Local, State, and National Resolutions

Donald Bourne, MPH; Max Brockwell; Michael Kaplan, MD

MEDICARE FOR ALL RESOLUTIONS
Introductions

Donald Bourne, MPH

Max Brockwell, BS
SNaHP, Northeast Ohio Medical University
VP of Political Advocacy

Michael Kaplan, MD
Chair, AAFP Single Payer Member Interest Group
https://www.medicare4allresolutions.org/is-a-local-resolution-already-underway-in-your-community/
Local Resolutions
Local Government Resolutions

• Building grassroots movements
• Accessible to students
• Balance of preparation vs. efficiency
• Best resource available:
  ○ Medicare4AllResolutions
Meetings with City Council Members
Met with council members throughout July + August

First Testimony Before General City Council Meeting
Voted unanimously to be added to agenda for Oct 5th

M4A Presentation Before Subcommittee Meeting
Voted 5 - 2 to be passed on to general council meeting

Board of Health Resolution Passed

Final Testimony Before General City Council Meeting
Voted 7 - 2 in favor of a resolution supporting M4A
Build a Resolution Team

• Begin with a small core team

• Potential allies
  ○ Members of your SNaHP or PNHP chapter
  ○ Local or State single-payer organizations
  ○ Public Health Dept
  ○ Local union members
Profile Building

• Identify voting members

• Search for information
  ○ Social media
  ○ LinkedIn
  ○ Political information sites
  ○ Previous meeting minutes

• Categorize according to likelihood of vote

• Identify possible champions
Draft your Resolution

• Include specific locality data
  ○ Uninsured rate in city and state, poverty rate, etc.

• Work with legislators to create a resolution that is acceptable

• Sample resolutions and whereas clauses available
  ○ Sample M4A Resolution Language
RESOLUTION 2022 -107

A RESOLUTION OF THE CITY OF KENT, OHIO ENDORSING THE MEDICARE FOR ALL ACT OF 2022 (S.4204); AND DECLARING THAT ACCESS TO QUALITY AFFORDABLE HEALTHCARE IS A HUMAN RIGHT, AND DECLARING AN EMERGENCY.

WHEREAS almost 5% of residents in the city of Kent, over 1,300 people, do not have health insurance while many more are underinsured; and

WHEREAS almost 24% of residents in the city of Kent, over 6,500 people, live below the federal poverty threshold; and

WHEREAS every resident of Kent deserves affordable and convenient access to high quality healthcare, and everyone’s health is at risk when our neighbors cannot receive care; and

WHEREAS preventative health models create a healthy population, ensuring a reliable workforce and productive business environment, thereby strengthening local business; and

WHEREAS in the state of Ohio over 700,000 people do not have health insurance, while many more are underinsured; and

WHEREAS many people delay seeking needed health care due to an inability to pay, leading to a sicker and poorer population in the long run; and

WHEREAS the number of Americans without health insurance before the COVID-19 pandemic was still nearly 30 million, with more than 40 million Americans underinsured, despite important gains made since the implementation of the Affordable Care Act; and

WHEREAS, such a population is significantly more likely to develop serious illness if exposed to COVID-19 and will subsequently face higher mortality rates from the disease; and

WHEREAS the ever-increasing costs of health care, which are further elevated due to the pandemic, may challenge our already strapped state and municipal budgets; and

WHEREAS in order to equitably and effectively address the health care burden of the COVID-19 crisis, we must urge the United States Congress to expand health insurance coverage to provide comprehensive coverage to every resident of the United States without any cost sharing; and

WHEREAS the Medicare for All Act of 2022 would provide national health insurance for every person in the United States for all necessary medical care including prescription drugs, hospital, surgical and outpatient services; primary and preventive care; emergency services; dental, vision, hearing, and mental health care; reproductive care; and long-term care; and

WHEREAS the Medicare for All Act of 2022 would provide coverage without copays, deductibles or other out-of-pocket costs, and would slash bureaucratic fees, protect the doctor-patient relationship and assure patients a free choice of doctors; and

WHEREAS recent polls show that a majority of Americans support Medicare for All; and

WHEREAS the Medicare for All Act of 2022 will guarantee that all residents of Kent will be fully covered for health care without copays, deductibles or other out-of-pocket costs, and would save millions in taxpayer dollars now spent on premiums that provide often inadequate health insurance coverage for government employees; and

WHEREAS the quality of life for the residents of Kent will vastly improve through increased access to ongoing care they need, instead of waiting until they have a medical emergency that could upend their lives as well as further burden local resources; and

NOW, THEREFORE, BE IT RESOLVED by the Council of the City of Kent, Portage County, Ohio:

SECTION 1. That Kent City Council members support legislation to enact emergency legislation to provide universal, comprehensive health coverage with zero cost-sharing for patients during this crisis and enthusiastically supports the Medicare for All Act of 2022 (S.4204) and calls on our federal legislators to work toward its immediate enactment, assuring appropriate and efficient health care for all residents of the United States.

SECTION 2. That it is found and determined that all formal actions of this Council concerning and relating to the adoption of this Resolution were adopted in an open meeting of this Council and that all deliberations of this Council, and of any of its committees that resulted in such formal action, were in meetings open to the public in compliance with all legal requirements of Section 121.22 of the Ohio Revised Code.

SECTION 3. That this Resolution is hereby declared to be an emergency measure necessary for the immediate preservation of the public peace, health, safety, and welfare of the residents of this City, for which reason and other reasons manifest to this Council this Resolution is hereby declared to be an emergency measure and shall take effect and be in force immediately after passage.

PASSED: October 19, 2022
Date

Jerry T. Finn
Mayor and President of Council

EFFECTIVE: October 19, 2022
Date

ATTEST: Amy Wilkins
Clerk of Council
Meet with Councilmembers

• Getting started
  ○ In person meeting if possible
  ○ Arrange via phone call, email, or letter
    ■ Be respectful, but persistent

• During the meeting
  ○ Provide policy education on M4A
  ○ Handouts should be simple
  ○ Discuss timeline & being placed on agenda

• Afterwards
  ○ Follow up via email
  ○ Gather necessary resources
Provide Testimony

• Generally between 90s - 3 mins
• Types of testimony
  ○ Logic and statistics
  ○ Personal experience
  ○ Healthcare worker perspective
• The more people showing up to council the better
• You should have an idea of where each councilmember stands before presenting
Congratulations! You Just Passed a M4A Resolution
Spread the Word

• Prepare a press release
• Reach out to local news
  ○ Newspapers
  ○ TV stations
  ○ Radio stations
• Post on social media
  ○ Instagram, Twitter, Facebook, etc.
  ○ Blogs, influencers
  ○ University accounts
• Share with your State & Federal representatives
• Petitions on state ballot
  ○ Can advocate for state level single payer
Credits

- [Image by pch.vector](https://www.freepik.com/free-vector/employers-choosing-candidates-job-interview_7732612.htm#query=cartoon%20people%20professionals&position=11&from_view=search&track=sph) on Freepik
- [Image by pch.vector](https://www.freepik.com/free-vector/company-employees-planning-task-brainstorming_9174471.htm#query=cartoon%20people%20professionals&position=4&from_view=search&track=sph) on Freepik
- [Image by pch.vector](https://www.freepik.com/free-vector/corporate-discussion-illustration-set_6161207.htm#page=2&query=meeting&position=19&from_view=search&track=sph) on Freepik
- [Image by pikisuperstar](https://www.freepik.com/free-vector/hand-drawn-flat-design-poetry-illustration_23832498.htm#query=writing&position=2&from_view=search&track=sph) on Freepik
- [Image by pikisuperstar](https://www.freepik.com/free-vector/news-concept-landing-page_5156461.htm#query=press&position=27&from_view=search&track=sph) on Freepik
- [Image by kjpargeter](https://www.freepik.com/free-vector/celebration-banner-with-gold-balloons-stars_5541491.htm#query=celebration&position=2&from_view=search&track=sph) on Freepik
State Medical Society Resolutions
Overview

• Why write a resolution
• Anatomy of a resolution
• Policy process*
• Strategy
• Resources

*My experience is in Pennsylvania, other states may be different
Why Write a Resolution

• A resolution is a proposed statement of policy or a call to action
  • A method for individuals to formally suggest an idea or course of action at a meeting of a large parliamentary body

• Shine light on a poorly understood problem in healthcare

• Increase awareness of a potential solution

• Gain hands-on experience in organized medicine and advocacy
Anatomy of a Resolution

Header

- Title of resolution
- Only voting delegates can introduce a resolution
- The original authors + any add’l sponsors
- Author affiliations

2022 PAMED HOD Resolutions:

PREAMBLE
Monday, July 25, 2022

Subject:

Introduced By:

Author:

County/Specialty Affiliation of Author:

Support Single-Payer Healthcare

Donald Bourne

Donald Bourne, MPH

Allegheny County/University of Pittsburgh School of Medicine
Anatomy of a Resolution

**Whereas Clauses**

- **Purpose:** The “Why”
  - Justifies the action requested in the Resolved Clauses
- **Format**
  - Each new idea presented in its own clause beginning with “Whereas,”
  - In-line citations for ALL claims
- **Structure**
  - Background information on topic / explanation of problem
  - Details of proposed solution with supporting evidence
  - Demonstration of gap in existing policy

**References:**

Anatomy of a Resolution

Resolved Clauses

- **Purpose:** The “What”
  - Formal statement of requested action
  - If adopted, used to guide action by Officers and Staff (without Whereas clauses)
    - Keep in mind when composing Resolves, should capture the essence of the action justified in the Whereas clauses, but without rehashing them

- **Format**
  - Each new action presented in its own clause beginning with “RESOLVED,”
  - Amendments of existing policy
    - Additions indicated by *underlining*
    - Deletions indicated by **strikethrough**
Anatomy of a Resolution

Passive Resolved Language
- Recognize
- Support
- Research/Study
- Develop

Active Resolved Language
- Promote
- Encourage/Urge
- Advocate/Lobby/Call upon
- Oppose/Condemn/Object to
Policy Process

Delegate and Alternate Delegate

ROADMAP TO HOD

PARTICIPATE IN SECTION MEETINGS
SIGN UP BY OCT. 24

MEDICAL STUDENT
SECTION: OCT. 27 at 7:30 P.M.

RESIDENT AND FELLOW SECTION:
OCT. 28 at 7:30 P.M.

EARLY CAREER PHYSICIAN
SECTION: OCT. 27 at 7:00 P.M.

INTERNATIONAL MEDICAL
GRADUATE SECTION: OCT. 28 at
7:00 P.M.

WOMEN PHYSICIANS SECTION:
OCT. 27 at 7:00 P.M.

Each special section is holding their annual business meeting prior to the House of Delegates Meeting.

PARTICIPATE IN THE PAMPAC & PAMED VIRTUAL SOCIAL

It’s not too late to join in on the fun!
LOGIN TO JOIN THE SOCIAL.

We miss you! As has historically been done when we are in person, we’re holding a social the Friday before the HOD.

PARTICIPATE IN THE VIRTUAL HOUSE OF DELEGATES OCT. 30
SIGN UP BY OCT. 29 at NOON

REGISTRATION CLOSED
We look forward to seeing you!

Sign up to have access as a Delegate or Alternate Delegate to the online platform that will be used to conduct the HOD.

YOU HAVE REACHED YOUR DESTINATION!
PREAMBLE

Subject: Remove opposition to single-payer health care

Introduced By: Donald Bourne

Author: Donald Bourne

County/Specialty Affiliation of Author: Allegheny County

WHEREAS

WHEREAS, resolutions supporting Medicare for All have been passed in Allegheny, Armitage, Bethlehem, Easton City, Erie, Newntown, Pittsburgh, South Heles, Wilkinsburg, and Allegheny County, Beaver County – which combined are home to over 3 million Pennsylvanians (nearly 25% of the population) (1), (2), and

other physician groups such as the American College of Physicians, the Vermont Medical Society, and the Hawaii Medical Society endorse single-payer health care reform, and

WHEREAS, 29.6 million Americans lacked health insurance in 2013 (3), and

WHEREAS, COVID-19 has exposed the fragility of job-connected health insurance for people and employers as evidenced by millions of Americans losing employer sponsored health insurance (4), and

WHEREAS, compared to other high-income countries, the U.S. ranks last in health care affordability, and has the highest rate of infant mortality and mortality amenable to health care (5), and

WHEREAS, employer-sponsored health plans are increasingly unaffordable for workers since 85% of these plans include an annual deductible and the average deductible was $1,575 for single coverage in 2018 (6), and

WHEREAS, in 2017 the U.S. spent $3.7 trillion on health care, or 17.2% of GDP (7), twice as much per capita on health care as the average of wealthy nations that provide universal coverage (8), 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 $300,000 families suffer bankruptcies each year that are linked to illness or medical bills (9), and

WHEREAS, overhead consumes 12.2% of private insurance premiums (10), while the overhead of for-profit Medicare is less than 2% (11), and

WHEREAS, providers are forced to spend tens of billions more dealing with insurers’ billing and documentation requirements (12), bringing total administrative costs to 34.2% of U.S. health spending, compared to 17.0% in Canada (13), and

WHEREAS, the U.S. could save over $500 billion annually on administrative costs with a single-payer system (14), and

WHEREAS, billing-driven documentation that contributes to physician burnout would be greatly reduced under a single-payer reform (15), and

WHEREAS, the savings from slashing bureaucracy would be enough to cover all of the uninsured and eliminate cost sharing for everyone else (16), and

WHEREAS, a single-payer system could control costs through proven-effective mechanisms such as global budgets for hospitals and negotiated drug prices (17), thereby making health care financing sustainable, and

WHEREAS, a single-payer reform will reduce malpractice lawsuits and insurance costs because injured patients won’t have to sue for coverage of future medical expenses, 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, a single-payer reform will 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 (18) and

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

WHEREAS, single-payer legislation is being introduced in both houses of Congress, H.R. 1384 (19) and S. 1129, therefore

Resolved

RESOLVED, That the Pennsylvania Medical Society amend current policy 165.997 Managed Competition to remove language opposing single-payer systems by deleting as follows:

Managed Competition

1. PAMED adopted the following policy position. Health system reform proposals that unfairly concentrate the market power of payers are detrimental to patients and physicians. If patient choice of physician or choice of physician to select mode of practice is limited or denied, treatment will be compromised within such a definition should continue to be opposed by PAMED. Reform proposals should balance fairly the market power between payers and physicians or be opposed.

2. PAMED continues to support a pluralistic health care system, with no preferential treatment by government that gives a competitive advantage to any form of health insurance/health care delivery organization. In particular, integrated systems should be given no competitive advantage.

3. PAMED will propose and support legislative or regulatory action requiring employers to offer a benefit payment schedule plan, in addition to other plans.

4. PAMED will continue to advocate strongly to Congress, the Department of Justice, and the Federal Trade Commission the need for changes in relevant antitrust laws to allow physicians and physician organizations to engage in group negotiations with collective purchasers, managed care plans, insurers, and other payers.

5. Society support for any "managed competition" proposal is contingent, in part, on: (a) relief from existing antitrust laws with respect to the right of physicians and physician organizations to engage in group negotiation; and (b) modifications to ERISA to ensure that any rules and negotiation requirements apply equally to self-insured and insured health benefit plans. (Res. 322, H-1994; revised, Res. 303, H-2019)

CONCLUSION

Fiscal Note: N/A

References:
Strategizing

- Authorship
- Endorsements
- Language
- Incremental steps
  - Oppose → Neutralize → Support → Advocate
- Understand Robert’s Rules of Order
- Referring
  - Call to question
  - Refer for study
  - Refer to board for decision
What have we accomplished in PAMED?

- **2021**
  - Neutralized language against single-payer
  - Support for single-payer was at 37%
- **2022**
  - Support for single-payer was at 41%
  - Resolution against DCEs/ACO REACH was referred to the board for decision
Resources

• [https://medicalsocietyresolutions.org/sample-resolution/](https://medicalsocietyresolutions.org/sample-resolution/)
  • Sample Medical Society Resolution

• [https://www.medicare4allresolutions.org/tools-for-activists/](https://www.medicare4allresolutions.org/tools-for-activists/)
  • Sample Local Resolution

• [https://www.medicare4allresolutions.org/is-a-local-resolution-already-underway-in-your-community/](https://www.medicare4allresolutions.org/is-a-local-resolution-already-underway-in-your-community/)
  • Ongoing/Passed Resolutions
AMA Resolutions
Resolutions

Delegations
- State medical societies
- Medical specialty societies

Sections
- Integrated Physician Practice
- International Medical Graduates
- Medical Student MSS
- Minority Affairs
- Organized Medical Staff
- Resident & Fellow
- Section on Medical Schools
- Senior Physicians
- Women Physicians
- Young Physicians

Others
- Military branches
- Individual delegates

Board of Trustees

House of Delegates

Reference Committees

Full house session

Possible actions
- Adopt
- Refer
- File
- Not adopt

Resolutions

AMA Councils
- Constitution & Bylaws
- Legislation
- Long-Range Planning & Development
- Medical Education
- Medical Service
- Science & Public Health

Council on Ethical & Judicial Affairs

Special House of Delegate Committees
AMERICAN MEDICAL ASSOCIATION MEDICAL STUDENT SECTION ASSEMBLY

Resolution X
(I-22)

Introduced by:

Subject: Against Direct Contracting Entities

Sponsored by:

Referred to: MSS Reference Committee
(TBA, Chair)

RESOLVED, That our AMA oppose any attempts to implement Direct Contracting Entities, such as Accountable Care Organization Realizing Equity, Access, and Community Health (ACO-REACH) program, and their relationship with Medicare; and be it further

RESOLVED, That our AMA develop educational materials for physicians regarding Direct Contracting Entities, such as Accountable Care Organization Realizing Equity, Access, and Community Health (ACO-REACH) program so that they are aware of the implications of their individual or their employer’s participation in this program; and be it further

RESOLVED, That this resolution be immediately forwarded to the AMA House of Delegates.

aligning them with that DCE^{1-3}; and
Specialty Society/Interest Group Resolutions
American Academy of Family Physicians (AAFP) 
Single Payer Health Care Member Interest Group

- AAFP developed a Member Interest Group (MIG) program in 2015
- The Single Payer Health Care MIG founded that year with required 50 members. Currently over 400 members.
- The Single Payer Health Care MIG aims to educate AAFP members on the ability of single payer financed health care to streamline and simplify patient care and improve family physicians' professional satisfaction by greatly decreasing administrative complexities and burdens.
Health Care is a Right - 2017

Introduced by the Massachusetts, California, Colorado, Maine, New York, Illinois, California and New Hampshire Chapters

- RESOLUTION NO. 503 (Co-Sponsored C)
- Health Care is a Right
- RESOLVED, That the American Academy of Family Physicians recognize that health care is a basic human right for every person and not a privilege.
- Referred to the Reference Committee on Advocacy
- Amended on the Floor:
  RESOLVED, That the American Academy of Family Physicians recognizes that health is a basic human right for every person, and be it further
- RESOLVED, That the right to health includes universal access to timely, acceptable and affordable health care of appropriate quality.
- Added as policy statement entitled "Health is a Right" to the policy website.
How did the MMS get there?

- In 2017 the Berkshire District Medical Society introduce a resolution at HOD that

- RESOLVED, That the Massachusetts Medical Society recognizes that health care is a basic human right for every person and not a privilege.

- This was referred to the Board of Trustees to report back. The next year a recommendation to have a Conference on Health as a Human Right was passed. This occurred at our fall 2018 meeting, 3 experts spoke and it was well attended. A straw poll of the group indicated a minority of those present wanted Single Payer (similar to the House of Delegates as a whole),

- The conference convinced the leadership to have the Medical Society “ASSERT that HEALTH, which includes HEALTH CARE, is a Human Right”, wording that was passed at the annual meeting in 2019.
acknowledged that equitable access to medical care is a core component of a basic human right. The American Medical Association (AMA) holds that physicians have an ethical responsibility to ensure that all persons have access to quality health care. There are many pathways to providing patients with equitable access to medical care and improving overall outcomes, regardless of socioeconomic status. These include improved education, advocacy, and policy changes to ensure that all people have access to healthcare.
2021: Health Care not tethered to employment
AAFP Congress of Delegates, adopted

Health Care Funding Should Not Be Bound to Employment

RESOLVED, That the American Academy of Family Physicians support and advocate that the funding of any future health care system be capable of supporting access to universal, high quality, equitable, and affordable health care without tethering health insurance to employment.
ACP: Better is Possible adopted at AAFP 2022

RESOLVED, That the American Academy of Family Physicians revise the list of Health Care for All approaches to include the following three preferred models (single payer, public option with Bismarck Approach, Primary Care Coverage for All) with a report back on progress to the 2023 Congress of Delegates, and be it further RESOLVED, that the American Academy of Family Physicians collect information from member input and through commissions’ expertise to generate a report to develop a long-term plan to achieve Health Care for All, and be it further, RESOLVED, That the American Academy of Family Physicians collaborate with primary care stakeholders, giving consideration to incorporating the American College of Physicians’ Better is Possible research, with the goal of achieving Healthcare for All, and report back on any collaborative efforts to the 2023 Congress of Delegates. ADOPTED at COD 2022
2023: Opposing REACH

The AAFP supports untethering employment from health insurance because of issues with access, health equity, and affordability, and the need for a system of Medicare that is capable of supporting health equity and access to affordable care within the current system. Privatization of Traditional Medicare runs counter to the AAFP's support of a health care system whose funding is capable of supporting health equity and access to affordable and appropriate care.

WHEREAS, the AAFP has come out strongly in support of health equity, increased access to affordable care, and decreased administrative burden, and

WHEREAS, privatization of health care has consistently shown to decrease health equity and access to care while increasing administrative overhead and burden and therefore cost, and

WHEREAS, the AAFP supports untethering employment from health insurance because of issues with access, health equity, and affordability, and

WHEREAS, the Accountable Care Organization Realizing Equity, Access, and Community Health model (REACH) (REACH is an update on the model of using Direct Contracting Entities (DCEs) via the proposed Global and Professional Direct Contracting Model (GPD)) does on the surface have a plan to increase health equity by giving bonuses for reporting demographics and enrolling people living in underserved areas — however there is no overarching goal to increase quality - and reporting demographics of those who are underserved will increase commercial reimbursement (and increase taxpayer burden and administrative burden) without truly improving health equity,

WHEREAS, we already have a system of Medicare with Medicare Advantage which has narrow networks, decreased health equity where people when they become sick have trouble accessing specialists and are forced to travel farther to get the care they need (often flocking back to Traditional Medicare from Medicare Advantage when they become ill), and

WHEREAS, patients already have the choice of a privatized model of Medicare with Medicare Advantage and privatizing Traditional Medicare takes away patient choice, and

WHEREAS, we already have a system of Medicare fraught with financial and administrative waste and abuse done by overcoding via Hierarchical Care Codes (HCC) where taxpayers then bear the burden of being overcharged by commercial Medicare Advantage (there is a correction factor controlled by Congress, but it has not kept up with coding inflation which has resulted in overpayment to commercial insurers of billions of dollars annually — REACH will control this by controlling risk scores over time which doesn’t make sense because sicker patients typically live in Traditional Medicare and are therefore at increased risk of getting more sick over time which would decrease physician reimbursement, fill out questionnaires and increase burnout, decrease reimbursement, and narrow networks (despite claims to the contrary that patients can see any Medicare provider they wish, REACH will in effect disincentivize clinicians from referring to other clinicians who are not in REACH which sure sounds like a way of narrowing networks without officially narrowing them), and

WHEREAS, Traditional Medicare has about 2% overhead, Medicare Advantage is allowed 15% overhead and profit, and REACH has the strong possibility to achieve greater than 15% overhead and profit (as now written REACH can get to 25% quite quickly — but can go higher), and

WHEREAS the REACH model of care is in opposition with current AAFP policy, therefore, be it

RESOLVED, that the AAFP vehemently oppose any changes to Traditional Medicare that risk decreasing a patient’s choice of coverage and provider, decrease health equity, increase administrative burden, and decrease access to affordable care, and be it further

RESOLVED, that the AAFP oppose privatizing Traditional Medicare via the Accountable Care Organization Realizing Equity, Access, and Community Health model (REACH) which is likely to decrease a patient’s choice of coverage and provider, decrease health equity, increase administrative burden, and decrease access to affordable care.
Future: Surveying membership

Surveying AAFP Members on Health Care System Support and Knowledge of Current Policy

WHEREAS current AAFP policy is to support either a publicly funded privately delivered system (also known as Single Payer or Medicare for All), a highly regulated private system with public option (also known as Bismarck with public option), or a universal system of primary care, and

WHEREAS there is a continuing shift in public opinion and now about two thirds of people believe the government should provide health care for all, and

WHEREAS there is continuing shift in physician opinion in support of the government providing health care, with over half and in some polls two thirds of physicians in favor, and

WHEREAS the AAFP has no current mechanism of knowing their current members’ knowledge or opinions of health care systems, therefore, be it

RESOLVED that the American Academy of Family Physicians (AAFP) poll its members on education level on health care systems, of education of current AAFP health care system policy, and level of support of the AAFP’s favored health care systems in their policy.
Questions