

American Medical Student Association
House of Delegates 2012
Resolution: B-7

INTRODUCED BY:	Jerry P. Abraham, MPH; Leo Lopez, Past Premedical Regional Director Region IX
SCHOOL:	University of Texas School of Medicine San Antonio (UTHSCSA); University of Texas School of Medicine San Antonio (UTHSCSA)
SUBJECT:	Resolution on Principles Regarding Quality, Affordable, Health Care for All in the United States: Coverage, Access & Delivery
TYPE:	Resolution of Principles

1 WHEREAS, the United States Senate passed the Patient Protection & Affordable Care Act
2 (PPACA) on December 24, 2009, the US House of Representatives passed the PPACA on March
3 21, 2010 and President Barack Obama signed the PPACA into law on March 23, 2010;
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5 WHEREAS, several provisions of the PPACA began implementation in 2010 and provisions will
6 continue to be implemented until 2018;
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8 WHEREAS, Kristin M. Huntoon, Colin J. McCluney, Christopher A. Scannell, Elizabeth A.
9 Wiley, Richard Bruno, Allen Andrews, and Paul Gorman published a study of the attitudes of
10 medical students toward PPACA. Huntoon et al. found that 80.1% of medical students support
11 the PPACA , and 67.6% of medical students believe that PPACA will increase access to
12 healthcare for Americans¹
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14 WHEREAS, in 2012 several new provisions will be implemented including the formation of
15 Accountable Care Organizations (ACOs) and penalties to hospitals that readmit patients within
16 30 days of discharge among other provisions;
17
18 WHEREAS, while there are several challenges still facing the delivery of healthcare to all
19 individuals in the United States, the PPACA takes steps toward providing coverage and access to
20 care to more Americans;

¹ Huntoon KM, McCluney CJ, Scannell CA, Wiley EA, Bruno R, et al. (2011) Healthcare Reform and the Next Generation: United States Medical Student Attitudes toward the Patient Protection and Affordable Care Act. PLoS ONE 6(9): e23557. doi:10.1371/journal.pone.0023557

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22 Therefore, be it resolved that the Principles Regarding Quality, Affordable Health Care for All in
23 the United States be amended as follows:

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26 **PRINCIPLES REGARDING QUALITY, AFFORDABLE, HEALTH CARE FOR ALL IN**
27 **THE UNITED STATES: COVERAGE, ACCESS, AND DELIVERY**
28

29 The American Medical Student Association:

- 30 1. BELIEVES that access to comprehensive health services must to be recognized and
31 protected as a basic human right.
- 32 2. SUPPORTS a publicly and progressively financed, privately delivered federal single
33 payer system of high quality, affordable health care for all persons.
- 34 3. FURTHER SUPPORTS, in the absence of a single payer system, health care reform
35 which expands comprehensive coverage and access for all persons living in the United States and
36 does not discriminate based on socioeconomic status, geographic location, race/ethnicity,
37 employment status, age, sexual orientation and gender identity, disability, occupation, or
38 citizenship/residency status.
- 39 4. BELIEVES comprehensive health insurance coverage but is not limited to:
- 40 a. primary care services; (1994)
- 41 b. preventive services, including immunizations; (1994)
- 42 c. reproductive services, including but not limited to prenatal and postnatal care, birth
43 control, abortion counseling and services, pap smears and gynecological exams and sterilization;
44 (1994)
- 45 d. acute care services and hospitalization; (1994)
- 46 e. chronic care services, including but not limited to home health care, home and
47 community based services, rehabilitative service, nursing home care; (1994)
- 48 f. preventive, acute and chronic dental care; (1994)
- 49 g. mental health services and substance abuse treatment; (1994)
- 50 h. inpatient and outpatient prescription drugs (2006) and medically necessary supplies and
51 devices including medical food; (1994)
- 52 i. ophthalmic care; (1994)
- 53 j. supportive services for the disabled; (1994)
- 54 k. palliative, hospice and end of life care. (2005)
- 55 l. physical therapy and occupational therapy. (2006)
- 56 m. hearing care. (2006)
- 57 n. language access services (2010)
- 58 5. In regard to the private health insurance industry, in the absence of a unified single payer
59 system:
- 60 a. ENCOURAGES guaranteed issue of private health insurance policies defined as absolute
61 freedom from denial or limitations of coverage for any individual based upon past medical
62 history or current medical status;
- 63 b. SUPPORTS premium caps and restrictions on the ability of private health insurers to
64 raise premiums;
- 65 c. ENCOURAGES true community rating defined to require private insurers to offer the
66 same policies in a geographic area without regard to age, gender, preexisting conditions or other

- 67 characteristics;
- 68 d. SUPPORTS absolute affordable portability of private health insurance policies;
- 69 e. SUPPORTS stringent medical-loss ratio requirements for private health insurers;
- 70 f. SUPPORTS a permanent and sustainable provider payment structure that incentivizes
- 71 primary care;
- 72 g. OPPOSES deregulation to enable the interstate sale of private health insurance;
- 73 h. OPPOSES antitrust exemptions for private health insurers;
- 74 i. OPPOSES cost-sharing measures that create barriers to appropriate utilization of
- 75 services;
- 76 j. DISCOURAGES individual mandates to purchase private health insurance and
- 77 OPPOSES such mandates in the absence of adequate subsidies;
- 78 k. OPPOSES the use of tax credits to subsidize the purchase of private insurance;
- 79 l. OPPOSES annual and lifetime health insurance benefit caps;
- 80 m. STRONGLY OPPOSES private insurers' practices that reduce access to medically
- 81 appropriate care, prevent meaningful health care reform and otherwise harm patients.
- 82 6. In regard to health care delivery,
- 83 a. SUPPORTS reform to ensure care is patient-centered and responsive to individual patient
- 84 needs with regards to accessibility, availability, and cultural suitability;
- 85 b. SUPPORTS free choice of physician, hospital, and allied health professional provider;
- 86 c. SUPPORTS public investment in comparative effectiveness research;
- 87 d. ENCOURAGES initiatives to improve quality, cost-consciousness, and cost-efficiency;
- 88 7. SUPPORTS, notwithstanding the principles above, other forms of comprehensive local,
- 89 state, and federal health reform to address immediate gaps in access to care including, but not
- 90 limited to, a federal publicly financed public health insurance option open to all, state single
- 91 payer initiatives and expansions in eligibility and/or services in Medicaid, Medicare, State
- 92 Children's Health Insurance Program, and uncompensated care pools.
- 93 8. In regard to health-care system guidelines and incentives:
- 94 a. STRONGLY URGES that private and public health-care system guidelines serve the
- 95 interest of the patient and the ethical practices of medicine; (1997)
- 96 b. SUPPORTS the concept of Certificate of Need (CON) requirements to control supply-
- 97 driven demand and ultimately costs.
- 98 c. OPPOSES the accrual of profits by health-care-related industries and providers at the
- 99 expense of access to medically indicated quality patient care;
- 100 d. SUPPORTS the concepts of peer review and quality assurance as effective and beneficial
- 101 means of improving the quality and decreasing the costs of medical care.
- 102 9. In regard to consumer-driven health plans:
- 103 a. OPPOSES the creation of high-deductible health plans that shift the cost of health care to
- 104 consumers, many of whom cannot afford such a deductible; (2006)
- 105 b. URGES employers to continue to offer traditional health insurance for employees and to
- 106 refrain from offering consumer-driven health plans, including plans with health savings accounts
- 107 and variations of health savings accounts. (2006)
- 108 c. URGES the repeal of health savings account provisions from the Medicare Prescription
- 109 Drug, Improvement, and Modernization Act of 2003. (2006)
- 110 10. In regards to hospital treatment of the un- and underinsured: (2005)
- 111 a. SUPPORTS the establishment of free care provisions for un- or underinsured patients
- 112 b. SUPPORTS community oversight and transparency into the administration of free care to

- 113 the un- and underinsured;
- 114 c. ENCOURAGES hospitals and health care providers to enhance their outreach and
115 publicity regarding free care funds and programs for the un- and underinsured;
- 116 d. SUPPORTS a free care application process that is easily understandable, language
117 accessible, and efficient;
- 118 e. OPPOSES the use of aggressive debt collection tactics, including, but not limited to,
119 body attachments, garnishment of wages, and the placement of liens on homes of the un- and
120 underinsured who are unable to pay their medical bills;
- 121 f. OPPOSES the accrument of interest on involuntary medical debt incurred due to illness.

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123 11. SUPPORTS the continued implementation of the Patient Protection & Affordable Care
124 Act (PPACA).

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126 12. SUPPORTS the development of Accountable Care Organizations as a model for
127 improving patient care and patient safety and reducing healthcare costs while narrowing the
128 compensation gap between Primary Care Providers and Specialists.

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130 13. SUPPORTS the implementation of policies that appropriately compensate cognitive
131 medicine physicians for employing novel strategies including the use of technology, telephone
132 calls, home visits by community health workers, in which they successfully modify behaviour,
133 prevent and reduce disease, and decrease hospitalizations and mortality rather than the traditional
134 compensation model based solely on office visits and procedures.