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**Maine Medical Association Statement on Reform of the U.S. Health Care System**

The Maine Medical Association (MMA), headquartered in Manchester, Maine, was founded in 1853 and now represents more than 4,000 physicians, resident physicians, and medical students. Our mission is to support Maine physicians, advance the quality of medicine in Maine, and promote the health of all Maine people.

The MMA believes that our current U.S. health care system produces some of the world’s most eminent clinicians and health care facilities which, together, provide some of the most advanced medical care in the world. But, despite sustained efforts by physicians and other health care workers, our system fails both patients and physicians in multiple ways:

* It is the [**most expensive in the world**](https://www.commonwealthfund.org/publications/issue-briefs/2023/jan/us-health-care-global-perspective-2022#:~:text=In%202021%2C%20the%20U.S.%20spent,higher%20than%20in%20South%20Korea.), consuming almost 18% of our gross national product.
* We are [**near the bottom of developed nations in important indicators of health**](https://www.healthsystemtracker.org/chart-collection/quality-u-s-healthcare-system-compare-countries/),such as life expectancy, infant mortality, and preventable hospitalizations.
* Most health care dollars are spent in the last weeks of life, while [**cost-cutting has focused largely on primary care**, public health, and services which reduce illness](https://www.milbank.org/publications/health-of-us-primary-care-a-baseline-scorecard/).
* The[**cost of lifesaving medication is often** **unaffordable**](https://aspe.hhs.gov/reports/international-prescription-drug-price-comparisons) for many patients.
* The [**pursuit of profit** **is driving up the cost of health care**](https://pubmed.ncbi.nlm.nih.gov/36716043/) and compounding system inequities.
* [**Many are still without access to health care**](https://www.kff.org/uninsured/issue-brief/key-facts-about-the-uninsured-population/)**.**
* [**Health care related bankruptcy**](https://www.kff.org/health-costs/report/kff-health-care-debt-survey/)remains the leading cause of bankruptcy.
* Physicians are burdened with [**documentation increasingly geared toward system requirements rather than patient care**](https://pubmed.ncbi.nlm.nih.gov/31905376/).
* A system [**relying on employer-based insurance distorts priorities**](https://www.americanprogress.org/article/health-insurance-costs-are-squeezing-workers-and-employers/), leaves many uncovered and reduces patient options.
* There are [**startling inequities of health care** because of income disparities and systemic bias](https://www.ncbi.nlm.nih.gov/books/NBK425844/), which falls largely on marginalized groups.
* [**Low reimbursement rates in the Medicare and Medicaid programs**](https://www.commonwealthfund.org/blog/2022/how-differences-medicaid-medicare-and-commercial-health-insurance-payment-rates-impact) have made **provision of comprehensive care to these important populations** unsustainable.
* Demoralized and disillusioned, **physicians are leaving the profession in record numbers**.

**Action should be taken immediately to create a system that provides access to health care for all (as a public good), contains costs, eliminates health disparities, and ensures a robust public health system. A new health care system should strive to incorporate the following principles:**

The Physician-Patient Relationship

1. Put the patient first and protect the physician-patient relationship, particularly respecting the physician’s autonomy as an advocate for the patient.
2. Provide health care that is high quality, comprehensive, reflects a physician-patient collaboration and is not profit driven.
3. Promote patients’ freedom to select their physicians and other clinicians.

Structure of the Health care System

1. Support a strong public health infrastructure that collaborates fully with health care systems to advance population health through emphasizing the prevention of disease and addressing social determinants of health, such as poverty, education, environmental factors, and nutrition.
2. Recognize the importance of primary care in the prevention of disease.
3. Ensure access to fully integrated, high-quality health services when and where needed, including at-home care, dentistry, and specialty services.
4. Accept that bias, both recognized and implicit, plays an outsized role in access to health care and treatment. Strengthen and expand research into disparities in health status and eliminate causative factors.
5. Ensure coverage for pre-existing medical conditions and end coverage discrimination for any individual factor, such as addiction, sex, gender identity, age, race, or place of residence.
6. Create a sustainable system that controls health care costs in the least intrusive way possible, without damaging patient care and have a billing system that is streamlined, prompt, and reliable.
7. Assure a continuous improvement plan for health care that relies on evidence-based medicine, benchmarking, and reliable metrics.
8. Promote transparency of health care cost, quality, and outcome data.
9. Enhance patient care by making electronic medical records (EMRs) and health information technology (HIT) user friendly, focused on clinical rather than financial matters, and interoperable to facilitate communication.
10. Include a means of resolving medical liability disputes that will be fair to all.
11. Include a multi-disciplinary, integrated, and evidence-based mental health care and substance use disorder treatment system with the same level of access and payment parity as that of all other illnesses.
12. Assure funding for a well-trained and adequately compensated health care workforce that can provide high-quality care for all.

Public Support for the Health Care System

1. Be politically sustainable by including everyone as a beneficiary, by being simple and transparent so that every participant can understand the system and see that its financial burdens and benefits are distributed fairly.

The MMA recognizes the need for comprehensive and transformative change to our health care system. We have periodically surveyed our membership and, overall, members do not think the present health care system fulfills the principles we have outlined – it is full of inefficiencies and failures to prevent disease and disability. Experience during the last decade has shown that the Affordable Care Act, Medicare, Medicaid, and the Veterans Administration have improved access to health care, but that access is threatened by low reimbursement rates. A new system must be a full reconfiguration of health care delivery and financing, designed by evaluating the failures and successes of our present models and the systems of other countries**.**

The priority for health care reform is to provide high-quality, comprehensive care for all residents of the U.S. in a cost-efficient manner. We believe that a system that is unduly influenced by the profit motive adversely affects the decisions made for patients and cannot fulfill these same principles. Other countries have demonstrated better outcomes through a variety of differing national programs. These health care systems include models in which physicians are employed directly by the government, independent physicians paid primarily through the government, or hybrid systems, using private regulated financing methods. All these systems receive public financing and are better at realizing the principles outlined in this document.

We believe any solution must ensure universal access to efficient, evidence-based, timely care that is affordable to the American people. As such, we are calling for federal health care reform that provides universal coverage through either an adequately funded single payer system or a combination of private and public financing where the federal government has, at minimum, regulatory powers over health care delivery to protect consumers and providers from private profit-driven motives. Such federal reform is the most cost-effective way to provide universal coverage, establish appropriate priorities, and achieve simplicity. Basic, comprehensive care must be available to all, and creativity and competition that can enhance quality should be encouraged through assessing and implementing all payment methods and care models that can show benefit. The time for the people of Maine and the United States to have guaranteed, affordable care is long overdue.

Given the current partisan divide at the federal level, however, such necessary federal reform seems unlikely at this time. Maine cannot afford to delay regular access to ongoing health care for all of its people. The Maine Medical Association, therefore, calls upon the Legislature and Governor of Maine to achieve and maintain universal access to regular health care services through the provision of health coverage to all Maine people by the end of 2027, through either an expansion of existing coverage options, or another creative and sustainable solution. This is an attainable goal fully aligned with the mission of the MMA**.**

As advocates for our patients, physicians should be an integral part of the planning to move these proposed reforms forward as quickly as possible. Health care must primarily be a public good that is available to all.

Approved by the MMA Board of Directors, June 7, 2023

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