



May 20, 2009

**Comments of
The Association of American Medical Colleges (AAMC)
to the
Senate Finance Committee**

**“Expanding Health Care Coverage:
Proposals to Provide Affordable Coverage to All Americans”**

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Introduction

The Association of American Medical Colleges (AAMC) thanks the Senate Finance Committee (SFC) for the opportunity to comment on its May 14, 2009, description of policy options, “Expanding Health Care Coverage: Proposals to Provide Affordable Coverage to All Americans.”

The AAMC is a not-for-profit association representing all 130 accredited U.S. and 17 accredited Canadian medical schools; nearly 400 major teaching hospitals and health systems, including 68 Department of Veterans Affairs medical centers; and nearly 90 academic and scientific societies. Through these institutions and organizations, the AAMC represents 125,000 faculty members, 75,000 medical students, and 106,000 resident physicians. The AAMC and its members are committed to improving the nation's health through medical education, research, and high-quality patient care. Together, our members provide approximately one-fifth of all clinical care in the country and over forty percent of hospital charity care.

The nation's teaching hospitals and medical schools applaud the SFC for its efforts to craft comprehensive health care reform legislation to improve the nation's health. We are pleased to see that the SFC's health reform objectives align closely with those of the AAMC and hope the SFC will incorporate the following comments as it moves forward in drafting specific policy proposals. Our comments reflect perspectives from our broad membership of physicians, hospitals, medical researchers, and the educators of the next generation of health professionals. We look forward to working with the SFC and other policymakers to ensure the best policies to achieve better health for the nation are enacted.

Ensuring that Affordable, Transportable, and Continuous Health Care Coverage is Available to All

In the AAMC's “Principles for U.S. Health Care Reform” (available at https://services.aamc.org/Publications/showfile.cfm?file=version121.pdf&prd_id=243&prv_id=298&pdf_id=121), we state our conviction that affordable, transportable, and continuous health care coverage should be available to all. Lack of health insurance coverage is the single most common barrier to access in the current health care system. Individuals who do not have adequate coverage for significant periods of time are less likely to receive preventive care and

more likely to have serious health problems diagnosed at a later stage. Without adequate health care coverage, an improved delivery system will still be plagued by the unnecessary loss of healthy and productive years of life for the population and inefficient use of resources for society. Even the vast majority of Americans who have private or publicly funded health insurance are vulnerable to lapses in coverage due to changes in employment or other factors that affect insurance status. Viable mechanisms to maintain coverage must be available for individuals who change jobs, or if their eligibility for insurance changes for other reasons, to ensure continuous coverage.

Existing Programs that Serve Defined Populations Should Be Maintained Until Superior Alternatives Can Fully Replace Them

The AAMC recognizes and supports the need for change in the overall health care financing and delivery structure. We also recognize that implementing new programs and structures will take time. Consequently, we believe that current programs should be supported until we are sure the replacements, as determined by a variety of criteria, are better and more rational than the systems they would be replacing.

This is particularly true for the quilt-work of current mechanisms that finance care for the poor. “New” plans should not be financed by prematurely reducing or eliminating current mechanisms that include public payment systems and special payments to safety net providers, such as community health centers, state and county hospitals, and academic health centers. Hospitals treat vulnerable populations in myriad ways and require flexibility to meet the specific needs of the populations they treat. We must avoid the lure of terminating existing programs before new ones are proven and established. Not doing so would jeopardize the care provided to millions of vulnerable patients.

The AAMC appreciates the commitment of the SFC to improving health and health care, and we appreciate the opportunity to share these comments as the nation works towards thoughtful, effective policies that minimize unintended consequences. We look forward to working with you to ensure that meaningful health care legislation is enacted this year.

A handwritten signature in black ink, appearing to read 'Atul Grover', with a stylized flourish at the end.

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