

1
2
3 Title: Universal Health Coverage for All
4
5 Introduced by: Ashton Lewandowski, for the Medical Student Section
6
7 Original Author: Liam Dalton
8
9 Referred To: Reference Committee A
10
11 House Action: **APPROVED AS AMENDED**
12

13
14 Whereas, public resolutions supporting Medicare for All have been passed in Detroit (March
15 2019), Ann Arbor (May 2020), Pittsfield Township (June 2020), Kalamazoo County (June 2020),
16 Ypsilanti (March 2021), and Kalamazoo (July 2022), which combined are home to more than one
17 million Michigan residents, and
18

19 Whereas, other physician groups such as the American College of Physicians, the Vermont
20 Medical Society, the Hawaii Medical Association, the New Hampshire Medical Society, and the
21 Washington State Medical Association endorse single-payer health care reform, and
22

23 Whereas, 27.2 million Americans lacked health insurance in 2021, and 5 percent of Michigan
24 residents were uninsured, and
25

26 Whereas, compared to ten other high-income countries, the U.S. ranks last in health care
27 affordability and has the highest rate of infant mortality and mortality amenable to health care, and
28

29 Whereas, in 2020 the U.S. spent \$4.1 trillion on health care, or 19.7 percent of gross
30 domestic product, twice as much per capita on health care as the average of wealthy nations
31 providing universal health coverage, and
32

33 Whereas, illness and medical bills contribute to 66.5 percent of all bankruptcies, a figure
34 that is virtually unchanged since before the passage of the Affordable Care Act, and
35

36 Whereas, there is single-payer legislation in both houses of Congress, H.R. 1976 and S.
37 4204, proposing an alternative financing mechanism for national health insurance that does not
38 supplant the private practice of medicine, and
39

40 Whereas, Federal insurance programs operate with substantially greater efficiency
41 compared to private insurance operations, with the administrative overhead of Medicare
42 representing 1.16 percent of total spending as of 2021, as compared to the approximately 20-25
43 percent of total spending on administration within the private sector, and
44

45 Whereas, providers lose billions of dollars' worth of labor hours each year to addressing
46 prior authorizations and dealing with insurers billing and documentation requirements, and

47 Whereas, total administrative costs in the U.S. account for 34.2 percent of health care
48 spending and the U.S. has been projected to save more than \$500 billion annually on
49 administrative costs with a single-payer system, and
50

51 Whereas, billing-driven documentation that contributes to physician burnout would be
52 greatly reduced under a single-payer system, and
53

54 Whereas, a single-payer system could control costs through proven-effective mechanisms
55 such as global budgets for hospitals and negotiated drug prices, thereby making health care
56 financing sustainable, and
57

58 Whereas, single-payer reform will reduce the financial burden on physicians of malpractice
59 lawsuits as suits for injured patients need not include coverage of future medical expenses, and
60

61 Whereas, many racial and ethnic minorities remain far more likely than non-Hispanic white
62 people to be uninsured, single-payer reform will dramatically reduce health disparities, in line with
63 previous triumphs in health care reform such as the passage of Medicare in 1965 leading to the
64 desegregation of 99.6 percent of U.S. hospitals, and
65

66 Whereas, a single-payer system will allow patients to freely choose their doctors, give
67 physicians a choice of practice setting, and protect the doctor-patient relationship, while
68 continuing to provide avenues for physicians to ensure fair compensation; therefore be it
69

70 RESOLVED: That MSMS continues to express its support for access to comprehensive,
71 affordable, high-quality health care, as pursuant to Resolution 81-06 in support of universal health
72 coverage; and it be further
73

74 RESOLVED: That MSMS amend existing policy, "National Health Care," to read as follows:
75

76 **National Health Care**

77 MSMS supports free-choice methods of medical and health care, providing universal health
78 coverage for all as an evidence-based policy informed by the latest in economic and
79 healthcare policy research that continues to fairly fund all physician practices.
80

81
82 WAYS AND MEANS COMMITTEE FISCAL NOTE: \$1,000-\$2,000

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.

Automatic and Affordable Health Insurance Coverage for All

MSMS supports affordable health insurance coverage for Americans.

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.

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.

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.

Sources:

1. U.S. Census Bureau quickfacts: United States. (n.d.). Retrieved December 14, 2022, from <https://www.census.gov/quickfacts/fact/table/US/PST045221>
2. Medicare For All Resolutions. <https://www.medicare4allresolutions.org/is-a-local-resolution-already-underway-in-your-community/>. Accessed December 14, 2022
3. State Medical Societies. Medical Society Resolutions. <https://medicalsocietyresolutions.org/state-medical-societies/>. Accessed December 2, 2022
4. Selected Characteristics of Health Insurance Coverage in the United States: 2021. Census.gov. <https://data.census.gov/table?q=0400000US26&tid=ACSST1Y2021.S2701>. Published June 29, 2022. Accessed December 15, 2022
5. Michigan: Health Coverage & Uninsured. <https://www.kff.org/state-category/health-coverage-uninsured/?state=MI>. Accessed December 15, 2022
6. Schneider, et al., "Mirror, Mirror 2017: International comparison reflects flaws and opportunities for better U.S. health care," Commonwealth Fund, July 17, 2017
7. National Health Expenditures Fact Sheet 2020, U.S. Centers for Medicare & Medicaid Services. 2022 Dec 1

8. Wagner, Ortaliza, and Cox, "How does health spending in the U.S. compare to other countries?". Health System Tracker. Peterson-KFF. Published 2022 Jan 21
9. Himmelstein et al., "Medical bankruptcy: Still common despite the Affordable Care Act," American Journal of Public Health, March 1, 2019
10. S.4204 - 117th Congress (2021-2022): Medicare for All Act of 2022. (2022, May 12). <https://www.congress.gov/bill/117th-congress/senate-bill/4204>
11. H.R.1976 - 117th Congress (2021-2022): Medicare For All Act of 2021. (2022)
12. Dean Baker, "THE BIG BIDEN MOVE ON HEALTH CARE AND MAKING MEDICARE FOR ALL AFFORDABLE", Center for Economic and Policy Research, March 16th 2021. Retrieved November 29th, 2022, from <https://cepr.net/the-big-biden-move-on-health-care-and-making-medicare-for-all-affordable/>
13. Morra, et al., "U.S. physician practices versus Canadians: spending nearly four times as much money interacting with payers," Health Affairs, August 2011
14. Woolhandler and Himmelstein, "Single-payer reform: The only way to full the President's pledge of more coverage, better benefits, and lower costs," Annals of Internal Medicine, April 2017
15. Downing, et al., "Physician burnout in the electronic health record era: Are we ignoring the real cause?" Annals of Internal Medicine, July 3, 2018
16. Marmor and Oberlander, "From HMOs to ACOs: The Quest for the Holy Grail in U.S. Health Policy," Journal of General Internal Medicine, March 13, 2012
17. Bosworth, Finegold, and Ruhther, The Remaining Uninsured: Geographic and Demographic Variation. Office of Health Policy, March 23, 2021. Retrieved February 28, 2023 from <https://aspe.hhs.gov/sites/default/files/private/pdf/265286/Uninsured-Population-Issue-Brief.pdf>
18. Himmelstein and Woolhandler, "Medicare's rollout vs. Obamacare's glitches brew," Health Affairs blog, Jan. 2, 2014
19. Oberlander J. and Marmor, T. "The path to universal health care." In: Borosage R., Hickey, R., editors. The next agenda. Boulder (CO): Westview Press; 2001. p. 93-125