

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 818
(I-23)

Introduced by: New England

Subject: Amendment to AMA Policy on Healthcare System Reform Proposals

Referred to: Reference Committee J

1 Whereas, almost 100 million Americans are either uninsured or underinsured, leading to worse
2 health outcomes via inadequate access to necessary healthcare and adverse financial
3 outcomes including bankruptcy¹⁻⁵; and
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5 Whereas, America's fragmented and disorganized health insurance system places too much
6 power in the hands of for-profit insurers who are strongly incentivized to erect barriers to
7 adequate healthcare, leading to the proliferation of "utilization management" methods like prior
8 authorization that delay or deny necessary care and contribute to physician burnout⁶⁻¹³; and
9

10 Whereas, unified financing refers to any system of healthcare financing that provides uniform
11 and universal access to healthcare coverage that is high quality and affordable, which can
12 include single payer or multi-payer systems based on managed competition between private
13 insurers¹⁴⁻¹⁹, and does not necessarily mean "government run"; and
14

15 Whereas, our American Medical Association staunchly opposed the creation of Medicare, and
16 was therefore not included in its creation, leading to the decades of poor reimbursement and
17 other issues we have with it today; and
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19 Whereas, ample evidence shows that single payer proposals, and other unified financing
20 proposals based on other models, can be constructed that provide equitable, universal, and
21 timely access to high quality care by simplifying our fragmented system and placing decision
22 making power back in the hands of physicians and patients, but current oppositional AMA policy
23 mandates opposition based on the label of single payer; therefore be it
24

25 RESOLVED, that our American Medical Association remove opposition to single-payer
26 healthcare delivery systems from its policy, and instead evaluate all healthcare system reform
27 proposals based on our stated principles as in AMA policy (Directive to Take Action); and be it
28 further
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30 RESOLVED, that our AMA support a national unified financing healthcare system that meets
31 the principles of freedom of choice, freedom and sustainability of practice, and universal access
32 to quality care for patients. (New HOD Policy)
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Fiscal Note: Moderate - between \$5,000 - \$10,000

Received: 10/3/23

REFERENCES

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4. https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2021.01150?casa_token=FqmCYfmNIN8AAAAA%3AdrF2Hngg6yz64J-23CgVo-JVMv-nMWWV_-GiczJu-2CEJCJNcSj-pXKsh4gJHUXjvgBOdgPYZM,
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([Taking Action Against Clinician Burnout.pdf](#), [ps2-dartmouth-study-111016.pdf](#))
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RELEVANT AMA POLICY

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.
Res. 118, I-91; Res. 102, I-92; BOT Rep. NN, I-92; BOT Rep. S, A-93; Reaffirmed: Res. 135, A-93; Reaffirmed: BOT Reps. 25 and 40, I-93; Reaffirmed in lieu of Res. 714, I-93, Res. 130, I-93, Res. 316, I-93, Sub. Res. 718, I-93; Reaffirmed: CMS Rep. 5, I-93; Res. 124, A-94; Reaffirmed by BOT Rep. 1- I-94; CEJA Rep. 3, A-95; Reaffirmed: BOT Rep. 34, I-95; Reaffirmation A-00; Reaffirmation A-01; Reaffirmed: CMS Rep. 10, A-03; Reaffirmed: CME Rep. 2, A-03; Reaffirmed and Modified: CMS Rep. 5, A-04; Reaffirmed with change in title: CEJA Rep. 2, A-05; Consolidated: CMS Rep. 7, I-05; Reaffirmation I-07; Reaffirmed in lieu of Res. 113, A-08; Reaffirmation A-09: Res. 101, A-09, Sub. Res. 110, A-09, Res. 123, A-09; Reaffirmed in lieu of Res. 120, A-12; Reaffirmation: A-17

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

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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.

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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.

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Sub. Res. 203, I-09; Reaffirmation A-10; Reaffirmed in lieu of Res. 102, A-10; Reaffirmed in lieu of Res. 228, A-10; Reaffirmed: CMS Rep. 2, I-10; Reaffirmed: Sub. Res. 222, I-10; Reaffirmed: CMS Rep. 9, A-11; Reaffirmation A-11; Reaffirmed: CMS Rep. 6, I-11; Reaffirmed in lieu of Res. 817, I-11; Reaffirmation I-11; Reaffirmation A-12; Reaffirmed in lieu of Res. 108, A-12; Reaffirmed: Res. 239, A-12; Reaffirmed: Sub. Res. 813, I-13; Reaffirmed: CMS Rep. 9, A-14; Reaffirmation A-15; Reaffirmed in lieu of Res. 215, A-15; Reaffirmation: A-17; Reaffirmed in lieu of: Res. 712, A-17; Reaffirmed in lieu of: Res. 805, I-17; Reaffirmed: CMS Rep. 03, A-18; Reaffirmed: CMS Rep. 09, A-19; Reaffirmed: CMS Rep. 3, I-21; Reaffirmation: A-22