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3 Title: Medicare-for-All  
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5 Introduced by: James Mitchiner, MD, for the Washtenaw County Delegation  
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7 Original Author: James Mitchiner, MD  
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9 Referred To: Reference Committee A  
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11 House Action: **DISAPPROVED**  
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14       Whereas, approximately 29 million people remain uninsured despite the Affordable Care  
15 Act, with an additional 44 million under-insured, and

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17       Whereas, Medicare-for-All is an alternative financing mechanism for national health  
18 insurance that does not supplant the private practice of medicine, and preserves existing doctor-  
19 patient relationships, and

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21       Whereas, Medicare-for-All is subject to myths and misconceptions, including the false belief  
22 that Medicare-for-All is "socialized medicine" and the false belief that physicians will be paid at the  
23 current Medicare fee schedule rate, and

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25       Whereas, Medicare is a single-payer model that receives high patient satisfaction ratings,  
26 yet has much lower administrative costs, and

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28       Whereas, Medicare-for-All has advantages to medical practices including simplicity in billing  
29 and administration, and

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31       Whereas, Medicare-for-All can make American businesses more competitive by eliminating  
32 corporate responsibility for financing employee health care, and

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34       Whereas, Medicare-for-All provides the opportunity to improve medical care according to  
35 themes of the 2006 MSMS Future of Medicine report, including "Universal Coverage," "Prevention  
36 and Wellness," and "Partnering with Patients;" therefore be it

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38       RESOLVED: That MSMS create a Health Care Reform Task Force charged with thoughtful  
39 and evidence-based deliberations on Medicare-for-All, as well as alternatives, with at least three  
40 periodic meetings throughout the year, leading to recommendations on MSMS taking a definitive  
41 position (pro or con) on Medicare-for-All. This Task Force shall report its recommendations to the  
42 2023 MSMS House of Delegates.  
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45       WAYS AND MEANS COMMITTEE FISCAL NOTE: \$2,500-\$5,000 for physician outreach.

## **Relevant MSMS Policy:**

### **National Health Care**

MSMS supports voluntary, free-choice methods of medical and health care rather than a system dominated and controlled by the federal government.

### **Physician Input for National Health Care Programs**

MSMS supports physician input at all levels in the development of any national health care programs.

### **Universal Coverage**

MSMS supports comprehensive health system reform described in the MSMS Future of Medicine Report. (*See Addendum P "Guiding Principles for the Future of Medicine and Health Care" in website version*)

## **Relevant AMA Policy:**

### **Educating the American People About Health System Reform H-165.844**

Our AMA reaffirms support of pluralism, freedom of enterprise and strong opposition to a single payer system.

### **Health System Reform Legislation H-165.838**

1. Our American Medical Association is committed to working with Congress, the Administration, and other stakeholders to achieve enactment of health system reforms that include the following seven critical components of AMA policy:
  - a. Health insurance coverage for all Americans
  - b. Insurance market reforms that expand choice of affordable coverage and eliminate denials for pre-existing conditions or due to arbitrary caps
  - c. Assurance that health care decisions will remain in the hands of patients and their physicians, not insurance companies or government officials
  - d. Investments and incentives for quality improvement and prevention and wellness initiatives
  - e. Repeal of the Medicare physician payment formula that triggers steep cuts and threaten seniors' access to care
  - f. Implementation of medical liability reforms to reduce the cost of defensive medicine
  - g. Streamline and standardize insurance claims processing requirements to eliminate unnecessary costs and administrative burdens
2. Our American Medical Association advocates that elimination of denials due to pre-existing conditions is understood to include rescission of insurance coverage for reasons not related to fraudulent representation.
3. Our American Medical Association House of Delegates supports AMA leadership in their unwavering and bold efforts to promote AMA policies for health system reform in the United States.
4. Our American Medical Association supports health system reform alternatives that are consistent with AMA policies concerning pluralism, freedom of choice, freedom of practice, and universal access for patients.
5. AMA policy is that insurance coverage options offered in a health insurance exchange be self-supporting, have uniform solvency requirements; not receive special advantages from government subsidies; include payment rates established through meaningful negotiations and contracts; not require provider participation; and not restrict enrollees' access to out-of-network physicians.
6. Our AMA will actively and publicly support the inclusion in health system reform legislation the right of patients and physicians to privately contract, without penalty to patient or physician.
7. Our AMA will actively and publicly oppose the Independent Medicare Commission (or other similar construct), which would take Medicare payment policy out of the hands of Congress and place it under the control of a group of unelected individuals.
8. Our AMA will actively and publicly oppose, in accordance with AMA policy, inclusion of the following provisions in health system reform legislation:

- a. Reduced payments to physicians for failing to report quality data when there is evidence that widespread operational problems still have not been corrected by the Centers for Medicare and Medicaid Services
  - b. Medicare payment rate cuts mandated by a commission that would create a double-jeopardy situation for physicians who are already subject to an expenditure target and potential payment reductions under the Medicare physician payment system
  - c. Medicare payments cuts for higher utilization with no operational mechanism to assure that the Centers for Medicare and Medicaid Services can report accurate information that is properly attributed and risk-adjusted
  - d. Redistributed Medicare payments among providers based on outcomes, quality, and risk-adjustment measurements that are not scientifically valid, verifiable and accurate
  - e. Medicare payment cuts for all physician services to partially offset bonuses from one specialty to another
  - f. Arbitrary restrictions on physicians who refer Medicare patients to high quality facilities in which they have an ownership interest
9. Our AMA will continue to actively engage grassroots physicians and physicians in training in collaboration with the state medical and national specialty societies to contact their Members of Congress, and that the grassroots message communicate our AMA's position based on AMA policy.
10. Our AMA will use the most effective media event or campaign to outline what physicians and patients need from health system reform.
11. AMA policy is that national health system reform must include replacing the sustainable growth rate (SGR) with a Medicare physician payment system that automatically keeps pace with the cost of running a practice and is backed by a fair, stable funding formula, and that the AMA initiate a "call to action" with the Federation to advance this goal.
12. AMA policy is that creation of a new single payer, government-run health care system is not in the best interest of the country and must not be part of national health system reform.
13. AMA policy is that effective medical liability reform that will significantly lower health care costs by reducing defensive medicine and eliminating unnecessary litigation from the system should be part of any national health system reform.

### **Evaluating Health System Reform Proposals H-165.888**

1. Our AMA will continue its efforts to ensure that health system reform proposals adhere to the following principles:
- A. Physicians maintain primary ethical responsibility to advocate for their patients' interests and needs.
  - B. Unfair concentration of market power of payers is detrimental to patients and physicians, if patient freedom of choice or physician ability to select mode of practice is limited or denied. Single-payer systems clearly fall within such a definition and, consequently, should continue to be opposed by the AMA. Reform proposals should balance fairly the market power between payers and physicians or be opposed.
  - C. All health system reform proposals should include a valid estimate of implementation cost, based on all health care expenditures to be included in the reform; and supports the concept that all health system reform proposals should identify specifically what means of funding (including employer-mandated funding, general taxation, payroll or value-added taxation) will be used to pay for the reform proposal and what the impact will be.
  - D. All physicians participating in managed care plans and medical delivery systems must be able without threat of punitive action to comment on and present their positions on the plan's policies and procedures for medical review, quality assurance, grievance procedures, credentialing criteria, and other financial and administrative matters, including physician representation on the governing board and key committees of the plan.
  - E. Any national legislation for health system reform should include sufficient and continuing financial support for inner-city and rural hospitals, community health centers, clinics, special programs for special populations and other essential public health facilities that serve underserved populations that otherwise lack the financial means to pay for their health care.

- F. Health system reform proposals and ultimate legislation should result in adequate resources to enable medical schools and residency programs to produce an adequate supply and appropriate generalist/specialist mix of physicians to deliver patient care in a reformed health care system.
- G. All civilian federal government employees, including Congress and the Administration, should be covered by any health care delivery system passed by Congress and signed by the President.
- H. True health reform is impossible without true tort reform.

- 2. Our AMA supports health care reform that meets the needs of all Americans including people with injuries, congenital or acquired disabilities, and chronic conditions, and as such values function and its improvement as key outcomes to be specifically included in national health care reform legislation.
- 3. Our AMA supports health care reform that meets the needs of all Americans including people with mental illness and substance use / addiction disorders and will advocate for the inclusion of full parity for the treatment of mental illness and substance use / addiction disorders in all national health care reform legislation.
- 4. Our AMA supports health system reform alternatives that are consistent with AMA principles of pluralism, freedom of choice, freedom of practice, and universal access for patients.

**Sources:**

- 1. Tolbert J, Orgera K. Key facts about the uninsured population. Kaiser Family Foundation, Nov. 6, 2020. <https://www.kff.org/uninsured/issue-brief/key-facts-about-the-uninsured-population/>
- 2. Collins SR, Bhupal HK, Doty MM. Health insurance coverage eight years after the ACA: fewer uninsured Americans and shorter coverage gaps, but more underinsured (Commonwealth Fund, Feb. 2019), at: <https://www.commonwealthfund.org/publications/issue-briefs/2019/feb/health-insurance-coverage-eight-years-after-aca>
- 3. eHealth Insurance. Medicare Consumer Survey, February 2019. <https://news.ehealthinsurance.com/ir/68/20191/eHealth%20Medicare%20Consumer%20Survey%20February%202019.pdf>