



## American Medical Association: ObamaCare Poses “Risk” for Doctors

The American Medical Association (AMA), a key supporter of ObamaCare, is now realizing that a rule found in the healthcare law could hurt doctors. The rule ultimately leaves doctors with the costs for services they administer to their patients if the patients do not pay their premiums.



Fox News reports, “At issue is a 90-day ‘grace period’ which lets patients who are not paying their premiums keep coverage for 90 days before it can be canceled. Under the rule, insurers are responsible for paying any claims during the first month of that period — but not necessarily for any claims during the final 60 days.”

On Wednesday, the AMA warned that the rule could pose a “significant financial risk” for doctors and hospitals.

“Managing risk is typically a role for insurers, but the grace period rule transfers two-thirds of that risk from the insurers to physicians and health care providers,” said AMA President Ardis Dee Hoven.

Ironically, a few years ago, the American Medical Association had endorsed the new healthcare law, a fact that was touted by ObamaCare advocates at every opportunity. The Obama administration continually attempted to give the appearance that the medical community was in full support of ObamaCare, with President Obama even surrounding himself with doctors during a ceremony in the Rose Garden when he was campaigning for public support for his Affordable Care Act.

But despite those efforts to give the impression that the healthcare law was widely embraced by the medical community, approximately 70 percent of doctors disagreed with the AMA’s position on health reform, according to a 2011 survey, with just 13 percent supporting it. In fact, half of those doctors cited the AMA’s position in favor of ObamaCare as the factor that caused them to drop their AMA membership.

More recent studies reveal that there has been little change. In February 2012, 60 percent of 5,000 doctors surveyed stated that the healthcare law would negatively impact patient care, with only 22 percent stating it would have a positive impact.

In an October 2012 survey that asked, “Which of the following best describes your feelings about the ACA?,” 55 percent of the 3,000 doctors questioned chose “repeal and replace.” Another 40 percent responded “implement and improve” it.

Further evidence that ObamaCare is disliked among those in the medical community includes a recent lawsuit filed against the healthcare law by the Association of American Physicians and Surgeons (AAPS).



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The lawsuit focuses on President Obama's decision to delay the employer mandate, an act that is in violation of the Constitution. According to the AAPS website, in doing so, the president has "rewritten Obamacare to put the entire [financial] burden on our patients. That is unconstitutional."

The AAPS website also features a letter by Dr. Richard Amerling, renowned academic nephrologist at the Beth Israel Medical Center in New York City, wherein he states:

There are compelling reasons for patients to opt out of Obamacare, Medicaid, and even Medicare. The most important reason is poor access to high quality physicians. Few of these currently accept Medicaid patients, and more each day are declining to accept new Medicare patients. A large element of the Obamacare strategy is to expand Medicaid to families with incomes well above the poverty line. A silver lining in the otherwise horrendous Roberts court decision upholding Obamacare is the ability of states to refuse to expand Medicaid, and a large number have taken advantage of this.

Dr. Amerling concludes that participation in ObamaCare will not only prove costly, but will also significantly reduce access to quality medical care, as well as leaving participants susceptible to identity theft and loss of confidentiality.

The critics were correct in their assessment of the law. The implementation of the law has particularly impacted middle-class and young Americans resulting in an entirely new group of uninsured Americans.

Newsmax reports:

A new subset of uninsured people is finding it doesn't fit into any of the affordable healthcare plans offered through the Affordable Care Act.

Many middle-class Americans are falling through the cracks after being dumped into the Obamacare marketplace. They can't get a subsidy because they earn too much, and they can't find an insurance plan they can reasonably afford, forcing some to make a tough decision: to go without health insurance.

Young people in particular simply cannot afford the costs of insurance. A key provision in the healthcare law states that insurers must charge older Americans no more than three times what they charge younger, healthier adults. The result of this is that young adults are now facing higher premiums than prior to the implementation of the healthcare law. Many are opting out of insurance as a result.

But despite various warnings over the financial impact ObamaCare would have on physicians, patients, and the economy, the AMA originally supported the law wholeheartedly.

According to FrontPageMag.com, doctors at the AMA were given special benefits under the law, which ultimately enticed the organization to support it.

Dr. Lee Hieb, former president of the Association of American Physicians and Surgeons, [provides](#) further explanation:

The new mandated electronic medical records systems which are bankrupting doctors, slowing patient care, and creating a whole new breed of serious medical error, are brought to you courtesy of this AMA/government partnership.

Worse yet, the AMA has become an arm — sometimes a strong-arm — of the government. Under the balanced budget act, there is a fixed pot of money for physician reimbursement. In this fixed pot scenario, if internists, for example, are to be paid more for their patient care, someone else —



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general surgeons say — must be paid less. Needless to say, everyone wants a seat at the table when the government money is doled out, and who is more knowledgeable to be in charge than ... you guessed it — the AMA. Theoretically, all specialty areas of medicine have representation in this process, however, that is not always the case. According to the AMA rules, if a specialty society doesn't maintain a certain level of AMA membership among its members it loses its seat on the bargaining committee. In other words, the AMA says, "Belong to us or you won't get paid."

Perhaps the obscure grace-period rule is the first infringement on the cozy colluded relationship between the AMA and the federal government in a long time, and naturally, the AMA is a bit peeved.

The organization is asking the Obama administration to revise the rules so that insurance companies may at least be required to notify doctors when a patient falls behind on his/her payments. The AMA has also released guidelines that would help "minimize" the risks created by the grace period.

And while the AMA is concerned about what may happen when patients stop paying their insurers, the insurance companies are concerned that they will have to take on costlier patients.

But the Obama administration defends the grace period, asserting that it is limited in that it only applies those who have already paid one month's premium, and asks insurers to inform doctors "as soon as practicable" when a customer has fallen behind in his/her payments.

"Grace periods are important to ensure that consumers aren't dropped from coverage, especially for those experiencing economic challenges," said Alicia Hartinger, spokeswoman for the Centers for Medicare & Medicaid Services. "It is also important to us that providers know in a timely fashion whether their patients are in a grace period or not."

And regulations by the Department of Health and Human Services adamantly oppose any efforts from hospitals to help struggling patients pay their premiums, which is noted in the AMA guidelines. They state that doctors "should exercise extreme caution" before even discussing it with patients.

But wasn't the healthcare law intended to help those struggling to keep their insurance?



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