance policy; (6) Medicare Advantage plans offering LTSS in their benefit packages; (7) permitting Medigap and Medicare Advantage plans to offer a respite care benefit as an optional benefit; (8) a back-end public catastrophic long-term care insurance program; (9) incentivizing states to expand the availability of and access to home and community-based services; and (10) better integration of health and social services and supports,	

Resolution	Policy	HOD Action
	including the Program of All-Inclusive Care for the Elderly. (Modify HOD Policy) RESOLVED, that our American Medical Association amend Policy H-280.991, Policy Directions for the Financing of Long-Term Care, by addition to read as follows: Policy Directions for the Financing of Long-Term Care H-280.991 Our AMA believes that programs to finance long-term care should: (1) assure access to needed services when personal resources are inadequate to finance care; (2) protect personal autonomy and responsibility in the selection of LTC service providers; (3) prevent impoverishment of the individual or family in the face of extended or catastrophic service costs; (4) account for equity in order to assure affordability of long-term care for all Americans (~~4~~5) cover needed services in a timely, coordinated manner in the least restrictive setting appropriate to the health care needs of the individual; (~~5~~6) coordinate benefits across different LTC financing program; (~~6~~7) provide coverage for the medical components of long-term care through Medicaid for all individuals with income below 100 percent of the poverty level; (~~7~~8) provide sliding scale subsidies for the purchase of LTC insurance coverage for individuals with income between 100-200 percent of the poverty level; (~~8~~9) encourage private sector LTC coverage through an asset protection program; equivalent to the amount of private LTC coverage purchased; (~~9~~10) create tax incentives to allow individuals to prospectively finance the cost of LTC coverage, encourage employers to offer such policies as a part of employee benefit packages and otherwise treat employer-provided coverage in the same fashion as health insurance coverage, and allow tax-free withdrawals from IRAs and Employee Trusts for payment of LTC insurance premiums and	

Resolution	Policy	HOD Action
	expenses; and (~~10~~11) authorize a tax deduction or credit to encourage family care giving. Consumer information programs should be expanded to emphasize the need for prefunding anticipated costs for LTC and to describe the coverage limitations of Medicare, Medicaid, and traditional medigap policies. State medical associations should be encouraged to seek appropriate legislation or regulation in their jurisdictions to: (a) provide an environment within their states that permit innovative LTC financing and delivery arrangements, and (b) assure that private LTC financing and delivery systems, once developed, provide the appropriate safeguards for the delivery of high quality care. (Modify HOD Policy) The AMA continues to evaluate and support additional health system reform legislative initiatives that could increase states' flexibility to design and implement long-term care delivery and financing programs. The AMA will also encourage and support the legislative and funding changes needed to enable more accurate and disaggregated collection and reporting of data on health care spending by type of service, so as to enable more informed decisions as to those social components of long-term care that should not be covered by public or private health care financing mechanisms. 2. Our AMA will work with Centers for Medicare & Medicaid Services and other relevant stakeholders to formulate appropriate medical insurance plans to provide long-term care coverage for patients with Alzheimer's and other forms of dementia. (Modify HOD Policy) <u>RESOLVED, that our AMA support increased awareness and education about long-term care insurance, including a mandate for public and</u>	

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Resolution	Policy	HOD Action
	private insurers to provide such information to potential enrollees during their annual health insurance election. (New HOD Policy)	