



Circumcision
is a
Fraud

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FOIA REQUEST SHEDS NEW LIGHT ON THE AAP'S MOTIVATIONS

A 2012 POLICY STATEMENT SOUGHT TO
REVERSE FALLING CIRCUMCISION RATES,
AND NEW DATA SHOWS THAT IT WORKED

BY RYAN JONES



EXECUTIVE SUMMARY

- Rates of circumcision reimbursement decreased after the AAP's moderate 1999 guidelines, then calls were made to reverse this trend. In 2012, fraudulent guidelines led to states' increased spending.
- New FOIA report shows dramatic increases in Medicaid spending, indicating AAP had significant financial incentive to publish biased, misleading and inaccurate guidelines.

Why do American health authorities consistently promote infant circumcision in contrast to the majority of medical institutions around the world? Many answers have been proposed throughout the years, yet few are more tangible than the profit-motive. A new FOIA request shows that official statements issued by the AAP (American Academy of Pediatrics) have had strong correlations with public spending on routine circumcisions through Medicaid.

Beginning in 1999, this private trade organization departed from their previously friendly stance towards infant circumcision by issuing a new policy that declared, "the procedure is not essential to the child's current well-being" and that, "the potential medical benefits...are not sufficient to recommend routine neonatal circumcision". Other medical associations, including the American Medical Association and the American Urological Association, followed suit[1][2]. Soon thereafter, 16 state governments across the country realized it was wasteful to pay for it, and dropped Medicaid coverage[3]. Circumcision rates then plummeted throughout the nation[4]. While this was welcomed as good news among advocates for genital autonomy, it was apparently a concern for those who wished to perpetuate the practice. Serious money was on the line, and a motive emerged to find new ways to regain public and private reimbursement for this controversial surgery.

In 2007, the CDC (Center for Disease Control and Prevention) convened a two-day symposium, inviting scientists, health economists, physicians, and other stakeholders to discuss how to synthesize research from Africa showing a preventive effect of circumcision against HIV, into relevant policy for the United States. In a report, which summarizes those meetings, the CDC lamented the effects of the AAP's 1999 policy statement, pointing out that 97% of all circumcisions are paid for by third-party reimbursement, and that infants whose parents are covered by insurance are "2.5 times more likely to be circumcised"[1]. Due to many states no longer paying for it, the CDC assembled a working group of consultants focused on the issue of "removing financial barriers to accessing MC for all populations" by "assessing public and private insurance coverage for elective neonatal MC...in collaboration with other HHS agencies and health insurers."

[1] "Report 10 of the Council on Scientific Affairs (I-99) Full Text." Council on Scientific Affairs, Dec. 1999, <https://doi.org/http://web.archive.org/web/20041212215045/http://www.ama-assn.org/ama/pub/category/13585.html>.

[2] American Urological Association. Circumcision. May 2007

[3] Smith, Dawn K., et al. "Male Circumcision in the United States for the Prevention of HIV Infection and Other Adverse Health Outcomes: Report from a CDC Consultation." Public Health Reports, vol. 125, no. 1_suppl, 2010, pp. 72–82., <https://doi.org/10.1177/00333549101250s110>.

[4] United States, CDC, Owings, Maria, et al. Trends in Circumcision for Male Newborns in U.S. Hospitals: 1979–2010.

[5] Smith, Dawn K., et al. "Male Circumcision in the United States for the Prevention of HIV Infection and Other Adverse Health Outcomes: Report from a CDC Consultation." Public Health Reports, vol. 125, no. 1_suppl, 2010, pp. 72–82., <https://doi.org/10.1177/00333549101250s110>.



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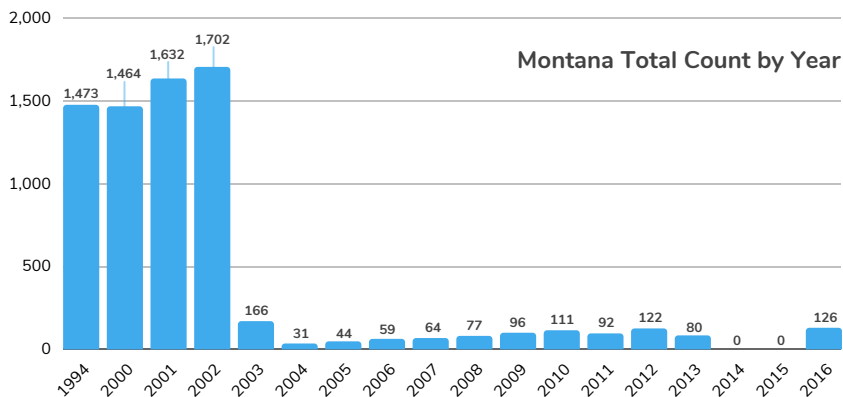
Two years later, the UCLA health economist Arleen Leibowitz, Ph.D., argued “the lack of Medicaid coverage for neonatal male circumcision is associated with lower rates of the procedure,” and that the “reevaluation by the AAP of its position on male circumcision is of more than academic interest.” The message was clear: if the AAP reverses its stance, Medicaid and private insurance coverage will resume, thereby increasing circumcision rates once again.

Indeed, the AAP answered this call. In 2012 a task force was convened to draft an updated policy statement. This time, they explicitly called for Medicaid and private insurance coverage to resume, claiming, “the benefits of circumcision are sufficient to justify access to this procedure for families choosing it and to warrant third-party payment.” Following its publication, a sweeping reversal took place and several states chose to cover circumcision again. In other states, a noticeable increase in circumcisions billed to Medicaid occurred.

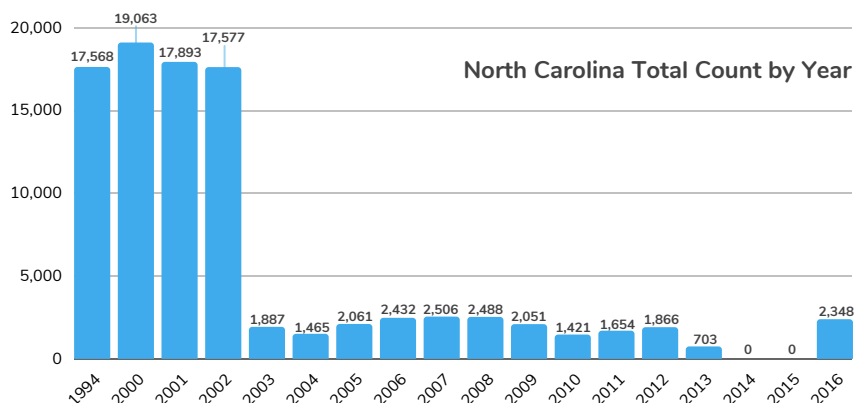
The AAP’s effect on state-level spending priorities is clear.

In September 2019, independent researcher Ryan Jones filed a FOIA (Freedom of Information Act) request with the U.S. Centers for Medicare & Medicaid Services (CMS), for data showing the total number of circumcision procedures billed to Medicaid, the amounts charged, and the amounts paid, for all participating states from the years 1999 to 2016. After more than two years of waiting, the request was finally fulfilled. According to the information received, a total of 6,260,830 circumcisions were billed to Medicaid, with a sum of \$537,176,694 spent across those eight years. In some states, including Arizona, Florida, Idaho, North Carolina, Montana, and Utah, the rates fell dramatically after 1999 and they did not return to their previous levels. However, in other states, like Louisiana, Massachusetts, Ohio, and Pennsylvania, we observed a sudden, large increase in circumcision reimbursements after 2012.

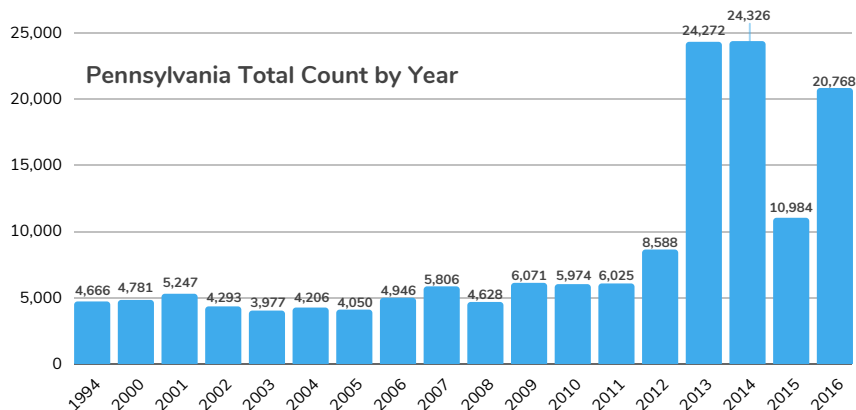
On January 1st, 2003, the Montana state legislature **ended all public funding of medically unnecessary circumcsions**. From that day forward, only those that were deemed necessary by a physician could be billed to Medicaid. Following this change in policy, the number of circumcsions billed for fell from 1,702 in 2002 to 166 in 2003, which shows a 90.25% reduction.



The state legislature in North Carolina **voted to drop circumcision coverage the same year**^[6], and a similar result followed. The number of surgeries billed to Medicaid fell from 17,577 in 2002, to 1,887 in 2003, showing an 89.26% decrease.



In Pennsylvania, **we observed a sudden spike in circumcsions** billed to Medicaid following the AAP's 2012 policy statement. In 2012, the total number of procedures was 8,588, and in 2013, this rose to 24,272, representing a 182.63% increase.



[6] Gathercole, Rachel. "Making the Cut: Will North Carolina Continue to Pay for Circumcsions?" Indy Week, 12 June 2002.



Furthermore, because this dataset breaks down the number of procedures by billing code, we can also see how many of these surgeries were performed without any pain relief at all. According to the AAFP (American Academy of Family Physicians), the billing code 54150 is assigned to circumcisions “with regional dorsal penile or ring block,” and 54151 and 54152 refer to circumcisions “without dorsal penile or ring block.”[1] By following these codes, we determined that this dataset includes 158,527 circumcisions that were completely unanesthetized. This is strikingly cruel and inhumane.

There is a fundamental legal issue at the heart of this as well. Peter Adler, J.D., of the University of Massachusetts wrote in 2011, “the fundamental principle of Medicaid law is that only necessary medical services are covered, while circumcising or operating on healthy boys is, by definition, unnecessary.” While organizations like the CDC or the AAP may have the intentions to leverage Medicaid spending to increase circumcision rates, these policy initiatives simply can’t overcome the fact that the circumcision of healthy infants is an unnecessary procedure, and therefore cannot legally be covered by Medicaid.

Overall, this report shows that the AAP’s recommendation for third-party reimbursement of routine circumcision is strongly correlated with increased uptake and spending. As the AAP is a private association of pediatricians, this indicates a blatant conflict of interest. As we work towards fostering a more humane culture of treating male newborns in the United States, holding the AAP accountable for their fraudulent promotion of this harmful, needless, and yet profitable surgery should be a high priority.

It is time for the CMS to re-evaluate their circumcision policy and bring an end to this potentially illegal and unjustified use of Medicaid funding.

[7] “Coding for Newborn Care Services.” (99460, 99461, & 99463), 9 Jan. 2020, <https://www.aafp.org/family-physician/practice-and-career/getting-paid/coding/newborn-care-services.html>



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