

What were they thinking?

Reflections on recent history, U.S. health care policy and the role of organized medicine

As part of the ongoing national debate over health care reform, hefty discussion continues within the medical profession, much of it under the aegis of the AMA and its 500+ member House of Delegates.

The AMA House has long been the most representative and comprehensive policy-making body in American medicine. Over many years and decades, the AMA House has developed, revisited and refined a comprehensive body of policies that form the basis for AMA'S legislative and regulatory initiatives, and for the AMA's responses to legislative and regulatory proposals put forth by others. The final national health reform legislation signed by President Obama in March 2010 includes the following salient features that the AMA found to be consistent with established AMA policy:

- Coverage extended to 32 million currently uninsured Americans
- Ban on insurers' denial of coverage for people with pre-existing conditions
- Ban on lifetime insurance caps

- Ban on cancellation for illness
- Mandate that parents' coverage be available to children up to age 26
- Measures to sharpen competition in the insurance marketplace
- Requirements for transparency and accountability of insurance companies
- Tax credits to enable small businesses to purchase coverage
- Subsidies for low-income individuals and families to purchase coverage
- Streamlined insurance claims processing
- Elimination of the Part D coverage gap ("the donut hole")
- Protections against government and third-party misuse of comparative effectiveness research to dictate treatment decisions or coverage
- Disease prevention and wellness promotion
- A floor for primary care Medicaid payments at Medicare levels

The AMA was also successful in improving the bill by removing a provision that would have imposed an arbitrary 5% cut in payments to high-end physician outliers in utilization and another that would have extended Medicare coverage to people as young as 55. The original bill included Medicare and Medicaid "enrollment fees" for physicians and would have taxed elective medical procedures. The AMA was able to eliminate all of these problematic elements from the bill before it became law. Officially, the AMA remained neutral on the "public option," which did not survive in the final bill.

Liability and anti-trust remain unaddressed

Of course, the final legislation is still inconsistent with AMA policy in important respects. Most notable is the absence of anything beyond lip service to liability reform. While the new law does provide still more funding for "demonstration projects" in liability reform, these provisions can hardly be taken seriously. They are transparently a sop to those many, including the Rhode Island Medical Society and the AMA, who believe that liability and anti-trust are the two principal forces distorting American health care – driving up costs, restricting access and confounding important efforts to improve quality and patient safety.

Despite the substantial shortcomings that persist in the bill, however, the AMA did not impose any litmus test or walk away from the table. Walking away was an untenable option, tantamount to voluntary self-disenfranchisement on behalf of all physicians. Instead, the AMA recognized that in a negotiation, getting 75% of your ask up front is something to affirm and accept in good faith as a basis for further negotiation.

portal will be a platform for other information as well, and includes an "Implementation Center" link (at the bottom under "Resources") that provides easy access to pending health reform regulations.

From the U.S. Department of Health and Human Services Office of Consumer Information and Insurance Oversight

www.hhs.gov/ociio
This portal includes a tab for "Regulations and Guidance" that provides links to regulations, fact-sheets, information on grants, etc.

Useful links for health system reform and federal regulations

From the AMA

www.hsreform.org
The AMA's comprehensive site on national health system reform.

www.ama-assn.org/go/arc
Presents state perspectives on health reform and other aspects of public policy from the Advocacy Resource Center of the AMA.

From the U.S. government

www.healthcare.gov
Includes a tool for consumers to enter profile information and find which insurers are offering individual coverage in their state. This

The road ahead

National health system reform will remain a work in progress for at least several more years. The official timeline set forth in the bill itself for implementation stretches through 2019. Much has yet to be codified in regulation, and a good deal of responsibility and discretion for the ultimate shape of health reform is left to the individual states.

These realities constitute a challenge to doctors, medical societies and the AMA to be vigilant, organized and engaged, now and for years to come.

For news and information on health system reform, visit the AMA's special site www.hsreform.org. For state advocacy and public policy information visit www.ama-assn.org/go/arc, the site for the AMA's Advocacy Resource Center (ARC). ❖



AMA National Advocacy Conference in Washington, DC, March 2010

Gary Bubly, MD, RIMS President-Elect; J. James Rohack, MD, then-President of the AMA; and Vera A. De Palo, MD, RIMS President

AMA House of Delegates: Chicago, June 12–15, 2010

While strong and diverse opinions persist within the AMA House over national health system reform and the AMA's posture in the long process to date, the actual voting at this year's Annual Meeting, held in Chicago, June 12–15, amounted to a solid affirmation of recent AMA positions and actions – even more so than was true at the Interim Meeting last November, where a trend toward consolidation and consensus was already evident.

At the heart of this more subdued and sober mood in the House seemed to be a pragmatic sense that the world has changed, that we need to move forward from where we are, and that where we are is in many ways better for our patients than where we were before March 23. In addition, there was a largely unspoken realization that the AMA's careful navigation over the past eighteen months had succeeded in preserving a positive public image for doctors this time around, in contrast, say, to 1964–65.

Cecil B. Wilson, MD, an internist from Winter Park, Florida, was inaugurated President of the AMA at this meeting; and Peter W. Carmel, MD, a pediatric neurosurgeon from Newark, New Jersey, was chosen President-Elect. Dr. Carmel had two strong competitors in the election, one of whom was a New Englander, Dr. Joe Heyman, an obstetrician-gynecologist in solo practice

in Amesbury, MA, whom we have known for many years through his long participation and leadership in the New England Delegation.

Governance continues to be an unsettled discussion for the AMA House, in the sense that two-thirds the 500+ Delegates favor continuing with two big, policy-making meetings a year, but 52% think the interim meeting should be combined with another regularly occurring AMA meeting, most likely the National Advocacy Conference, which currently takes place in March.

As always, the scope of AMA House business, as well as the thoroughness, efficiency and openness with which the House accomplishes its enormous work, represent an impressive model of democratic process. The entire handbook for the June 2010 meeting (resolutions, council reports, reference committee reports, etc.) is publicly available online (www.ama-assn.org), as is a preliminary agenda for the Interim Meeting, which is coming up in early November.

At this past June meeting, RIMS' Executive Director Newell Warde was reelected by his state medical society peers to another two-year term on the Executive Committee of the AMA Litigation Center. The Center's Executive Committee subsequently elected him Chair. ❖