Whereas, Current AMA Policy H-165.847 establishes that comprehensive health system reform achieving quality healthcare for all Americans is of the highest priority to our AMA; and

Whereas, Our AMA is limited in its ability to engage in open and honest debate about all health care reform options via its blanket opposition to single payer financing mechanisms (AMA Policy H-165.838); and

Whereas, Evidence suggests that our AMA’s stance on single payer does not currently represent the majority of physicians, with two recent surveys by the Merritt Hawkins and the Chicago Medical Society each reporting a majority of physicians either strongly or somewhat supporting the concept of a broadly labeled single payer health care system;¹⁻² and

Whereas, Several US senators have recently supported legislation to move forward with a national single-payer health care financing reform, and as such our AMA must be equipped to have open, productive discussions on the matter in the coming years;³ and

Whereas, H.R. 676 - Expanded & Improved Medicare For All Act, has 122 cosponsors, and as such will likely come to the AMA for debate in the near future;⁴ therefore be it

RESOLVED, That our AMA rescind HOD Policy H-165.844; and be it further

RESOLVED, That our AMA rescind HOD Policy H-165.985; and be it further

RESOLVED, That our AMA amend by deletion HOD Policy H-165.888 as follows:

1. Our AMA will continue its efforts to ensure that health system reform proposals adhere to the following principles:
   A. Physician's 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. (Modify Current HOD Policy); and be it further

RESOLVED, That our AMA amend by deletion HOD policy H-165.838 as follows:

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-
exisiting 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. (Modify Current HOD Policy)

Fiscal note: not yet determined

Received: 04/26/18

Relevant AMA Policy:

**Achieving Health Care Coverage for All D-165.974**
Achieving Health Care Coverage for All -- Our American Medical Association joins with
interested medical specialty societies and state medical societies to advocate for enactment of a
bipartisan resolution in the US Congress establishing the goal of achieving health care coverage
through a pluralistic system for all persons in the United States consistent with relevant AMA
policy.
Citation: (Res. 733, I-02; Modified: CCB/CLRPD Rep. 4, A-12)

**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.
Citation: (Res. 717, I-07; Reaffirmation A-09)

**Universal Health Coverage H-165.904**
Our AMA: (1) seeks to ensure that federal health system reform include payment for the urgent
and emergent treatment of illnesses and injuries of indigent, non-U.S. citizens in the U.S. or its
territories; (2) seeks federal legislation that would require the federal government to provide
financial support to any individuals, organizations, and institutions providing legally-mandated
health care services to foreign nationals and other persons not covered under health system
reform; and (3) continues to assign a high priority to the problem of the medically uninsured and
underinsured and continues to work toward national consensus on providing access to
adequate health care coverage for all Americans
Citation: (Sub. Res. 138, A-94; Appended: Sub. Res. 109, I-98; Reaffirmation A-02;
Reaffirmation A-07; Reaffirmation I-07; Reaffirmed: Res. 239, A-12)

See also: **Protecting Patient Access to Health Insurance Coverage, Physicians, and
Quality Health Care D-165.935; Individual Health Insurance H-165.920; Preferred Provider
Organizations H-415.999; Reform the Medicare System D-330.924; Increasing Detection
of Mental Illness and Encouraging Education D-345.994; Health System Reform
Legislation H-165.838; Opposition to Nationalized Health Care H-165.985; Evaluating
Health System Reform Proposals H-165.888**