

Title: American Medical Women's Association Position Statement on the Principles of Universal Access to Health Care

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Position Statement: The American Medical Women's Association (AMWA) calls for universal healthcare coverage so that all people have access to the health services they need, when and where they need them, without financial hardship.

Introduction: Lack of universal access to effective health care is a major challenge to our nation. Without health insurance, a serious accident or illness can result in huge costs which strain personal finance. Without health insurance, preventive health screening is delayed, illnesses progress, immunizations are missed and communicable diseases can spread.

Current Policy and Legislation: Enacted through the Social Security Act in 1965, Medicare attempts to ensure a universal right to healthcare for persons aged 65 and older, younger persons with long-term disabilities, and those with end-stage renal disease on dialysis.¹

Medicaid, a state-administered program, receives federal matching funds to provide healthcare services to low-income families and persons with disabilities. Eligibility criteria vary from state to state and individuals must often re-enroll/recertify annually for both Medicare and Medicaid.² In 1997, the state-administered Children's Health Insurance Program (CHIP) was created for children of families who cannot afford private insurance but earn too much to qualify for Medicaid.³ CHIP is treated as part of Medicaid in some states, but as a separate program in others.

The most significant expansion to healthcare access came through the Affordable Care Act (ACA). Signed into law in early 2010, the ACA reduced the rates of uninsured persons to all time lows by increasing access for low-income families, minority groups, and persons with pre-

¹ Medicare.gov. (n.d.). *What's medicare?* Retrieved January 31, 2022, from <https://www.medicare.gov/what-medicare-covers/your-medicare-coverage-choices/whats-medicare>.

² Esch, J. (2022, February 2). *Is Medicare Different in Each State?* MedicareFAQ. Retrieved February 2, 2022, from <https://www.medicarefaq.com/faqs/state-specific-medicare-rules/>. Center on Budget and Policy Priorities (2020, April 14). *Policy Basics: Introduction to Medicaid*. Retrieved February 2, 2022, from <https://www.cbpp.org/research/health/introduction-to-medicaid#:~:text=Each%20state%20operates%20its%20own,widely%20from%20state%20to%20state..>

³ Medicaid.gov. (n.d.). *Program history*. Retrieved February 2, 2022, from <https://www.medicaid.gov/about-us/program-history/index.html>.

existing conditions.⁴ It also reduced deaths in states that through the ACA expanded Medicaid.⁵ The ACA also helped the nation recover from the recession by increasing State budgets from tax revenue, slowing healthcare spending, and creating new employment opportunities.⁶

The Uninsured and Current Payment System: The reimbursement system of public and private payers excludes people for whom no reasonable health insurance policies are available. In 2017, 28.5 million were uninsured.⁷ Of those uninsured, 84.6% were working-age adults between 19-64 years old, and coverage gaps correspond with eligibility thresholds for CHIP, dependent status, and Medicare. Minoritized groups accounted for only 39.3% of the population but comprised the majority of the total uninsured population. People with a high school diploma or less make up the majority of the uninsured.⁸ In addition, the uninsured are significantly more likely to live in poverty and work in the service, construction/maintenance, or production/transportation industries. Medical costs create significant financial hardships for patients, and may increase mortality risk. Millions more people have marginal, inadequate, or intermittent coverage.⁹

The proliferation of managed care plans since 1992 has failed to significantly increase healthcare access.¹⁰ Instead, payer efforts to contain costs created new problems for patients and clinicians, including negative effects on the primary care workforce and increasing administrative complexity.

Marketplace Challenges: Medical care in the U.S. is one of the most expensive in the world.¹¹ Health plans are increasingly reducing payments to physicians and other clinicians, consequently increasing out of pocket costs of patients. While insurance coverage decreased, the cost of specialized healthcare increased over time. Rapidly rising prescription drug costs add a significant burden to patients by increasing premium costs. Medical technology has advanced significantly with more complex, expensive diagnostic and therapeutic modalities.¹²

Delayed Care: Patients who cannot receive preventive care or attention at the early stages of disease often become progressively ill, requiring significantly more complex treatment with increased cost.. Patients who do not receive primary care at a physician's office or clinic continue

⁴ Buchmueller, T. C., Levinson, Z. M., Levy, H. G., & Wolfe, B. L. (2016). Effect of the Affordable Care Act on racial and ethnic disparities in health insurance coverage. *American journal of public health*, 106(8), 1416-1421. doi: 10.2105/AJPH.2016.303155.

⁵ Buchmueller et al. (2016); Lee, B. P., Dodge, J. L., & Terrault, N. A. (2022). Medicaid expansion and variability in mortality in the USA: a national, observational cohort study. *The Lancet Public Health*, 7(1), e48-e55. [https://doi.org/10.1016/S2468-2667\(21\)00252-8](https://doi.org/10.1016/S2468-2667(21)00252-8).

⁶ Schoen, C. (2016). *The Affordable Care Act and the US economy: A five-year perspective*. Commonwealth Fund.

⁷ Berchick, E. R., Hood, E., & Barnett, J. C. (2019). *Health insurance coverage in the United States: 2018* (p. 2, 8). Washington, DC: US Department of Commerce.

⁸ Berchick, E. (2019, September 12). *Who are the uninsured?* United States Census Bureau. Retrieved from <https://www.census.gov/library/stories/2018/09/who-are-the-uninsured.html>.

⁹ Woolhandler, S., & Himmelstein, D. U. (2017). The relationship of health insurance and mortality: is lack of insurance deadly?. *Annals of Internal Medicine*, 167(6), 424-431.

¹⁰ Sekhri, N. K. (2000). Managed care: the US experience. *Bulletin of the World Health Organization*, 78, 830-844.

¹¹ Sekhri, N. K. (2000).

¹² Sorenson, C., Drummond, M., & Khan, B. B. (2013). Medical technology as a key driver of rising health expenditure: disentangling the relationship. *ClinicoEconomics and outcomes research: CEOR*, 5, 223.

to go to hospital emergency rooms for minor illnesses.¹³ Not only is this an expensive, inefficient, and piecemeal modality for such care, it disrupts the primary purpose of the emergency departments, leading to overcrowding and possible injury to ill patients because of delays in treatment.

AMWA's Position: AMWA supports universal access to health care. AMWA believes health care should not be linked to a person's employment or finances, place of residence, sex, age, ethnicity, marital status, or health status. Health care, as a basic necessity, should be available to all persons on the basis of medical need rather than financial ability or employer contracts. Available care should be appropriate to the needs of the individual and society and should be equitably provided. It should emphasize basic primary care, prevention, early detection, chronic care, mental health, and substance use disorder treatment, as well as acute and specialty care.

Oversight mechanisms need to be restructured, separating direct day to day patient care from more global monetary matters. The medical profession and patients should structure and supervise oversight of decision making that concerns direct patient care.

Comprehensive data analysis is essential for planning and implementing a universal health care plan with equal access for all persons, including a basic benefit package. A standardized payment system could reduce administrative expenses and facilitate uniform data collection on health care. This data could be used to monitor the overall health of the country through monitoring public health initiatives and costs. It may be used to improve the geographic and specialty distribution of medical care.

AMWA's Recommendations: Universal health care must be implemented with the understanding that incremental reforms will be necessary to reduce the number of uninsured persons, while improving access in the interim. Coverage must include primary care and preventive health visits, immunization, dental care, acute care, mental and behavioral health care, and substance use disorder treatments. Preventive diagnosing and treatment will avoid more costly, long term disease and suffering, help to reduce medical and time waste, and strengthen the relationship between patients and physicians.

The formation of medical and patient alliances to explore universal health care and the promotion of discussions on equitable access to healthcare could increase public awareness and overcome public and clinician reluctance. These discussions will evolve as the needs of our nation evolve.

The American Medical Women's Association recognizes that reforming health care in the United States is complex and challenging. American society is diverse with many levels of need. Success in reaching health goals may depend on effective outreach to disparate groups and such nonmedical elements as improvement in educational attainment, food security, health behaviors, housing, and other social and economic factors affecting individuals and communities.

¹³ Rust, G., Ye, J., Baltrus, P., Daniels, E., Adesunloye, B., & Fryer, G. E. (2008). Practical barriers to timely primary care access: impact on adult use of emergency department services. *Archives of internal medicine*, 168(15), 1705-1710.