ILLINOIS STATE MEDICAL SOCIETY

Resolution 02.2019-19
(A-19)

Introduced by: Mr. Joshua Smith, ISMS Member

Subject: Single-Payer Impact on Health Professional Student Debt

Referred to: Council on Education & Health Workforce

Whereas, the average medical student will graduate two hundred to three hundred thousand dollars in debt ("Medical Student Education," 2017; Bavier, 2016); and

Whereas, Medicare-for-All/Single-Payer healthcare system in the United States may decrease medical practitioner compensation (Summers, 2016) and may necessitate increased numbers of primary care providers ("Solving the Nation's," 2016); and

Whereas, immense debt affects the decision of residency training of graduating medical students and may limit primary care providers, and the financial burden impacts the ability to practice effective medicine (Phillips, 2010; Nasseh, 2017); and

Whereas, underrepresented ethnic and racial minorities are needed to improve the health of the population (Marrast, 2014); and

Whereas, underrepresented racial and ethnic minorities are more likely to be deterred from medicine and primary care due to the immense debt (Rosenblatt, 2005; Phillips, 2014); therefore, be it

RESOLVED, that while Medicare-For-All/Single Payer is debated, ISMS/AMA will research the impact of Single Payer legislation on medical student debt; and be it further

RESOLVED, that ISMS/AMA will research the possible solution of forgiveness of all healthcare professional student debt for MDs, DOs, and DDSs after completion of an accredited residency.

References:

Bavier, Anne. "Student Loan Debt Has Dire Implications for the Healthcare Industry." D Healthcare Daily, 22 Dec. 2016, healthcare.dmagazine.com/2016/12/22/student-loan-debt-has-dire-implications-for-the-healthcare-industry/.

Marrast LM, et al. "Minority Physicians' Role in the Care of Underserved Patients: Diversifying the Physician Workforce may be Key in Addressing Health Disparities." JAMA Intern Med, vol. 174, no. 2, 2014. https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/1792913

Phillips JP, et al. "Medical student debt and primary care specialty intentions." Fam Med, vol. 42, no. 9, Oct. 2010. https://www.ncbi.nlm.nih.gov/pubmed/20927669

Nasseh, Kamyar, and Marko Vujicic. "The Relationship between Education Debt and Career Choices in Professional Programs." The Journal of the American Dental Association, vol. 148, no. 11, 2017, pp. 825–833., doi:10.1016/j.adaj.2017.06.042.

Rosenblatt R.A., et al. "The impact of U.S. medical students' debt on their choice of primary care careers: an analysis of data from the 2002 medicals school graduation questionnaire." Acad Med, vol. 80, no. 9, 2005.

"Solving the Nation's Primary Care Shortage." Medial Economics, Modern Medicine Network, 25 Dec. 2016, www.medicaleconomics.com/medical-economics-blog/solving-nations-primary-care-shortage/page/0/2.

Summers, Daniel. "I'm a Doctor. Here's Why I Oppose the Single-Payer Revolution." The New Republic, 19 Feb. 2016, newrepublic.com/article/130145/im-doctor-heres-oppose-single-payer-revolution.

Fiscal Note:
N/A

Existing ISMS policy related to this issue:

House of Delegates adopted Resolution 77 (A-06), as amended, which directed that the ISMS oppose efforts by the current State of Illinois leadership to convert health care to a single payer system; and that the ISMS urge the Adequate Health Care Task Force to investigate free market reforms to health care access and funding challenges in Illinois. (HOD 2006)

House of Delegates adopted Resolution 46 (A-08), as amended, which directed that the ISMS support policy that health care must continue as a priority item of funding at the national, state, and local levels; that the ISMS recognize the need for expanding health care coverage to all citizens of the United States and engage in more detailed study of aspects of national systems including, but not limited to, funding sources, payment models, administrative overhead and physician education in Canada, the United Kingdom, Germany, and other appropriate industrialized nations as is necessary; that the ISMS recognize that as our health care delivery system evolves, direct, meaningful and obligatory physician input is essential and must be present at every level of debate; that the ISMS affirm that the private practice of medicine must be permitted as the U.S. health care delivery system evolves; that the ISMS forward this resolution to the AMA for adoption of similar policy; and that the ISMS report back to the Chicago Medical Society on this resolution's progress. (HOD 2008)

ISMS supports removal of any limitations based on adjusted gross income that impair debtors from student loan interest repayment deductions, and urges legislation to provide Illinois state income tax deductibility of any interest payments in excess of the current federal limits to ensure deductibility of all student loan interest payments at a state level regardless of adjusted gross income. (HOD 2016)

House of Delegates amended and adopted Resolution B206 (A-16) which calls for ISMS to research and analyze the benefits and difficulties of a single-payer health care system in Illinois (for example, the Illinois Universal Health Care Act) with consideration of the impact on economic and health outcomes and on health disparities, and that ISMS forward this resolution to the American Medical Association (AMA) House of Delegates to request that the AMA do the same. (HOD 2016)

House of Delegates amended and adopted Resolution B206 (A-16) which calls for ISMS to research and analyze the benefits and difficulties of a single-payer health care system in Illinois (for example, the Illinois Universal Health Care Act) with consideration of the impact on economic and health outcomes and on health disparities, and that ISMS forward this resolution to the American Medical Association (AMA) House of Delegates to request that the AMA do the same. (HOD 2016)

ISMS supports the following health care system reform principles: 1. Health care delivery and finance system reform should use the current public-private system as a basis and focus on incremental evolutionary change. 2. All patients should have access to a health benefit plan that would include catastrophic coverage as well as preventive services, appropriate screening, primary care, immunizations, and prescription drug coverage. 3. Health insurance reform is needed to allow public and private plans to develop innovative coverage plans, including the development of health savings accounts and other high deductible plans to encourage patients, physicians, and other

health care providers to pursue high value care. 4. All health care expenditures should receive equal treatment for purposes of tax deduction and tax credits. 5. Professional liability reform – including caps on noneconomic damages – should continue to be pursued and defended as a way to reduce direct and indirect costs (defensive medicine) and to address the adverse effect the current medical liability system has on the physician-patient relationship and access to health care. 6. Use of information technology in health care delivery should be encouraged to improve quality and safety of care, enhance efficiency, and control costs. 7. Health care education and literacy must be an important part of any medical care financing and delivery system reform. 8. Health care reform proposals should include provisions for physicians to set and negotiate their own fees in order to adequately compensate physicians and other health care providers for the promotion of personal and public health. 9. Evidence-based protocols should support, not replace the patient-physician relationship. 10. ISMS objects to third party insurance carriers interfering with the practice of medicine and the patient-physician relationship. (HOD 2007; Revised 2008; Reaffirmed 2011; Reaffirmed 2012; Reaffirmed 2015-JAN; Reaffirmed 2017;Reaffirmed 2018; Last BOT Review 2015)