American Medical Student Association
House of Delegates 2019

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

WHEREAS AMSA has always believed in comprehensive health care coverage and
WHEREAS the definition of comprehensive can be updated to be more inclusive
WHEREAS the definition of stringent under the current affordable care act is specified as 80% for small markets and 85% for large markets and
WHEREAS evidence has shown that private insurers have kept their MLR within the specified limits by increasing their claims costs
WHEREAS regulation of MLR minimums results in an increased cost of service regulation with insurers increasing claims as much as 11%
WHEREAS increase in claim costs directly influences health plan performance
WHEREAS AMSA has long supported a health care delivery model that provides equal access to all persons in the United States
WHEREAS AMSA supports comprehensive local, state, and federal reform to close immediate gaps in care until a universal, comprehensive, health care system can be achieved and
WHEREAS there is evidence, according to the CBO2, that a federal publicly financed public health insurance open that is open to all but remains in competition with private health, insurance plans would lead to minimal change in the numbers of uninsured, only somewhat lower premiums due to Medicare, and overall provide no administrative cost savings to insurers.

THEREFORE BE IT RESOLVED that the Principles regarding quality, affordable health care for all in the United States: Coverage, Access, and Delivery (pg 25) be AMENDED BY ADDITION AND DELETION to state:

4. BELIEVES comprehensive health insurance coverage includes but is not limited to:
   a. primary care services; (1994)
   b. preventive services, including immunizations; (1994)
   c. reproductive services, including but not limited to prenatal and postnatal care, birth control, abortion counseling and services, pap smears and gynecological exams and sterilization; (1994)
6. In regard to health care delivery,
   a. SUPPORTS reform to ensure care is patient-centered and responsive to
      individual patient needs with regards to accessibility, availability, and cultural
      suitability;
   b. SUPPORTS free choice of physician, hospital, and allied health professional
      provider;
   c. SUPPORTS public investment in comparative effectiveness research;
   d. ENCOURAGES initiatives to improve quality, cost-consciousness, and cost-
      efficiency
   e. DISCOURAGES fixed medical-loss ratio requirements for private health
      insurers (2019), but encourages the reporting of this statistic.

8. In regard to health care system guidelines and incentives:
   a. STRONGLY URGES that private and public health-care system guidelines
      serve the interest of the patient and the ethical practices of medicine; (1997)
   b. SUPPORTS the concept of Certificate of Need (CON) requirements to control
      supply-driven demand and ultimately costs.
   c. OPPOSES the accrual of profits by health-care-related industries and
      providers at the expense of access to medically indicated quality patient care;
   d. SUPPORTS the concepts of peer review and quality assurance as effective
      and beneficial means of improving the quality and decreasing the costs of
      medical care.
e. ENCOURAGES the expansion of health services in medically underserved areas so all persons have timely and appropriate access to preventive, primary, acute, and specialty care (2019).

9. In regard to consumer-driven health plans:

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

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


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

FISCAL NOTE: None

CITATIONS:

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