

RESOLUTION

Subject: Achieving Equitable, Affordable, Efficient Healthcare

Submitted by: Greater Louisville Medical Society

Referred to: Reference Committee

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

WHEREAS, the current US 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 as a result of U.S. H.R.1 2025. new regulations^{2,3}, the expiration of enhanced Marketplace subsidies, and rising premium costs^{4,5}; and

WHEREAS, absence of care adversely affects healthcare outcomes; and

WHEREAS, the US has the highest per capita healthcare costs⁶, the lowest life expectancy⁷, the greatest burden of chronic disease⁷, and the highest maternal and infant mortality rates of peer high-income nations⁷; and

WHEREAS, healthcare costs and time off work due to illness are estimated to be responsible for 2/3 of US bankruptcies⁸; 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 lives⁹; and

WHEREAS, 6 state medical societies (Washington, Vermont, 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 2024 for in-network services and as many as 37% for out-of-network services for those insured on the Marketplace¹⁰, of which fewer than 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 endorses the adoption of a system of universal healthcare coverage with comprehensive benefits in the US, 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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3. https://www.cbo.gov/system/files/2025-06/Wyden-Pallone-Neal_Letter_6-4-25.pdf
4. <https://www.kff.org/affordable-care-act/what-we-know-so-far-about-2026-aca-marketplace-enrollment-premiums-and-deductibles/>
5. <https://www.kff.org/health-costs/2025-employer-health-benefits-survey/>
6. [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)
7. <https://www.commonwealthfund.org/publications/issue-briefs/2023/jan/us-health-care-global-perspective-2022>
8. <https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2018.304901?role=tab>
9. <https://pmc.ncbi.nlm.nih.gov/articles/PMC8572548/>
10. <https://www.kff.org/patient-consumer-protections/claims-denials-and-appeals-in-aca-marketplace-plans-in-2024/>