

American Medical Student Association
House of Delegates 2019

APPROPRIATE
TITLE FROM PPP

DON'T FORGET
TO UPDATE
YEAR

INTRODUCED BY: Your name, Position (if applicable); Co-writer name, Position (if applicable)

SCHOOL: Your school, Co-writer's school (No abbreviations)

SUBJECT: Principles Regarding Quality, Affordable Health Care For All in the United States:
Coverage, Access, and Delivery

TYPE: Resolution of Principles

LINE
#'S NEED
TO BE
ADDED

- 1 WHEREAS AMSA has always believed in comprehensive health care coverage and
- 2
- 3 WHEREAS the definition of comprehensive can be updated to be more inclusive
- 4
- 5 WHEREAS the definition of stringent under the current affordable care act is specified as 80%
- 6 for small markets and 85% for large markets and
- 7
- 8 WHEREAS evidence has shown that private insurers have kept their MLR within the specified
- 9 limits by increasing their claims costs
- 10
- 11 WHEREAS regulation of MLR minimums results in an increased cost of service regulation with
- 12 insurers increasing claims as much as 11%
- 13
- 14 WHEREAS increase in claim costs directly influences health plan performance
- 15
- 16 WHEREAS AMSA has long supported a health care delivery model that provides equal access
- 17 to all persons in the United States
- 18
- 19 WHEREAS AMSA supports comprehensive local, state, and federal reform to close immediate
- 20 gaps in care until a universal, comprehensive, health care system can be achieved and
- 21
- 22 WHEREAS there is evidence, according to the CBO2, that a federal publicly financed public
- 23 health insurance open that is open to all but remains in competition with private health
- 24 insurance plans would lead to minimal change in the numbers of uninsured, only have slightly
- 25 lower premiums due to Medicare, and overall provide no administrative cost savings
- 26
- 27 **THEREFORE BE IT RESOLVED** that the Principles regarding quality, affordable health care for
- 28 all in the United States: Coverage, Access, and Delivery (pg 25) be AMENDED BY ADDITION
- 29 AND DELETION to state:
- 30 4. BELIEVES comprehensive health insurance coverage includes but is not limited to:
- 31 a. primary care services; (1994)
- 32 b. preventive services, including immunizations; (1994)
- 33 c. reproductive services, including but not limited to prenatal and postnatal care,
- 34 birth control, abortion counseling and services, pap smears and gynecological
- 35 exams and sterilization; (1994)

OPTIONS
INCLUDE
"AMENDED BY
ADDITION" "AMENDED
BY DELETION"
OR JUST AMENDED!

NOTICE
APPROPRIATE
#'S AND
LETTERS

DON'T
FORGET
TO ADD THE
WHOLE !!
SECTION !!

WANT TO DELETE A CURRENT SECTION? STRIKE OUT!

ANY CHANGES NEED TO BE IN RED!

WANT TO ADD TO CURRENT SECTION? ADD IN RED!

WANT TO ADD NEW SECTION! ADD IN RED!

DON'T FORGET THE YEAR!!

- 36 d. acute care services and hospitalization; (1994)
- 37 e. chronic care services, including but not limited to home health care, home and
- 38 community based services, rehabilitative services, nursing home care; (1994)
- 39 f. preventive, ~~acute and chronic~~ basic and major dental care; (2019, 1994)
- 40 g. mental health services and substance abuse treatment; (1994)
- 41 h. inpatient and outpatient prescription drugs (2006) and medically necessary
- 42 supplies and devices including medical food; (1994)
- 43 i. ophthalmic care; (1994)
- 44 j. supportive services for the disabled; (1994)
- 45 k. palliative, hospice and end of life care. (2005)
- 46 l. physical therapy, occupational therapy, speech therapy, and social work access
- 47 (2019, 2006)
- 48 m. hearing care. (2006)
- 49 n. language access services (2010)
- 50 o. procedures and testing necessary for diagnosis and/or treatment, including but
- 51 not limited to lab draws and imaging studies (2019)
- 52 6. In regard to health care delivery,
 - 53 a. SUPPORTS reform to ensure care is patient-centered and responsive to
 - 54 individual patient needs with regards to accessibility, availability, and cultural
 - 55 suitability;
 - 56 b. SUPPORTS free choice of physician, hospital, and allied health professional
 - 57 provider;
 - 58 c. SUPPORTS public investment in comparative effectiveness research;
 - 59 d. ENCOURAGES initiatives to improve quality, cost-consciousness, and cost-
 - 60 efficiency
 - 61 e. DISCOURAGES fixed medical-loss ratio requirements for private health
 - 62 insurers (2019), but encourages the reporting of this statistic.
- 63 8. In regard to health-care system guidelines and incentives:
 - 64 a. STRONGLY URGES that private and public health-care system guidelines
 - 65 serve the interest of the patient and the ethical practices of medicine; (1997)
 - 66 b. SUPPORTS the concept of Certificate of Need (CON) requirements to control
 - 67 supply-driven demand and ultimately costs.
 - 68 c. OPPOSES the accrual of profits by health-care-related industries and
 - 69 providers at the expense of access to medically indicated quality patient care;
 - 70 d. SUPPORTS the concepts of peer review and quality assurance as effective
 - 71 and beneficial means of improving the quality and decreasing the costs of
 - 72 medical care.

73 e. ENCOURAGES the expansion of health services in medically underserved
74 areas so all persons have timely and appropriate access to preventive,
75 primary, acute, and specialty care (2019).

76 ~~9.—In regard to consumer-driven health plans:~~

77 a. ~~OPPOSES the creation of high-deductible health plans that shift the cost of~~
78 ~~health care to consumers, many of whom cannot afford such a deductible;~~
79 ~~(2006)~~

80 b. ~~URGES employers to continue to offer traditional health insurance for~~
81 ~~employees and to refrain from offering consumer-driven health plans,~~
82 ~~including plans with health-savings accounts and variations of health-savings~~
83 ~~accounts. (2006)~~

84 e. ~~URGES the repeal of health-savings account provisions from the Medicare~~
85 ~~Prescription Drug, Improvement, and Modernization Act of 2003. (2006)~~

86 9. OPPOSES a federal publicly financed public health insurance option open that
87 retains the current corporate health insurance structure and competes with private
88 insurance plans

89
90 **FISCAL NOTE:** None

(USUALLY
NONE)

91
92 **CITATIONS:**

93 1. <http://pnhp.org/news/insurers-use-medical-loss-ratios-to-cheat-us/>

94 2. <https://www.cbo.gov/budget-options/2013/44890>

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