

AMA seeks to make long-term care services more affordable

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(HealthDay)—The American Medical Association (AMA) House of

Delegates has adopted a policy to make long-term care insurance simpler, more affordable, more innovative, and part of automatic enrollment for current employees and retirees.

The move comes in response to soaring national spending on long-term care services impacting retirement funds and Medicaid. The AMA says that about 40 percent of state Medicaid budgets go toward long-term services and supports (LTSS), while Medicare post-acute care pays for 23 percent of LTSS. Out-of-pocket spending, long-term care insurance, and other public and private sources account for the remaining costs.

The new AMA policy calls for several supportive measures, including that Medicare, Medicare Advantage, and Medigap plans bolster their offerings with regard to benefits related to long-term care; innovations in long-term care insurance product design that include the insurance of home and community-based services; a back-end public catastrophic long-term care [insurance](#) program; and better integration of health and social services and supports, including the Program of All-Inclusive Care for the Elderly.

"Our hope is that the policies and recommendations we are making today will provide feasible steps forward to alleviating the financial strain on families and Medicaid of providing LTSS," AMA board member Stephen R. Permut, M.D., J.D., said in a statement. "With demand for LTSS likely doubling over the next 30 years, the time for action and forward-facing reforms is now."

More information: [More Information](#)

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