

## RESOLUTION

Subject: Achieving Equitable, Affordable, Efficient Healthcare

Submitted by: Greater Louisville Medical Society

Referred to: Reference Committee

WHEREAS, 55-87%<sup>1</sup> of Kentucky patients forgo medical care or medications secondary to cost; and

WHEREAS, the current U.S. healthcare financing system creates inherent vulnerabilities in continuity of coverage and access to care as evidenced by the estimated loss of coverage to 200,000-350,000 Kentuckians from recently passed federal Medicaid cuts and new regulations<sup>2</sup>, with even more projected to lose coverage secondary to changes in Marketplace regulations<sup>3</sup>; and

WHEREAS, absence of care adversely affects healthcare outcomes; and

WHEREAS, the U.S. has the highest per capita healthcare costs<sup>4</sup>, the lowest life expectancy<sup>5</sup>, the greatest burden of chronic disease<sup>5</sup>, and the highest maternal and infant mortality rates of peer high-income nations<sup>5</sup>; and

WHEREAS, healthcare costs and time off work due to illness are estimated to be responsible for two-thirds of U.S. bankruptcies<sup>6</sup>; and

WHEREAS, these problems do not exist in countries which provide universal coverage to their inhabitants; and

WHEREAS, a progressive tax-based system of health insurance financing is more equitable than the current system, would be easier to navigate for patients, and less cumbersome for providers, would ensure that everyone has healthcare coverage, would lower costs and save lives<sup>7</sup>; and

WHEREAS, seven state medical societies (Washington, Vermont, Illinois, Hawaii, New Hampshire, Maine, and Massachusetts) have already passed resolutions endorsing universal coverage and/or a single payer system; and

WHEREAS, private carriers are motivated to deny claims, found to be nearly 20% in 2023 for in-network services and as many as 37% for out-of-network services for those insured on the Marketplace<sup>8</sup>, of which approximately 1% were appealed, in order to satisfy the financial returns demanded by shareholders; and

WHEREAS, current KMA policy only expresses support for “universal access,” which already exists and does not address the barriers of obtaining affordable or equitable care; now, therefore, be it

RESOLVED, that KMA endorse adoption of a system of universal healthcare coverage with comprehensive benefits in the U.S., and the elimination of financial barriers to care; and be it further

RESOLVED, that this does not preclude the availability of private payment or the purchase of private insurance for non-covered services for those who can afford and wish to obtain them.

## References:

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1. [https://www.asclepiusinitiative.org/\\_files/ugd/cfb40c\\_105e50841e714c1396b58585cb050143.pdf](https://www.asclepiusinitiative.org/_files/ugd/cfb40c_105e50841e714c1396b58585cb050143.pdf)
2. <https://www.kff.org/medicaid/issue-brief/allocating-cbos-estimates-of-federal-medicaid-spending-reductions-and-enrollment-loss-across-the-states/>
3. [https://www.cbo.gov/system/files/2025-06/Wyden-Pallone-Neal\\_Letter\\_6-4-25.pdf](https://www.cbo.gov/system/files/2025-06/Wyden-Pallone-Neal_Letter_6-4-25.pdf)
4. [https://data-explorer.oecd.org/vis?lc=en&fs\[0\]=Topic%2C1%7CHealth%23HEA%23%7CHealth%20expenditure%20and%20financing%23HEA\\_EXP%23&fs\[1\]=Measure%2C0%7CExpenditure%23EXP\\_HEALTH%23&pg=0&fc=Measure&snb=1&vw=br&df\[ds\]=dsDisseminateFinalDMZ&df\[id\]=DSD\\_SHA%40DF\\_SHA&df\[ag\]=OECD.ELS.HD&df\[vs\]=1.0&dq=.A.EXP\\_HEALTH.USD\\_PPP\\_PS%2BPT\\_B1GQ.\\_T.\\_T.\\_T...&pd=2023%2C&to\[TIME\\_PERIOD\]=false](https://data-explorer.oecd.org/vis?lc=en&fs[0]=Topic%2C1%7CHealth%23HEA%23%7CHealth%20expenditure%20and%20financing%23HEA_EXP%23&fs[1]=Measure%2C0%7CExpenditure%23EXP_HEALTH%23&pg=0&fc=Measure&snb=1&vw=br&df[ds]=dsDisseminateFinalDMZ&df[id]=DSD_SHA%40DF_SHA&df[ag]=OECD.ELS.HD&df[vs]=1.0&dq=.A.EXP_HEALTH.USD_PPP_PS%2BPT_B1GQ._T._T._T...&pd=2023%2C&to[TIME_PERIOD]=false)
5. <https://www.commonwealthfund.org/publications/issue-briefs/2023/jan/us-health-care-global-perspective-2022>
6. <https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2018.304901?role=tab>
7. <https://pmc.ncbi.nlm.nih.gov/articles/PMC8572548/>
8. <https://www.kff.org/affordable-care-act/press-release/healthcare-gov-insurers-denied-nearly-1-in-5-in-network-claims-in-2023-but-information-about-reasons-is-limited-in-public-data/>