



Medical Student Section Issue Brief: Health System Reform - Why It Matters to Medical Students

Do we really need health system reform?

Yes. More than 46 million Americans do not have health insurance, and they are living sicker and dying younger. For those with insurance a job loss, serious illness, or injury can suddenly disrupt their security and stability. We must act now to create a better health system for all Americans.

What should be done to improve the system?

We need to control the unnecessary costs that are littering our health care system. We need to provide quality, affordable health care for all Americans. We need to promote prevention and wellness initiatives that can help you avoid diseases such as obesity, diabetes, and cancer. And we need to protect the vital relationship between you and your doctor, and limit interference by insurance companies and the government.

Why should medical students support reform efforts?

Now – Medical students are examples of those for whom health insurance is too expensive, and the denial based on pre-existing conditions or limitation of coverage in the individual health insurance market as well as the varying state laws on health insurance coverage cause extreme financial hardship for many physicians in training. In addition, insurance now is like getting into medical schools: you may have a choice if you get into several places, but if you only have one option, that's where you'll go and that's what you'll pay. Reform would give medical students better choices, and more of them.

Residency – Medical students should support current reforms because they include new loan repayment provisions, increased funding for the National Health Service Corps as a means of paying back your loans through service, and an increase in the number of funded residency programs for primary care. To learn more about the provisions for residency, GME, and workforce in HR 3200, see our [Answers to Frequently Asked Questions on GME and Workforce](#).

Future Medical Practice – HR 3200 will protect the freedom of a physician to choose his or her area of medicine, style of practice, and it generates a pluralistic system of public and private payers to ensure coverage for

nearly all individuals. HR 3200 calls for a fix of the SGR, or Sustainable Growth Rate, which if not changed will result in a 25-35 percent decrease in Medicare payments to physicians in the next several years, leaving physicians hard pressed to care for elderly patients and preserve their practices.

What is the AMA working to incorporate in reform efforts for medical students?

The AMA will work first and foremost to preserve the positive aspects of reform already contained in what's happening in Congress. In addition, the AMA will look to (1) increase residency positions for other needed areas, like general surgery, child and adolescent psychiatry, and addiction medicine, (2) generate stronger antitrust reform for physician collaboration, and (3) ensure stronger tort reform measures to limit the massive liability costs and defensive medicine that results.

Isn't most of this already decided?

Definitely not. The House Bill (HR 3200) will have a new version coming out of the Rules Committee soon that could be very different, and both the Senate Finance and HELP committees have yet to provide language to the public. These next months are crucial to having your voice heard and calling for continued support of the reforms listed above that are already included or remain to be added.

What you can do

Medical students were the primary motivating force for the AMA to assume leadership in the fight to cover the uninsured and provide meaningful reforms. Don't let up now! Stay informed, stay involved, and stay up to date on HSR through the following AMA resources:

- [AMA HSR Microsite](#)
- [AMA HSR Bulletin](#)
- [AMA-MSS Health Policy listserv](#)
- [AMA-MSS Medical Student Insider](#)

Contact us with any questions

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