AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 227
(I-25)

Introduced by: Senior Physicians Section

Subject: Call for Immediate and Aggressive Action by the AMA to Reverse Medicaid Cuts Impacting Seniors

Referred to: Reference Committee B

Whereas, our American Medical Association has declared that healthcare is a human right; and

Whereas, our AMA has policy opposing work requirements in Medicaid; and

Whereas, the recently enacted 'One Big Beautiful Bill Act' (Public Law No: 119-21) [OBBBA] includes an estimated $1 trillion in cuts to the Medicaid program, with negative impacts on state budgets across the country[1]; and

Whereas, the OBBBA is projected to result in the loss of healthcare coverage for millions of eligible Medicaid recipients, including seniors[2]; and

Whereas, six leading medical organizations have taken the bold step of suing the U.S. Department of Health & Human Services (HHS) for its stance on immunization practices[3]; and

Whereas, the fiscal changes in the OBBBA will lead to the closure of rural hospitals across the country[4]; and

Whereas, the previous policy decisions of our AMA were not sufficient to block or mitigate the passage of the OBBBA; therefore be it

RESOLVED, that our American Medical Association publicly denounce cuts to Medicaid in the 'One Big Beautiful Bill Act' (Public Law No: 119-21) in no uncertain terms (Directive to Take Action); and be it further

RESOLVED, that our AMA through, but not limited to, press releases, position statements, op-eds in major outlets, press conferences and reinvigorated lobbying on House and Senate leadership, work to reverse or mitigate the ‘One Big Beautiful Bill Act,’ as it relates to Medicaid (Directive to Take Action); and be it further

RESOLVED, that our AMA build coalitions with state medical societies, patient advocacy groups, hospital systems and safety net organizations to unite and advocate with a single voice for the reversal of Medicaid-related cuts in the ‘One Big Beautiful Bill Act.’ (Directive to Take Action); and be it further

RESOLVED, that our AMA hold policymakers publicly accountable using public scorecards and highlight the electoral consequences for cutting funding to essential health care (Directive to Take Action); and be it further

RESOLVED, that our AMA report back to the AMA's House of Delegates at A-26 on measurable progress to remove cuts, passage of any mitigating legislation and maintain its robust communications with coalition partners and our elected representatives. (Directive to Take Action)

Fiscal Note: $88,442 – Create and compile report.

Received: 9/26/25

REFERENCES

1. Congressional Budget Office (CBO), "Estimated Budgetary Effects of Public Law 119-21, to Provide for Reconciliation Pursuant to Title II of H. Con. Res. 14, Relative to the Budget Enforcement Baseline for Consideration in the Senate" (July 21, 2025), available at: https://www.cbo.gov/publication/61569.
2. Tanne J., Looi M. "Some 11.8 million Americans projected to lose health insurance as Trump's One Big Beautiful Bill Act passes." BMJ. 2025 Jul 4;390:r1400. doi: 10.1136/bmj.r1400. PMID: 40615164.
3. Mandavilli, A. "Medical Societies Sue Kennedy and H.H.S. Over Vaccine Advice." New York Times [Digital Edition], 7 July 2025. Available at: Medical Societies Sue Kennedy and H.H.S. Over Vaccine Advice - The New York Times.
4. "The 'One Big Beautiful Bill,' Now Law, Does Not Protect Rural Hospitals", Health Affairs Forefront, July 23, 2025. DOI: 10.1377/forefront.20250722.555330

RELEVANT AMA POLICY

Health System Reform Legislation H-165.838

1. Our American Medical Association is committed to working with Congress, the Administration, and other stakeholders to achieve enactment of health system reforms that include the following seven critical components of AMA policy:
    a. Health insurance coverage for all Americans.
    b. Insurance market reforms that expand choice of affordable coverage and eliminate denials for pre-existing conditions or due to arbitrary caps.
    c. Assurance that health care decisions will remain in the hands of patients and their physicians, not insurance companies or government officials.
    d. Investments and incentives for quality improvement and prevention and wellness initiatives.
    e. Repeal of the Medicare physician payment formula that triggers steep cuts and threaten seniors' access to care.
    f. Implementation of medical liability reforms to reduce the cost of defensive medicine.
    g. Streamline and standardize insurance claims processing requirements to eliminate unnecessary costs and administrative burdens.
2. Our AMA advocates that elimination of denials due to pre-existing conditions is understood to include rescission of insurance coverage for reasons not related to fraudulent representation.
3. Our AMA House of Delegates supports AMA leadership in their unwavering and bold efforts to promote AMA policies for health system reform in the United States.
4. Our AMA supports health system reform alternatives that are consistent with AMA policies concerning pluralism, freedom of choice, freedom of practice, and universal access for patients.
5. AMA policy is that insurance coverage options offered in a health insurance exchange be self-supporting, have uniform solvency requirements; not receive special advantages

from government subsidies; include payment rates established through meaningful negotiations and contracts; not require provider participation; and not restrict enrollees' access to out-of-network physicians.

6. Our AMA will actively and publicly support the inclusion in health system reform legislation the right of patients and physicians to privately contract, without penalty to patient or physician.
7. Our AMA will actively and publicly oppose the Independent Medicare Commission (or other similar construct), which would take Medicare payment policy out of the hands of Congress and place it under the control of a group of unelected individuals.
8. Our AMA will actively and publicly oppose, in accordance with AMA policy, inclusion of the following provisions in health system reform legislation:
    a. Reduced payments to physicians for failing to report quality data when there is evidence that widespread operational problems still have not been corrected by the Centers for Medicare and Medicaid Services.
    b. Medicare payment rate cuts mandated by a commission that would create a double-jeopardy situation for physicians who are already subject to an expenditure target and potential payment reductions under the Medicare physician payment system.
    c. Medicare payments cuts for higher utilization with no operational mechanism to assure that the Centers for Medicare and Medicaid Services can report accurate information that is properly attributed and risk-adjusted.
    d. Redistributed Medicare payments among providers based on outcomes, quality, and risk-adjustment measurements that are not scientifically valid, verifiable and accurate.
    e. Medicare payment cuts for all physician services to partially offset bonuses from one specialty to another.
    f. Arbitrary restrictions on physicians who refer Medicare patients to high quality facilities in which they have an ownership interest.
9. Our AMA will continue to actively engage grassroots physicians and physicians in training in collaboration with the state medical and national specialty societies to contact their Members of Congress, and that the grassroots message communicate our AMA's position based on AMA policy.
10. Our AMA will use the most effective media event or campaign to outline what physicians and patients need from health system reform.
11. AMA policy is that national health system reform must include replacing the sustainable growth rate (SGR) with a Medicare physician payment system that automatically keeps pace with the cost of running a practice and is backed by a fair, stable funding formula, and that the AMA initiate a "call to action" with the Federation to advance this goal.
12. AMA policy is that creation of a new single payer, government-run health care system is not in the best interest of the country and must not be part of national health system reform.
13. AMA policy is that effective medical liability reform that will significantly lower health care costs by reducing defensive medicine and eliminating unnecessary litigation from the system should be part of any national health system reform.

14. Our AMA will continue monitoring federal and state health reform proposals, including the development of state plans and/or waiver applications seeking program approval for unified financing.

Citation: Reaffirmed: CMS Report 09, A-19; Reaffirmed: CMS Rep. 3, I-21; Reaffirmed A-22; Reaffirmed: CMS Rep.02, I-23; Appended CMS Rep. 02, I-24; Appended: CMS Rep. 02, I-24; Reaffirmed: CMS Rep. 02, I-24; Reaffirmed: Res. 826, I-24

Opposition to Medicaid Work Requirements H-290.961
Our AMA opposes work requirements as a criterion for Medicaid eligibility.
Citation: Res. 802, I-17; Reaffirmation: A-18

Cuts in Medicare and Medicaid Reimbursement H-330.932

1. Our American Medical Association continues to oppose payment cuts in the Medicare and Medicaid budgets that may reduce patient access to care and undermine the quality of care provided to patients.
2. Our AMA supports the concept that the Medicare and Medicaid budgets need to expand adequately to adjust for factors such as cost of living, the growing size of the Medicare population, and the cost of new technology.
3. Our AMA aggressively encourages CMS to affirm the patient's and the physician's constitutional right to privately contract for medical services.
4. If the reimbursement is not improved, our AMA declares the Medicare reimbursement unworkable and intolerable, and seek immediate legislation to allow the physician to balance bill the patient according to their usual and customary fee.
5. Our AMA supports a mandatory annual "cost-of-living" or COLA increase in Medicaid, Medicare, and other appropriate health care reimbursement programs, in addition to other needed payment increases.

Citation: Reaffirmed: Reaffirmation A-05; Reaffirmed in lieu of Res. 207, A-13; Reaffirmed: Res. 212, I-21; Reaffirmed in lieu of: Res. 225, A-25.