

# SUBJECT TO RESOLUTION COMMITTEE REVIEW

## AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 230  
(N-21)

Introduced by: New York

Subject: Medicare Advantage Plan Mandates

Referred to: Reference Committee B

Whereas, Some municipalities are requiring their retirees to change from traditional Medicare health insurance coverage to Medicare Advantage plans; and

Whereas, Medicare Advantage plans may have restrictive networks; and

Whereas, Medicare Advantage plans further privatize patients' Medicare, without discussion or agreement by the persons concerned, all in the interest of saving money for the employer; and

Whereas, Forcing use of Medicare Advantage plans does not consider the retiree's personal health concerns, including the ability to find continued care with their own doctors or hospitals with whom they may have long relationships; therefore be it

RESOLVED, That our American Medical Association advocate for federal legislation to ensure that no person should be mandated to change from traditional Medicare to Medicare Advantage plans. (Directive to Take Action)

Fiscal Note: Not yet determined

Received: 10/11/21

### AUTHORS STATEMENT OF PRIORITY

As State, city and local governments continue to be pressured by rising healthcare costs, the effort to force employees and retirees (aka, patients) to accept less expensive and less inclusive health plans will increase. This mandate has already begun in New York City. Many Medicare Advantage plans have very limited networks and would force patients to select a health plan that may not include the physicians with whom they have developed long relationships and years of care. Forcing patients into other plans interrupts continuing care across all specialties and should not be permitted. This represents the worst kind of government interference in the health of patients. AMA needs to work with CMS to ensure that no patient is forced to choose or forced to switch to Medicare Advantage plan coverage.

## RELEVANT AMA POLICY

### **Ending Medicare Advantage Auto-Enrollment H-285.905**

Our AMA will work with the Centers for Medicare and Medicaid Services and/or Congress to end the procedure of "auto-enrollment" of individuals into Medicare Advantage Plans.

Citation: Res. 216, I-16

### **Deemed Participation and Misleading Marketing by Medicare Advantage Private Fee for Service Plans D-330.930**

Our AMA will continue its efforts to educate physicians and the general public on the implications of participating in programs offered under Medicare Advantage and educate physicians and the public about the lack of secondary coverage (Medigap policies) with Medicare Advantage plans and how this may affect enrollees.

Citation: BOT Action in response to referred for decision Res. 711, I-06; Reaffirmation A-08;

Modified: CMS Rep. 01, A-19

### **Elimination of Subsidies to Medicare Advantage Plans D-390.967**

1. Our AMA will seek to have all subsidies to private plans offering alternative coverage to Medicare beneficiaries eliminated, that these private Medicare plans compete with traditional Medicare fee-for-service plans on a financially neutral basis and have accountability to the Centers for Medicare and Medicaid Services.

2. Our AMA will seek to prohibit all private plans offering coverage to Medicare beneficiaries from deeming any physician to be a participating physician without a signed contract specific to that product, and that our AMA work with CMS to prohibit all-products clauses from applying to Medicare Advantage plans and private fee-for-service plans.

Citation: Res. 229, A-07; Modified: CMS Rep. 01, A-17