

AMERICAN MEDICAL ASSOCIATION RESIDENT AND FELLOW SECTION

Resolution: 1
(I-26)

Introduced by: Hari Iyer, MD

Subject: Tax Wealth Fund Health

Referred to: Reference Committee

1 Whereas, three million people have lost Affordable Care Act coverage due to enhanced
2 premium subsidies, with massive increases in uncompensated care anticipated and for which a
3 permanent extension would cost over \$300 billion over ten years;^{1,2} and
4

5 Whereas, Gallup polling shows fewer than half of Americans can consistently afford healthcare
6 for the first time in five years;³ and
7

8 Whereas, there are over \$900 billion in Medicaid cuts through 2034 not yet impacting patients
9 but slated to take effect in 2027, which are the largest cuts to the Medicaid program in American
10 history and which CBO projects could lead to 51,000 preventable deaths;⁴
11

12 Whereas, the Medicare physician fee schedule conversion factor was cut in five consecutive
13 years from 2021 through 2025 and physicians remain the only Medicare provider type without
14 an annual inflation-based payment update, while legislation indexing updates to the Medicare
15 Economic Index is estimated to cost approximately \$65 billion over ten years;⁵⁻⁸
16

17 Whereas, health care jobs have become the primary engine of the US labor market, accounting
18 for nearly all recent job growth since January 2025;⁹⁻¹² and
19

20 Whereas, cuts enacted by H.R. 1, the 2025 budget reconciliation law, are projected to cause an
21 estimated 1.65 million job losses by 2029, with almost half the job losses in the healthcare
22 sector, driven primarily by Medicaid cuts;⁴ and
23

24 Whereas, anticipated massive health care cuts, hospital closures, and job losses will occur in an
25 environment of existing physician shortages and staffing cuts could foreseeably affect the
26 pipeline of physicians-in-training;¹³⁻¹⁵ and
27

28 Whereas, cardiovascular, cancer, and overdose mortality have decreased recently at the same
29 time as coverage expansions have occurred in recent years—progress that may be threatened
30 by massive cuts to health care;¹⁹⁻²² and
31

32 Whereas, our AMA supports universal and affordable health care as policies Universal Health
33 Coverage H-165.904, Evaluating Health System Reform Proposals H-165.888, Individual Health
34 Insurance H-165.920 indicate; and
35

36 Whereas, preventing and undoing cuts, let alone expanding health care access will require
37 increased health care funding to the tune of hundreds of billions of dollars;^{1,4} and
38

39 Whereas, large increases in federal health care spending will be challenging given the risks of
40 massive growth to the federal debt unless, for instance, more federal revenue is raised;²³ and

Whereas, the US national debt hit \$40 trillion in August 2026 and is rapidly rising;²⁴ and

Whereas, only eight countries in the world have higher debt-to-gross domestic product (GDP) ratios than the US;²⁴ and

Whereas, the US spends more on paying interest on the national debt than on Medicare or national defense;²⁴ and

Whereas, Medicare enrollment and costs are expected to grow due to the aging US population;²⁵ and

Whereas, part of Medicare spending growth is attributable to rising Medicare Advantage enrollment, which costs more per enrollee than traditional Medicare;²⁵ and

Whereas, the reserves in the Medicare part A trust fund are expected to be depleted by 2033, which would result in insufficient funds to fully pay out benefits;²⁵⁻²⁶ and

Whereas, out-of-pocket costs in Medicare are rising for patients as well;²⁵ and

Whereas, due to changes to the Medicare Part D premium stabilization program, next year may see increases in part D premiums as well;²⁷ and

Whereas, the rising national debt in the setting of recent health care and tax cuts, persistent inflation, and bond market fluctuations signal a need for tax increases if ongoing health care or Social Security cuts are to be avoided;^{4,24,28-32} and

Whereas, there are slightly over 1,000 billionaires in the US;³³ and

Whereas, the New York Times reports that billionaire wealth is increasing “faster than ever,” tripling over the 15 years leading up to 2024, while millions have already lost their health coverage this past year and millions more face the same;^{4,32,34} and

Whereas, The New York Times reports the top 0.1 percent of Americans, representing approximately 135,000 households, own stocks worth \$13.7 trillion, which is almost double the \$7.1 trillion in stocks owned by the bottom 90 percent of Americans, representing approximately 115 million households;³⁴ and

Whereas, NYT and ProPublica report that tax policy changes over the past 10 years have “supercharged” the wealth of the ultrarich, as income and payroll taxes that hardly affect billionaire wealth places the burden on workers, likely including health care workers;³⁴⁻³⁵ and

Whereas, AMA’s top priorities of Medicare and Medicaid protection, as noted in AMA policies H-290.951, D-385.945, D-330.924 require taxation on some portion of the population to achieve;^{4,24,28-32} and

Whereas, taxing unrealized capital gains at death and eliminating the stepped-up basis tax loophole could raise over \$500 billion over 10 years that disproportionately benefits billionaires and their heirs;³⁶⁻³⁷ and

Whereas, majorities of Americans support increased taxes on the wealthy;³⁸ and

Whereas, one proposal for taxing the wealth of billionaires would raise over \$4 trillion over 10 years, according to the researchers at UC Berkeley,³⁹ and

Whereas, the Penn Wharton Budget model analysis from 2021 of an analogous tax on the ultrawealthy shows revenue potential over ten years of over \$2 trillion with a possible 1.2% reduction in GDP growth by 2050, though this projection does not account for potential increases in productivity as a result of investment in health care,⁴⁰⁻⁴¹ and

Whereas, wealth tax revenue, as noted above, could fully pay for restorations to Medicaid and ACA cuts (\$1.2 trillion) as well as a PFS inflation-based update (\$65 billion), while potentially replenishing the Medicare trust fund, addressing the federal deficit, and expanding health care further;^{1,4,6,36-37,39-40} and

Whereas, immediately developing plans to raise revenue is urgent in order to reverse health care cuts, including Medicaid Community Engagement Requirements effective January 1st, 2027, and potentially avert tens of thousands of preventable deaths;^{4,32} therefore be it

RESOLVED, that our American Medical Association (AMA) support taxes that target the wealth of billionaires in order to pay for health care; and be it further

RESOLVED, that this resolution be immediately forwarded to the AMA House of Delegates at the 2026 Interim Meeting.

Fiscal Note: Minimal

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RELEVANT RFS POSITION STATEMENTS

140.001R Health Care Reform Plan

That our AMA-RFS (1) continue to advocate for health system reform which makes health insurance coverage accessible for all residents within the US; (2) support requiring all children to have health insurance as a strategic priority; (3) advocate for sufficient federal subsidy or tax credit amounts so that all residents can afford to purchase health insurance; (4) support the requirement for private insurers that children up to age 26 could continue family coverage through their parents' plan; (5) support working with the federal government to ensure that if federal programs are to be expanded, that proper checks and balances are in place to ensure that reimbursements reflect the actual cost of care and that patient access is not limited; and (6) support that under the National Health Insurance Exchange (or any similar proposed program) that participating insurers provide high quality, transparent services, and that their

reimbursements reflect the actual cost of care. (Report H, I-08) (Resolution 9, I-25) (Reaffirmed Report A, A-26)

140.104R Universal and Affordable Health Insurance Coverage

The AMA-RFS supports: (1) health system reform to ensure universal, affordable health insurance coverage and access to care for all U.S. citizens, including those without adequate employer sponsored insurance; (2) universal coverage for children, dependent coverage through age 26, and sufficient federal subsidies or tax credits to ensure affordability. (3) the AMA in working with the federal government to ensure that public program expansions include reimbursement rates that reflect the actual cost of care and maintain patient access; (4) requiring insurers in national or federally facilitated exchanges to provide high-quality, transparent services with fair reimbursement. (Report A, A-25)

410.022R Renewing the Expansion of Premium Tax Credits

That our AMA-RFS support our AMA in reaffirming that expanding coverage and protecting access to care is a top AMA priority; and that our AMA-RFS support our AMA in monitoring and opposing efforts to rollback of affordable and quality health insurance coverage at the federal level; and that our AMA-RFS support our AMA in immediately initiating or substantially investing in a focused grassroots campaign to support extending ACA tax credit enhancement from the American Rescue Plan Act and the Inflation Reduction Act. (Resolution 8, I-24)

410.005R Covering the Uninsured as AMA's Top Priority

That the AMA-RFS support health system reform that achieves reasonable health insurance for all Americans which emphasizes prevention, quality and safety in such a way that addresses the broken medical liability system and the flaws in Medicare and Medicaid and improves the physician practice environment. (Report I, I-05) (Reaffirmed Report E, A-16) (Reaffirmed Report A, A-26)

RELEVANT AMA POLICY

Universal Health Coverage H-165.904

1. Our American Medical Association 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. Our AMA 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.
3. Our AMA 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

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.

Preservation of Medicaid H-290.951

1. Our American Medical Association elevates Medicaid to an urgent and top legislative advocacy priority alongside Medicare payment reform, specifically advocating for maintaining and expanding Medicaid coverage, access, federal funding, and eligibility.
2. Our AMA strongly opposes federal and state efforts to restrict eligibility, coverage, access, and funding for Medicaid and the Children's Health Insurance Program (CHIP).

Individual Health Insurance H-165.920

Our AMA:

(1) affirms its support for pluralism of health care delivery systems and financing mechanisms in obtaining universal coverage and access to health care services;

(2) recognizes incremental levels of coverage for different groups of the uninsured, consistent with finite resources, as a necessary interim step toward universal access;

(3) actively supports the principle of the individual's right to select a health insurance plan and actively support ways in which the concept of individually selected and individually owned health insurance can be appropriately integrated, in a complementary position, into the Association's position on achieving universal coverage and access to health care services. To do this, our AMA will:

(a) Continue to support equal tax treatment for payment of health insurance coverage whether the employer provides the coverage for the employee or whether the employer provides a financial contribution to the employee to purchase individually selected and individually owned health insurance coverage, including the exemption of both employer and employee contributions toward the individually owned insurance from FICA (Social Security and Medicare) and federal and state unemployment taxes;

(b) Support the concept that the tax treatment would be the same as long as the employer's contribution toward the cost of the employee's health insurance is at least equivalent to the same dollar amount that the employer would pay when purchasing the employee's insurance directly;

(c) Study the viability of provisions that would allow individual employees to opt out of group plans without jeopardizing the ability of the group to continue their employer sponsored group coverage; and

(d) Work toward establishment of safeguards, such as a health care voucher system, to ensure that to the extent that employer direct contributions made to the employee for the purchase of individually selected and individually owned health insurance coverage continue, such contributions are used only for that purpose when the employer direct contributions are less than the cost of the specified minimum level of coverage. Any excess of the direct contribution over the cost of such coverage could be used by the individual for other purposes;

(4) will identify any further means through which universal coverage and access can be achieved;

(5) supports individually selected and individually-owned health insurance as the preferred method for people to obtain health insurance coverage; and supports and advocates a system where individually-purchased and owned health insurance coverage is the preferred option, but employer-provided coverage is still available to the extent the market demands it;

- (6) supports the individual's right to select a health insurance plan and to receive the same tax treatment for individually purchased coverage, for contributions toward employer-provided coverage, and for completely employer provided coverage;
- (7) supports immediate tax equity for health insurance costs of self-employed and unemployed persons;
- (8) supports legislation to remove paragraph (4) of Section 162(l) of the US tax code, which discriminates against the self-employed by requiring them to pay federal payroll (FICA) tax on health insurance premium expenditures;
- (9) supports legislation requiring a "maintenance of effort" period, such as one or two years, during which employers would be required to add to the employee's salary the cash value of any health insurance coverage they directly provide if they discontinue that coverage or if the employee opts out of the employer-provided plan;
- (10) encourages through all appropriate channels the development of educational programs to assist consumers in making informed choices as to sources of individual health insurance coverage;
- (11) encourages employers, unions, and other employee groups to consider the merits of risk-adjusting the amount of the employer direct contributions toward individually purchased coverage. Under such an approach, useful risk adjustment measures such as age, sex, and family status would be used to provide higher-risk employees with a larger contribution and lower-risk employees with a lesser one;
- (12) supports a replacement of the present federal income tax exclusion from employees' taxable income of employer-provided health insurance coverage with tax credits for individuals and families, while allowing all health insurance expenditures to be exempt from federal and state payroll taxes, including FICA (Social Security and Medicare) payroll tax, FUTA (federal unemployment tax act) payroll tax, and SUTA (state unemployment tax act) payroll tax;
- (13) advocates that, upon replacement, with tax credits, of the exclusion of employer-sponsored health insurance from employees' federal income tax, any states and municipalities conforming to this federal tax change be required to use the resulting increase in state and local tax revenues to finance health insurance tax credits, vouchers or other coverage subsidies; and
- (14) believes that refundable, advanceable tax credits inversely related to income are preferred over public sector expansions as a means of providing coverage to the uninsured.
- (15) Our AMA reaffirms our policies committed to our patients and their individual responsibility and freedoms consistent with our United States Constitution.

Advocacy and Action for a Sustainable Medical Care System D-385.945

Our American Medical Association will declare Medicare physician payment reform as an urgent advocacy and legislative priority for our AMA.

Our AMA will prioritize significant increases in funding for federal and state advocacy budgets specifically allocated to achieve Medicare physician payment reform to ensure that physician payments are updated annually at least equal to the annual percentage increase in the Medicare Economic Index.

Our AMA Board of Trustees will report back to the House of Delegates at each annual and interim meeting on the progress of our AMA in achieving Medicare payment reform until predictable, sustainable, fair physician payment is achieved.

Reform the Medicare System D-330.924

Our AMA will renew its commitment for total reform of the current Medicare system by making it a high priority on the AMA legislative agenda beginning in 2009 and the AMA's reform efforts will be centered on our long-standing policy of pluralism (AMA Policy H-165.844), freedom of choice (H-165.920, H-373.998, H-390.854), and balance billing (D-380.996, H-385.991, D-390.969).