



## 2009-2010 Legislative Agenda

### OVERVIEW

The following legislative agenda outlines the legislative and policy goals of the American Medical Student Association (AMSA), which pertain to the following legislative priorities:

- Quality, Affordable Health Care for All
- Primary Care Workforce Expansion
- Student Debt Reduction
- Racial and Ethnic Health Care Disparities
- Provider and pharmaceutical industry conflicts of interest
- Reproductive Health
- Global Health Program Funding, Drug Availability, and Health Care Workforce Building

### FORTHCOMING HEALTH CARE REFORM LEGISLATION

AMSA will advocate for inclusion of the following health care reform values in forthcoming health care reform legislation from Congress.

#### Sec. 1: Quality, Affordable Health Care for All

AMSA believes that the best solution to our healthcare crisis is a single-payer system of publicly funded, publicly accountable, privately provided, quality healthcare for all.

In the current legislative environment, however, we consider the following to be **essential** to healthcare reform that has the potential to effectively contain costs, improve quality, and ensure access for all:

- Establishing a single, federally administered public insurance option, providing uniform benefits across the US, enacted concurrently with other health care reform provisions and available widely to individuals and employers in the US. The public plan must be allowed to set premiums and payment structure in negotiations with stakeholders, independent of other insurance plans, but subject to all federal insurance requirements.
- Requiring all insurers, public and private, to (1) guarantee issue of insurance to all; (2) set premiums by community rating, without regard to health status; (3) offer comprehensive benefits packages that meet a common actuarial standard; and (4) not institute annual or lifetime caps on benefits.

Further, AMSA actively advocates for:

- Establishing a public insurance option that further (1) makes use of the existing administrative infrastructure of Medicare to maximize operational efficiency; (2) receives a level of subsidy that is no less than that received by private plans.
- Structuring of provider payment to improve quality and promote prevention, primary care, the medical home, chronic care management, and public health.

- Subsidies to make purchase of insurance truly affordable and reasonable limits on out-of-pocket expenses to protect individuals and families from the catastrophic financial effects of serious illness.
- A standardized and defined benefit to apply to all insurance plans, which covers comprehensive services related to prevention, mental health, maternal and child health (including reproductive health), long-term care, vision, and dental care, as well as prescription drug coverage.
- Standards for transparently outlining benefits that will enable individuals to choose between plans based on objective information.
- Requirements that insurers take positive steps to decrease healthcare disparities based on region, income, minority status, gender and disability.

## **Sec. 2: Primary Care Workforce Expansion**

AMSA believes that cultivating a strong primary care workforce is essential expanding access to affordable and high quality health care services. AMSA advocates:

- Expansion and continued support for the successful National Health Service Corps scholarship and loan repayment programs: \$320m (FY10); \$414m (FY11); \$535m (FY12); \$691m (FY13); \$893m (FY14); \$1.15b (FY15).
- New scholarship, grant, and loan repayment programs for students committed to primary care.
- Grants to community health centers for the purpose of establishing newly accredited or expanded medical residency training programs.
- Responsible expansion of graduate medical education funding dedicated to supporting community-based primary care residency program development.
- Enhanced primary care payment to reflect the value and importance of these services.

## **Sec. 3: Student Debt Reduction**

AMSA recognizes that medical student indebtedness threatens the affordability and accessibility of a medical education and may negatively influence specialty selection.

AMSA advocates:

- New scholarship, grant, and loan repayment programs for students committed to working in underserved areas
- Improved interest rate and loan deferment/repayment options for students.

## **Sec. 4: Racial and Ethnic Health Disparities**

AMSA supports inclusion of language increasing access to health care for individuals in underserved areas, enhancing the diversity of the physician workforce, improving cultural competency in the practice of medicine, and other initiatives to eliminate health disparities in access and care for reasons of race or ethnicity.

- Income Inclusion of the Health Equity and Accountability Act of 2009, introduced by Representative Christensen.

## **Sec. 5: Provider and Pharmaceutical Conflicts of Interest**

AMSA supports the inclusion of language that prioritizes the health and safety of our patients and adds integrity to the profession that we are preparing to enter. Advancing these priorities requires fostering trust in our profession by adding transparency to interactions between health care providers, including medical students, and pharmaceutical company representatives, equipment manufacturers and the industry as a whole.

- AMSA advocate for health care reform that includes the Physician Payment Sunshine Act of 2009, S 301, introduced by Senator Grassley requiring disclosure of pharmaceutical and medical equipment company gifts to physicians.

#### **Sec. 6: Reproductive and Sexual Health**

AMSA supports comprehensive maternal, child, reproductive, and sexual health coverage, including but not limited to comprehensive sex education not limited to abstinence-only programs, contraception, and abortion care. However, we consider the following to be **essential** to reproductive and sexual health:

- Include reproductive health services in the list of cost-sharing exempt services:
- Nondiscrimination in coverage, treatment, outcomes: risk ratios must not be affected by gender
- Ensure adequate reimbursement for primary care services, including a full complement of reproductive services
- Recognition of Obstetrician/Gynecologists, and non-physician clinicians who provide reproductive health services, as primary care providers in the medical home and primary care workforce incentivization
- Funding support for Title X Clinics.

#### **Sec. 7: Gay, Lesbian, Bisexual and Transgender Health**

Health care reform must establish and implement principles based on the inclusion of and protections for lesbian, gay, bisexual and transgender (LGBT) communities with an understanding of the health care issues facing the LGBT population.

- Include LGBT identities in policy and legislation. Terms like 'family', 'parent' and 'spouse' are commonly interpreted to exclude the LGBT population
- Do not exclude coverage based on diagnosis of pre-existing conditions. LGBT people are more likely to be uninsured and have pre-existing conditions, as most workplace policies do not cover unmarried partners.
- Ensure health care coverage and services for transgender individuals
- Coverage for mental health disparities for all, especially LGBT individuals who are at an increased risk for mental health requirements due to facing increased rates of discrimination and violence
- Mandate the implementation and practice of culture competency. Providers in the health care system must fully understand and embrace cultural competency including the recognition and affirmation of LGBT identities.

### **GLOBAL HEALTH**

Global health equity requires the continued support and expansion of current vertical funding programs such as the Global Fund and PEPFAR, as well as comprehensive global health funding and infrastructure, the cornerstone of which is expansion of health care workforce in developing countries. It requires acknowledgement of health care as a human right, domestically and abroad, and provisions allowing access to care and prevention effectively and justly, without prejudice.

- The US must fund the Global Fund for Tuberculosis, Malaria, and HIV/AIDS at levels consistent its fair share contribution of \$2 billion for FY2010

- The President’s Emergency Plan for AIDS Relief (PEPFAR) must be funded at levels consistent with campaign promises of \$50 billion over five years
- The ban on federal funding for proven syringe-exchange programs must be repealed without prejudice and without stipulation, recognized as a public good in preventing disease
- The importance of competition through generic drug availability must be recognized and given due ability to operate, via reasonable and fair trade, patent, and data exclusivity practices consistent with the Fair Trade Commission.

The American Medical Student Association supports the Global Health Expansion, Access to Labor, Transparency and Harmonization Act, or the Global HEALTH Act of 2009, “to strengthen national health workforces of developing countries” to be introduced by Representative Barbara Lee (D-CA), in as much as it will:

Strengthen indigenous health workforces by:

- Reviewing existing US policies regarding recruitment, training, and retention of US domestic health workforce
- Mitigating the impact of recruiting foreign educated health professionals by not incentivizing the immigration of foreign educated health professionals and avoiding active overseas recruiting
- Assisting countries in creating policies conducive to building health workforce capacity and retention, specifically towards a goal of 2.3 physicians per 1,000 residents and comparable numbers of non-clinician providers
- Assisting countries in creating policies, procedures, and an infrastructure to support a health care provider workforce.

## AUTHORS

**FarheenQurashi, Jack Rutledge Legislative Director  
Health Care for All Steering Committee:**

Anne O’Connor, Co-Chair

Brendan O’Connor, Co-Chair

Elizabeth Wiley

Deb Hall

Gabriel Silverman

Dan Henderson

Matt Moy

Mary Carol Jennings

Alicia Snider

Colin McCluney

Jonathan Wells

Parker Duncan

**Sylvia Thompson, Health Policy Team Chair  
Policy Coordinators:**

Varun Vendra, Global Health

Shazia Mehmood, Race Ethnicity & Culture in Health

Erica Pettigrew, Women’s Health

Andrew Scatola, Community & Environmental Health

Corey White, LGBT

Elizabeth Wiley, Student Life

Michael Wilkinson, Culture of Medicine