

WASHINGTON STATE MEDICAL ASSOCIATION
HOUSE OF DELEGATES

Resolution: (---)
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Subject: Improved Medicare for All

Introduced by: Sarah Weingberg

Referred to:

- 1 WHEREAS, the US Congressional Budget Office (CBO) estimates that 31 million American
2 citizens lack health insurance, and the number is expected to increase significantly¹, and
3 WHEREAS, compared to ten other high-income countries, the U.S. ranks last in health care
4 affordability, and has the highest rate of infant mortality,² and
5 WHEREAS, employer-sponsored health plans are increasingly unaffordable for workers since
6 85% of these plans include an annual deductible and the average deductible was \$1,573 for
7 single coverage in 2018,³ and
8 WHEREAS, in 2017 the U.S. spent \$3.7 trillion on health care, or 17.9% of GDP,⁴ twice as much
9 per capita on health care as the average of wealthy nations with universal coverage,⁵ and
10 WHEREAS, illness and medical bills contribute to 66.5% of all bankruptcies, a figure that is
11 virtually unchanged since before the passage of the Affordable Care Act (ACA), and 530,000
12 families suffer bankruptcies each year that are linked to illness or medical bills,⁶ and
13 WHEREAS, overhead consumes 12.2% of private insurance premiums,⁷ while the overhead of
14 fee-for-service Medicare is less than 2%,⁸ and

¹ <https://policyadvice.net/insurance/insights/how-many-uninsured-americans/>

² Schneider, et al., "Mirror, Mirror 2017: International comparison reflects flaws and opportunities for better U.S. health care," Commonwealth Fund, July 17, 2017.

³ Claxton, et al., "Health benefits in 2018: Modest growth in premiums, higher worker contributions at firms with more low-wage workers," Health Affairs, October 2018.

⁴ "National Health Expenditures Fact Sheet 2017," U.S. Centers for Medicare & Medicaid Services, December 2018.

⁵ Sawyer and Cox, "How does health spending in the U.S. compare to other countries?" Kaiser Family Foundation, December 7, 2018.

⁶ Himmelstein et al., "Medical bankruptcy: Still common despite the Affordable Care Act," American Journal of Public Health, March 1, 2019.

⁷ National Health Expenditure Accounts, U.S. Centers for Medicare & Medicaid Services, December 2018.

⁸ 2018 Annual Report of the Boards of Trustees of the Federal Hospital Insurance and Federal Supplementary Medical Insurance Trust Funds, June 2018.

15 WHEREAS, providers are forced to spend tens of billions more dealing with insurers' billing and
16 documentation requirements,⁹ bringing total administrative costs to 31% of U.S. health
17 spending, compared to 16.7% in Canada,¹⁰ and

18 WHEREAS, the health insurance system of the US is flawed, and is in need of reform to ensure
19 that all people have access to quality healthcare, regardless of their financial status, and

20 WHEREAS, the U.S. could save over \$500 billion annually on administrative costs with a single-
21 payer system,¹¹ and

22 WHEREAS, billing-driven documentation that contributes to physician burnout could be
23 reduced under a single-payer reform,¹²and

24 WHEREAS, a single-payer reform will reduce malpractice lawsuits and insurance costs because
25 injured patients won't have to sue for coverage of future medical expenses, and

26 WHEREAS, a single-payer system could facilitate health planning, directing capital funds to build
27 and expand health facilities where they are needed, and

28 WHEREAS, a single-payer reform will dramatically reduce, although not eliminate, health
29 disparities. The passage of Medicare in 1965 led to the rapid desegregation of 99.6% of U.S.
30 hospitals,¹³ and

31 WHEREAS, a 2019 report indicates that 24% of Hispanics did not seek health care because of
32 cost concerns, with the following races close behind 21% Black, 19% American Indian Natives,
33 15% of Native Hawaiians and other Pacific Islanders, 14% whites, and 11% Asians, did not seek
34 health care due to cost¹⁴, and

35 WHEREAS, a single-payer system will allow patients to freely choose their doctors, gives
36 physicians a choice of practice setting, and protect the doctor patient relationship, THEREFORE

37 BE IT RESOLVED that WSMA express its support for universal access to comprehensive,
38 affordable, high-quality health care through a publicly funded national healthcare
39 program, including similar legislation at the state level.

⁹ Morra, et al., "U.S. physician practices versus Canadians: spending nearly four times as much money interacting with payers," Health Affairs, August 2011.

¹⁰ Woolhandler, et al., "Costs of health administration in the U.S. and Canada," NEJM, Sept. 21, 2003.

¹¹ Woolhandler and Himmelstein, "Single-payer reform: The only way to fulfill the President's pledge of more coverage, better benefits, and lower costs," Annals of Internal Medicine, April 2017.

¹² Downing, et al., "Physician burnout in the electronic health record era: Are we ignoring the real cause?" Annals of Internal Medicine, July 3, 2018.

¹³ 13. Himmelstein and Woolhandler, "Medicare's rollout vs. Obamacare's glitches brew," Health Affairs blog, Jan. 2, 2014.

¹⁴ <https://www.kff.org/racial-equity-and-health-policy/report/key-facts-on-health-and-health-care-by-race-and-ethnicity/>