

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 111
(A-24)

Introduced by: Ohio

Subject: Protections for "Guarantee Issue" of Medigap Insurance and Traditional Medicare

Referred to: Reference Committee A

1 Whereas, the Federal Medicare program has 4 parts A, B, C, and D, offering hospital, medical,
2 and pharmacy benefits; and
3
4 Whereas, Part C, known as Medicare Advantage, has become popular for its offerings of zero
5 premiums and additional benefits which are not available through traditional Medicare; and
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7 Whereas, Medicare Advantage plans have various other limitations such as narrow networks,
8 limited drug coverage, and numerous preauthorization requirements; and
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10 Whereas, traditional Medicare often requires supplementation through Medigap or
11 Supplemental Insurance policies to cover the remaining 20% of approved expenses not covered
12 by Medicare; and
13
14 Whereas, beneficiaries who switch from Medicare Advantage to traditional Medicare face
15 significant barriers in obtaining Medigap or Supplemental Insurance, often finding themselves
16 effectively locked into their Medicare Advantage plan even if it no longer meets their healthcare
17 needs; and
18
19 Whereas, only four states—Connecticut, Massachusetts, New York, and Maine—offer
20 "guaranteed issue" protections that allow access to Medigap or Supplemental Insurance policies
21 without restrictions after the initial enrollment period for Medicare beneficiaries; therefore be it
22
23 RESOLVED, that our American Medical Association pursue all necessary legislative and
24 administrative measures to ensure that Medicare beneficiaries have the freedom to switch back
25 to Traditional Medicare and obtain Medigap insurance under federal "guaranteed issue"
26 protections. (Directive to Take Action)
27

Fiscal Note: Moderate - between \$5,000 - \$10,000

Received: 4/26/2024

REFERENCES

1. <https://www.wsj.com/health/healthcare/medicare-advantage-enrollment-risks-923e7952>

RELEVANT AMA POLICY

H-285.913 Medicare Advantage Policies

Our AMA will:

1. pursue legislation requiring that any Medicare Advantage policy sold to a Medicare patient must include a seven-day waiting period that allows for cancellation without penalty;
2. pursue legislation to require that Medicare Advantage policies carry a separate distinct page, which the patient must sign, including the statement, "THIS COVERAGE IS NOT TRADITIONAL MEDICARE. YOU HAVE CHOSEN TO CANCEL YOUR TRADITIONAL MEDICARE COVERAGE; NOT ALL PHYSICIANS, HOSPITALS AND LABORATORIES ACCEPT THIS NEW MEDICARE ADVANTAGE POLICY AND YOU MAY PERMANENTLY LOSE THE ABILITY TO PURCHASE MEDIGAP SECONDARY INSURANCE" (or equivalent statement) and specifying the time period before they can resume their traditional Medicare coverage; and
3. petition the Centers for Medicare and Medicaid Services to implement the patient's signature page in a Medicare Advantage policy. [Res. 907, I-07; Reaffirmation A-08; Reaffirmed: CMS Rep. 01, A-18; Reaffirmation: I-18]

DRAFT