

DRAFTING NOTE: This draft document lays out the Maine Medical Association's (MMA) recommendations for action to be taken by the United States (U.S.) Congress to improve the delivery of health care in America. It was prepared by an Ad Hoc Committee on Health System Reform established by the MMA Board of Directors in early 2021. The Ad Hoc Committee, chaired by Maroulla Gleaton, M.D., spent approximately one year developing this draft, based upon the MMA's prior *Statement on Reform of the U.S. Healthcare System*, adopted by the Board of Directors in January 2017. The Ad Hoc Committee will be providing opportunities for member feedback and critique during the next several months. You may direct comments or questions to Andrew MacLean, MMA CEO, at amaclean@mainemed.com or 207-215-7462.

Maine Medical Association Statement on Reform of the U.S. Healthcare System

The Maine Medical Association (MMA), headquartered in Manchester, was founded in 1853 and currently represents more than 4300 physicians, resident physicians, and medical students. Its 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 the current United States (U.S.) healthcare system produces some of the world's most eminent clinicians and health care facilities, who 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 continues to fail both patients and physicians in multiple ways:

- It is the **most expensive in the world**, consuming almost 20% of our gross national product.
- We are **near the bottom of developed nations in terms of important indicators of health**, such as life expectancy, infant mortality, and preventable hospitalizations.
- Healthcare **dollars are often spent in the last weeks of life**, while cost-cutting has focused largely on primary care and public health, which could reduce illness.
- **Many are still without healthcare access** and do not get the treatment they need.
- **Medical bankruptcy** remains a leading cause of bankruptcy.
- **Lifesaving medications often cost many times what they do in other countries** and are unaffordable for many patients.
- Physicians are burdened with **documentation increasingly geared toward payment system requirements rather than patient care**.
- **Payment requirements often delay needed care** for many Americans.
- **Employers struggle to bear the cost burden** of providing coverage to employees, frequently resulting in the need to cut benefits.
- There are startling **inequities in healthcare because of income disparities and systemic bias**, which fall largely on black, brown, and indigenous people.

The MMA believes that action should be taken immediately to create a system that achieves access to healthcare for all as a public good, contains costs, eliminates health disparities for all populations, and ensures a robust public health system.

Our healthcare system should strive to incorporate the following principles:

The Physician-Patient Relationship

1. Provide health care that is patient-centric and physician-directed.
2. Put the patient first and protect the sanctity of the physician-patient relationship, particularly respecting the physician's autonomy as an advocate for the patient.
3. Promote patients' freedom to select their physicians and other health care clinicians.

Structure of the Healthcare System

4. Support a strong and vital public health infrastructure that collaborates fully with physicians and health care systems, to advance population health at the state, national, and global levels.
5. Ensure access to fully integrated, high quality health services when and where needed, including at-home care, dentistry, and specialty services.
6. Strengthen and expand research into the clear disparities in health for marginalized populations and prioritize addressing these factors.
7. Ensure coverage for pre-existing medical conditions and eliminate coverage discrimination for any individual factor, such as addiction, sex, gender identity, age, race, or place of residence.
8. Have the ability to restrain rising health care costs at a system-wide level in the least intrusive way possible, without damaging patient care.
9. Ensure a continuous improvement plan for health care that relies on evidence-based medicine, benchmarking, and outcome measures driven by clinicians and administrators working together.
10. Emphasize prevention of disease and provide systemic support to address social determinants of health, such as poverty, education, environmental factors, and nutrition.
11. Promote transparency of health care cost, quality, and outcome data.
12. Reduce the burden of administration, including creating a medical billing system that is streamlined and consistent, and a payment system that is prompt and outcomes oriented.
13. Make electronic medical records (EMRs) and health information technologies (HIT) user friendly, focused on clinical rather than financial matters, and interoperable to facilitate communication among clinicians, patients, and health care facilities and eliminate fragmentation of care.
14. Include a means of resolving medical liability disputes that will be fair to all and reduce defensive medicine.

15. Include a comprehensive, 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.
16. Recognize that culturally based stigma plays an outsized role in both access to care and the treatment of illness and work to eliminate such factors.

Public Support for the Healthcare System

17. Be politically sustainable by including everyone as a participant and, therefore, a stakeholder in the healthcare system.
18. Be simple and transparent, so that every participant can understand it and perceive that its financial burden and benefits are distributed fairly.

Conclusion

The MMA has periodically surveyed our membership and, overall, members do not think the present healthcare system fulfills the principles we have outlined above. The priority for healthcare 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 relies heavily on for-profit cannot adequately fulfill these same principles. Additionally, our present system depends on employment status which leaves many uncovered and reduces patient options.

Other countries have demonstrated better outcomes through national programs. These healthcare 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 insurance. What these systems share are universal healthcare, adequate public financing, mandated services, and regulation by the government. In the absence of a nationalized system in this country, novel models of care have arisen which often demonstrate better outcomes, lower cost, and higher clinician/patient satisfaction. All of these systems are better at realizing the principles outlined in this document.

Experience during the last decade has shown that the Affordable Care Act, Medicare, Medicaid, and Veterans Administration have improved access, but have failed to solve the deficiencies of our system. The MMA recognizes the need for comprehensive change, not piecemeal adjustments, to our healthcare system. We believe a national single payer healthcare system, working collaboratively with physician-led healthcare systems is the best alternative for this country to fulfill the principles stated. It is the best way to save money, provide universal coverage, and achieve simplicity. 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.

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