

**Maine Medical Association**

**Resolution #1: To Support Health Equity**

**Through the Establishment of a Universal Health Care Plan for All Maine Residents**

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**Whereas,** [26.1 million](#) Americans lacked health insurance in 2019 (1), and

**Whereas,** compared to ten other high-income countries, the U.S. [ranks last](#) in health care affordability and health equity, and has the highest rate of infant mortality and mortality amenable to health care (2), and

**Whereas,** the U.S. response to the COVID-19 pandemic highlighted the [poor state](#) of the nation's public health infrastructure (3) and the dangers posed by [widespread lack](#) of adequate health coverage (4), and

**Whereas,** a single-payer reform would dramatically reduce, although not eliminate, health disparities; the [passage](#) of Medicare in 1965 led to the rapid desegregation of 99.6% of U.S. hospitals (5), and

**Whereas,** the economic recessions of [2008](#) (6) and [2020](#) (7) demonstrate that health coverage based on employment is not stable, affordable, or equitable, and

**Whereas,** the shrinking number of employer-sponsored health plans are [increasingly unaffordable](#) for workers since 85% of these plans include an annual deductible and the average deductible was \$1,931 for single coverage in 2019 (8), and

**Whereas,** in 2019 the U.S. spent [\\$3.8 trillion](#) on health care, or 17.7% of GDP (9), [twice as much](#) per capita on health care as the average of wealthy nations that provide universal coverage (10), and

**Whereas,** illness and medical bills contribute to [66.5% of all bankruptcies](#), a figure that is virtually unchanged since before the passage of the Affordable Care Act (ACA), and 530,000 families suffer bankruptcies each year that are linked to illness or medical bills (11), and

**Whereas,** administrative overhead and profit consumes [12.2%](#) of private insurance premiums (12), while the overhead of fee-for-service Medicare is less than [2%](#) (13), and

**Whereas,** providers are forced to spend [tens of billions](#) more dealing with insurers' billing and documentation requirements (14), bringing total administrative costs to [34.2%](#) of U.S. health spending, compared to 17% in Canada (15), and

**Whereas,** the U.S. could save over [\\$500 billion](#) annually on administrative costs with a single-payer system (16), and

**Whereas,** Maine could save \$1.5 billion in annual healthcare costs by switching to a state-level universal health care system in Maine (17), and

**Whereas,** billing-driven documentation that contributes to [physician burnout](#) would be greatly reduced under a single-payer reform (18), and

**Whereas**, the savings from slashing bureaucracy would be [enough](#) to cover all of the uninsured and eliminate cost sharing for everyone else (19), and

**Whereas**, a single-payer system could control costs through [proven-effective mechanisms](#) such as global budgets for hospitals and negotiated drug prices (20), thereby making health care financing sustainable, and

**Whereas**, a single-payer system would facilitate health planning, directing capital funds to build and expand health facilities where they are needed, rather than being driven by the dictates of the market, and

**Whereas**, single-payer financing would move the United States away from [“value-based” payment schemes](#) (21) and towards a model that reimburses independent physicians based on their time and expertise, and

**Whereas**, single-payer healthcare reform would reduce malpractice lawsuits and insurance costs because injured patients wouldn’t have to sue for coverage of future medical expenses, and

**Whereas**, a single-payer system would allow patients to freely choose their doctors, give physicians a choice of practice setting, and protect the doctor-patient relationship, and

**Whereas**, there is single-payer legislation in the U.S. House of Representatives, [H.R. 1976](#) (22), and forthcoming single-payer legislation in the U.S. Senate, and

**Whereas**, the Maine Legislature has enacted [Public Law 391- the Maine Health Care Act](#) (23) in 2021, and sent a [Joint Resolution](#) (24) to the U.S. Congress memorializing the federal government to establish a federal waiver process for states to establish a universal health care plan, and

**Therefore, Be it Resolved**, that the Maine Medical Association expresses its support for the establishment of an equitable, comprehensive, affordable, high-quality, publicly-funded universal health care system at the national level, as well as for comparable legislation at the state level.

## References

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23. [Public Law 391 - the Maine Health Care Act](#), Maine Legislature, 2021.
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