

RESOLUTION

Subject: Healthcare for All
Submitted by: Greater Louisville Medical Society
Referred to: Reference Committee

WHEREAS, 11 years after adoption of the ACA, 10% of the US population remains uninsured; and

WHEREAS, lack of health insurance is associated with poor health status, less likely to receive medical care, more likely to be diagnosed later in their course of illness, and more likely to die early¹; and

WHEREAS, of the 50 US states (2019 data), Kentucky has the 2nd highest cancer mortality rate, and is in the top 10 for mortality from chronic lower respiratory diseases, diabetes, heart disease, and stroke²; and

WHEREAS, a recent study done by researchers at Yale demonstrated that a single payer, universal health care program, such as the Medicare for All Act, would actually cost \$450 billion less, and save 68,000 lives per year compared to the status quo³; and

WHEREAS, as physicians and leaders, we have the moral and ethical obligation to advocate for the health and well-being, including affordability and access to care, of all Kentuckians; and

WHEREAS, governmental insurance programs have administrative overhead of 1.5-2%, compared to the 12-18% overhead of commercial insurers,⁴ which translates to a substantial amount of commercial health insurance dollars NOT being spent on actual healthcare; now, therefore, be it

RESOLVED, that the KMA express its support for universal access to comprehensive, affordable, high-quality health care through a government-sponsored national health program, provided it meets the following principles:

- Provides comprehensive, high quality coverage for all medically necessary or appropriate services, including inpatient and outpatient hospital care; primary, preventive, and specialty care, long-term care, mental health and substance use disorder treatment, dental, vision, audiology, prescription drug and medical devices, and comprehensive reproductive care
- Reimburses physicians and health care practitioners in amounts that are sufficient
- Allows for collective participation by physicians and other practitioners in negotiating rates and program policies
- Promotes global operating budgets for hospitals, nursing homes, and other providers, moving towards payment models that incentivize better outcomes and coordination of care

- Creates a legal environment that fosters high quality patient care and relieves clinicians from practicing defensive medicine
- Is funded through a progressive, employer and individual tax-based system
- Eliminates the substantial administrative burdens and costs currently imposed on physician practices (insurance verification, pre-certifications, approvals, lack of government sponsored universal health information technology systems, etc.)

References:

¹ <https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services>

² <https://www.cdc.gov/nchs/pressroom/states/kentucky/ky.htm>

³ Galvani, Alison et al; Improving the Prognosis of Health care in the USA; The Lancet; Vol 395, Feb 15, 2020, pp 524-533

⁴ <https://www.politifact.com/factchecks/2017/sep/20/bernie-sanders/comparing-administrative-costs-private-insurance-a/>