RESOLUTION

SUBJECT: Georgia Medicaid Program

SUBMITTED BY: Georgia Chapter, American Academy of Pediatrics

REFERRED TO: Reference Committee A

Whereas, the Georgia Medicaid program provides health coverage to nearly 2 million Georgians, of which 1.1 million are children and makes up 65 percent of all Georgia Medicaid patients; and

Whereas, Georgia Medicaid covers children who need it most: approximately 20 percent of children have special health care needs, yet only 44 percent of that group are covered by private insurance; and

Whereas, in addition to being a vital program for children, Georgia’s Medicaid program is a lifeline for working families: 65 percent of children enrolled in Medicaid and PeachCare (Georgia’s program name under the State Child Health Insurance Program) live in a family with at least one full-time worker; and

Whereas, Medicaid is an important payor for healthcare in our state, especially in rural Georgia where Medicaid payments are vital to many medical practices and hospitals which helps sustain their viability, which is critically needed in those communities; and

Whereas, recent Congressional actions aimed at repealing & replacing the Affordable Care Act (ACA) would have either block granted or capped Medicaid funding to the state. Such action would reduce access to care for Medicaid patients, especially children and families in rural Georgia where vital health resources are needed and already under strain; now therefore be it

RESOLVED, that the Medical Association of Georgia (MAG) oppose any federal legislation that would block grant, or cap Medicaid funding to the states; and be it further

RESOLVED, that MAG work to maintain and strengthen the viability of the Georgia Medicaid program and oppose any state legislative or other efforts to curtail or diminish the program, which would therefore reduce critical access to care that Medicaid provides to so many Georgians.

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AMA Policy

Federal Medicaid Funding H-290.963
1. Our AMA opposes caps on federal Medicaid funding.

2. Our AMA will advocate that Congress and the Department of Health and Human Services seek and take into consideration input from our AMA and interested state medical associations, national medical specialty societies, governors, Medicaid directors, mayors, and other stakeholders during the process of developing federal legislation, regulations, and guidelines on Medicaid funding.
MAG Policy

290.971 Medicaid Expansion
HD 10/21/2012 MAG support innovations and modifications of the Georgia Medicaid program balancing the needs of Georgia’s uninsured patients with the need to achieve a sustainable solution to the budget shortfalls and expected future financial challenges. (Res. 601HC.12, 605HC.12 and 611HC.12).

290.967 Waiver - Coverage Gap
HD 10/16/2016 MAG supports a Medicaid waiver to close the coverage gap in Georgia in a fiscally responsible and sustainable way that meets the needs of patients and physicians which includes, but is not limited to, the following: 1) that patients receive proven, cost-effective care that is not impeded by unnecessary barriers to enrollment or unaffordable cost-sharing; and 2) that such a waiver eliminate regulatory barriers to providing proven, cost-effective care, and seek parity for all physician services with the Medicare fee schedule...(Res. 312C.16).

290.968 Medicaid Expansion - Waiver
HD 10/20/2013 MAG supports Georgia seeking a waiver from the U.S. Department of Health & Human Services (HHS) Secretary to allow Georgia to use the Medicaid expansion funds to buy private insurance in the state health insurance exchange for eligible Georgia citizens at or below 138 percent of the federal poverty level. (Res. 305C.13).

160.980 Indigent Care
HD 10/17/2009 MAG affirms its long-standing commitment to assure all citizens' access to quality medical care, regardless of their ability to pay. MAG urges physicians to continue to provide medical care for indigent patients in order that no patient be deprived of medical care because of his/her inability to pay for it. MAG supports the expansion of the State Medicaid Program's adequate coverage of the indigent population. MAG encourages the expansion of participation by physicians in public health clinics, food kitchens for the poor, services to street people, to needy refugees, farmers, and other groups who fall between the cracks of government-funded medical assistance programs. (Special Report, Appendix III; Reaffirmed 10/2014).

165.966 Principles of Health Care
HD 10/17/2015 Physicians are united in our efforts to preserve our profession, as well as to promote and protect the patient-physician relationship. MAG believes that health care reform in American is founded on three core principles: 1) The right of patients and physicians to privately contract without third party interference or penalty is a touchstone of American freedom and liberty and is integral to the patient physician relationship; 2) Patients are best served when the determination of quality of medical care is made by the profession of medicine—not by the government or other third-party payers; 3) Enacting medical liability reform based on proven policies is essential if we hope to restrain rising costs without restricting our patients’ access to quality health care. We believe that the health reform law enacted in 2010 fails to adhere to these fundamental principles, despite the fact that they may significantly lower our federal government’s expenditures for medical care. As one considers the financial “costs” of the new health reform law, one must also consider the “costs” to patients in terms of their access to care and the quality of care they can expect to receive in the future; In addition to the several positive elements of the Patient Protection and Affordable Care Act that we support-expanded health insurance coverage, insurance market reforms, coverage for prevention and wellness initiatives—we believe that the following elements are essential to arriving at an acceptable form of health care reform legislation and should replace all other provisions: 1) In general, the U.S. health care system should be based on principles which support a private, free market economic system without mandatory participation by government. Funding for expanded government health care (i.e., Medicaid) should only occur based on a sound, financially stable and sustainable funding source which is not based on reductions in Medicare or other
programs or further contributes to the U.S. National Debt; 2) The replacement of Medicare’s sustainable growth rate (SGR) should be monitored for appropriate criteria for quality care; 3) Proven medical liability reform measures should be constitutionally protected, including a cap on non-economic damages; 4) Anti-trust relief, which allow independent groups of physicians to collaborate on cost, quality, care coordination, and other ways to improve their practices, should be enacted; 5) Employers should not be required to provide health insurance, but should do so voluntarily; 6) Medicare, Medicaid and other payment advisory boards should not be given unprecedented authority to make sweeping changes; such changes should be decided by Congress only; 7) Patients should have the right to choose their physician; 8) Patients should have the right to choose their own form of health insurance; 9) All quality determinations which are made of medical care should be made by physicians; 10) Physician should have the right to have ownership in a specialty hospital, as long as it is fully disclosed to patients or other affected people; 11) Medicaid’s eligibility requirements should not be open to additional categories of recipients unless the federal government can do so with a balanced budget; the fee schedule is calibrated to the actual cost of care; and the additional cost does not add to the national debt; 12) Employees should be allowed the same tax deduction for health insurance premiums as their employers; 13) The method of including consumer co-payments as a part of health insurance coverage should be continued in order to allow some level of responsibility to the consumer; 14) The government should consider the use of tax-free vouchers as a method of payment for the indigent; 15) The government should consider allowing “Means Testing” as a method for determining Medicare patient coverage or use of a stratified tax deduction/voucher system for the elderly population, in place of Medicare; 16) All patients, regardless of the presence of any third party payer, including Medicare recipients, should be able to privately contract with their doctor for medical care, without penalty to either party; 17) Physicians should be allowed to participate in health plan quality reporting mechanisms, including Medicare and Medicaid, voluntarily, without penalty; 18) Health plans, including government health plans should be allowed to establish quality/cost payment bonuses for physicians, without penalty to other participating physicians; 19) Health plans should eliminate the use of physician performance and “Profiling Episode Grouper” systems and other public reporting of physicians’ claims data, as they are presently designed, due to their widespread inaccuracies and lack of scientific validity; 20) Federal payment system reform pilot projects should include strong representation from the private physician community and include direct Congressional oversight; 21) The federal government and private health plans should narrow the scope of their audit and payment recoupment programs to true fraud and abuse violators, not to personnel committing innocent administrative errors; 22) Government and other Relative Value Current Procedural Terminology (CPT) Coding system committees should be predominately composed of private practice physicians, who most often perform those procedures, i.e., members of organized medicine and medical specialty societies.

165.969 Physicians Prescription for Georgia

HD 10/20/2013 MAG supports the Principles outlined in "MAG Physicians Prescription for Georgia": MAG supports the following core principles: 1) All Georgians should have health coverage; 2) All Georgians should have the freedom to choose their physicians and place of treatment; 3) Medical care should be cost-effective and affordable; 4) Medical care should be appropriate and of high quality; 5) Physicians, as well as all persons involved in the delivery of health care, should practice in accordance with the highest ethical standards and participate in continuous education and professional development; 6) Individuals, through their personal health habits and health care decisions, share in the responsibility for their health and well-being; and 7) Health care decisions should be based on concern for the individual, and patients should be treated with dignity, compassion, and respect. ...B) Health Insurance Coverage: 1) All Georgians should have health coverage that gives them the unrestricted freedom to choose the physician of their choice, to choose the place of treatment of their choice, and to choose the payment mechanism of their choice. Any qualified physician who is willing to participate in a particular network must be given the right to join that network; otherwise freedom of choice for patients will be lost. 2) All Georgians should have access to an essential benefits insurance plan. 3) All Georgians should have
access to insurance coverage that is portable and offered without regard to preexisting conditions, prior medical family history, or previous claims experience. 4) Tax incentives should be provided by both the state and the federal governments to adequately encourage all employers and individuals to purchase health insurance. 5) MAG opposes any rules, regulations, or taxation that discriminate against or favor a particular type of insurance plan. 6) Development of health plans should not be limited to insurance companies. 7) A state small group market plan should be developed to allow small businesses access to affordable coverage for their employees. 8) All Georgians should have access to catastrophic health insurance coverage. 9) Individuals should assume a fair share of the costs for their health coverage and their medical care by paying part of the premiums, deductibles and reasonable co-payments for basic care. 10) The existing utilization review system should be eliminated or drastically changed. 12) Federal ERISA and similar laws must be amended to give the states more control over the insurance provided to its citizens.

**165.970 Principles of Health System Reform**

HD 10/20/2013 MAG endorses the following Core Principles on Health System Reform: 1) All Americans should have defined health care coverage that includes access to a fully licensed physician (MD/DO) when such persons believe that they have a health problem; 2) Universal access to health care should be provided through a private sector/public sector partnership that builds upon the strengths of our current health care system; 3) Government programs should enhance our current employment-based system and provide coverage or assistance to those outside that system who are unable to provide coverage for themselves and their families; 4) Greater reliance on market forces, with patients empowered with understandable fee/price information and incentives to make prudent choices, and with the medical profession empowered to enforce ethical and clinical standards which continue to place patients’ interests first, is clearly a more effective and preferable approach to cost containment than is a government-run, budget driven, centrally controlled health care system; 5) Individuals should have freedom of choice of physician and/or system of health care delivery. Where the system of care places restrictions on patient choice, such restrictions must be clearly identified to the individuals prior to their selection of that system; 6) Physicians’ clinical judgments should be subject to professional peer review to maintain and enhance the quality of care delivered to patients. When in conformance with standards and practice parameters developed by and acceptable to the profession, such clinical judgments should not be subject to third party payer challenges. Medical societies should be empowered to operate programs for the review of patient complaints about fees, services, etc.; 7) A pluralistic delivery system is essential. Such a system should be enhanced through governmental action to apply the same rules of competition to all competitors, including insurance carriers and self-insureds; 8) Physicians should retain the freedom to choose their method of earning a living (fee-for-service, salary, capitation, etc.); 9) Physicians should retain the right to charge their patients their usual fee that is fair, irrespective of insurance/coverage arrangements between the patient and the insurers. (This right may be limited by contractual agreement.) An accompanying responsibility of the physician is to provide to the patient adequate fee information prior to the provision of service. In circumstances where it is not feasible to provide fee information ahead of time, fairness in application of market-based principles demands such fees be subject, upon complaint, to expedited professional review as to appropriateness; 10) Health insurance market reform is essential, particularly for the small business market, and community rating, elimination of pre-existing conditions, guaranteed renewability, limits on premium increases, portability, and continuity are critical elements to assuring universal coverage; 11) MAG should achieve the right to negotiate for physicians’ program payment and the other conditions in government health entitlement programs, where legislation and/or administrative restrictions are unilaterally applied to physicians’ freedom to set their own fees. Any such fee restrictions should be limited to those patients who cannot reasonably afford to pay the difference between the physician fees and government reimbursement levels. In the private sector, where insurance arrangements for thousands of patients are increasingly controlled by single third-party payers, physicians should have the ability to negotiate collectively on behalf of their patients and themselves; 12) Single-
payer systems are not in the best interest of the public, physicians or the health care of this nation and should be strenuously resisted. (Special Report 04/13, Attachment III).

**Additional Resources**

None