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Title: Single Payer Health Care System
Introduced by: Nicklas Bara for the Medical Student Section
Original Author: Brandon Leung
Referred to: Reference Committee C
House Action: **DISAPPROVED**

Whereas, access to affordable health care is a fundamental human right, and

Whereas, the current fragmented health care system in the United States has resulted in disparities in health care access and outcomes, disproportionately affecting marginalized and vulnerable populations, and

Whereas, administrative costs associated with the current multi-payer health care system in the United States are excessive, diverting resources away from patient care, and contributing to poorer patient outcomes, and

Whereas, a single payer health care system has been proven to reduce overall health care spending while improving health outcomes and patient satisfaction in countries around the world, and

Whereas, a single payer health care system would promote preventive care, early intervention, and disease management, leading to healthier populations and reduced long-term health care costs, and

Whereas, health care should be based on medical need rather than the ability to pay, and a single payer system would ensure that all individuals receive necessary medical treatment regardless of their financial status; therefore be it

RESOLVED: That MSMS support federal efforts to implement a single payer health care system, and be it further;

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask the AMA support federal efforts to implement a single payer health care system.

WAYS AND MEANS COMMITTEE FISCAL NOTE: \$12,000-\$24,000

Relevant MSMS Policy

Universal Coverage

MSMS supports comprehensive health system reform described in the MSMS Future of Medicine

Report. (See Addendum P in website version)

ACA Reform Principles

MSMS supports the AMA's "core principles" for reform of the Affordable Care Act (ACA) as follows: "In considering opportunities to make coverage more affordable and accessible to all Americans, it is essential that gains in the number of Americans with health insurance coverage be maintained. Consistent with this core principle, we believe that before any action is taken through reconciliation or other means that would potentially alter coverage, policymakers should lay out for the American people, in reasonable detail, what will replace current policies. Patients and other stakeholders should be able to clearly compare current policy to new proposals so they can make informed decisions about whether it represents a step forward in the ongoing process of health reform."

Automatic and Affordable Health Insurance Coverage for All

MSMS supports affordable health insurance coverage for Americans.

Relevant AMA Policy

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. CDC. Health Care Access | CDC. Centers for Disease Control and Prevention. Published September 1, 2023. Accessed February 19, 2024. https://www.cdc.gov/dhdsdp/health_equity/health-care-access.htm
2. Moses H, Matheson DHM, Dorsey ER, George BP, Sadoff D, Yoshimura S. The Anatomy of Health Care in the United States. *JAMA*. 2013;310(18):1947-1964. doi:10.1001/jama.2013.281425
3. Hsiao WC, Cheng SH, Yip W. What can be achieved with a single-payer NHI system: The case of Taiwan. *Soc Sci Med*. 2019;233:265-271. doi:10.1016/j.socscimed.2016.12.006
4. Cai C, Runte J, Ostrer I, et al. Projected costs of single-payer healthcare financing in the United States: A systematic review of economic analyses. *PLOS Med*. 2020;17(1):e1003013. doi:10.1371/journal.pmed.1003013