

ReformsKool: *What's Hot in HCR* Issue 19 December 4, 2009

The Weekly Digest of the Health Care for All Campaign of the **American Medical Student Association**

The Capitol Beat: Recapping This Week's Action

*Not feeling up to speed with theory, definitions, or AMSA's policies? As always at ReformsKool, we want to get everyone familiar with the language, concepts, and current status of the health care reform (HCR) process. AMSA is fighting hard to ensure that the legislation currently in Congress includes a strong and robust public insurance option at a **minimum**. For more details on AMSA's stance on health care reform and definitions, see page 3.*

Back to the drawing board? On Monday, the Senate began what promises to be heated floor debate on HR 3590 with several vociferous characters kicking the festivities off. Our favorite? Freshman Senator Al Franken (D-MN) posing the question, "is this the country we want to live in?" Not surprisingly, the public option and abortion remain extraordinarily contentious in the Senate – as are recent US Preventive Services Task Force mammography recs.

As it has becoming increasingly obvious that Sen. Majority Leader Harry Reid's (D-NV) opt-out public option compromise is unlikely to garner the votes necessary for passage, he has turned to Delaware Sen. Tom Carper along with Sen. Schumer (D-NY) and Sen. Landrieu (D-LA) to come up with a public option 'plan B' capable of winning 60 ayes. It is currently rumored that Carper will propose a **"hammer" public option** that earns its name for its destructive potential. Allegedly this proposal will only result in a public option (which may or may not bear any resemblance to a public option at all) in states in which private insurers fail to meet affordability and availability criteria. We continue to be astounded by Democratic capitulation in the Senate. **Have they no shame?** Meanwhile our favorite independent in the Senate, Sen. Bernie Sanders of Vermont, has indicated an unwillingness to vote for a Senate bill in the absence of a real public option.

Sen. Orrin Hatch (R-UT) has announced his intention to offer an amendment with Stupak-Pitts language. Sen. Hatch is courting potential cosponsors and recent reports indicate that he's getting some action from Sen. Ben Nelson (D-NE) and possibly other conservative Ds. This is quite problematic because, if Stupak-Pitts language makes it into the Senate bill, it will be very difficult to remove in conference. Urge your Senators to ensure women have access to a full complement of health care services – including abortion – by clicking here.

On Monday, the Congressional Budget Office (CBO), in response to a request from Sen. Evan Bayh (D-IN), released an analysis of projected premium trends under the Senate bill. To summarize, the CBO predicts that:

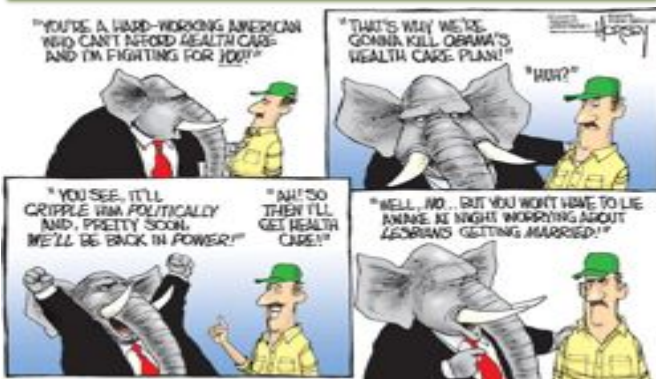
- premiums for individuals with employer-sponsored insurance will remain constant or decrease slightly;
- premiums for individuals obtaining insurance through the Exchange with subsidies will – not surprising -- be lower;
- premiums for individuals obtaining insurance without subsidies will likely increase by approx. 10%.

The fallout of this CBO report has been mixed. So, the **theatre de l'absurde** continues in the Senate– with both timeline and outcome up in the air.

~ *Iyah Romm, Liz Wiley, JD, MPH, and Sylvia Thompson, MD*



Huh?



Authors/Editors/Dancers Needed!!

Submission Guidelines:

- Submissions should address a current domestic or global health care reform issue.
- Submissions may be up to 500 words.
- E-Mail submissions to brd.1@amsa.org.

Not a writer but want to be involved? What skills do you have? Come be an editor! Help with layout! Gather videos or create your own multimedia tools! We're ALWAYS looking for creative folks to help improve AMSA's newest and most exciting publication!

DR 2 DC 12.10.2009

Across the country, physicians have cancelled clinics and class, shifting schedules to be in DC to let people know that there are physicians out there who care first and foremost about them



[Click Here to Join!](#)



In the News...

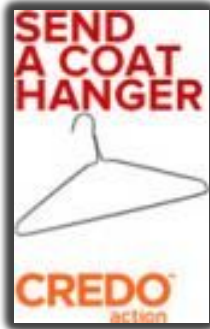
- ["Senator Lincoln's Health Care Hypocrisy" – Arkansas Times, 11/27/09.](#)
- ["Schumer: Dems Ready to Go-It Alone on Health Care" – AP, 11/24/09](#)
- ["Sanders Stands on Principle: No Reform w/o Public Option" – Nation, 11/27/09](#)
- ["A Vote for Health Care. A Vote Against Gun Rights?" – NPR, 11/25/09](#)
- ["Senators Pitch to Women and Elderly on Health Bill" – NYT, 12/1/09](#)
- ["Surgeon's State Opposition to Healthcare Senate Bill" – The Hill, 12/2/09](#)

QUALITY, AFFORDABLE, HEALTH CARE FOR ALL

TAKE ACTION - Abort Stupak-Pitts

Sign this petition and send a coat hanger to the 20 formerly pro-choice Democrats -- all men -- who voted to pass the Stupak Amendment.

We know what happens when women are denied access to reproductive health care including abortion. And we can't go back to an era of coat hangers and back alley abortions. Reconsider your vote on the Stupak amendment. Tell House Speaker Nancy Pelosi and Senate Majority Leader Harry Reid that the final health care bill that emerges from the conference committee can't turn the clock back on women's rights.



Seven Things

...you didn't know were in the Senate health bill –

Click [HERE](#) to learn seven interesting facts

- 1. NURSING MOTHERS GET A BREAK**
- 2. LEARNING TO BE AN ADULT**
- 3. RETIREE HEALTH BENEFITS**
- 4. PROMOTING USE OF BONE DENSITY SCANS**
- 5. SETTING ER PRICES**
- 6. SINGING THE BLUES**
- 7. TRANSPARENCY IN DRUG PRICING**

How Much is Too Much? Resident Work Hour Reform

Last month, medical students marched into the Massachusetts State House to argue a matter some thought settled in 2003. I was one of those students. Joined by colleagues from the Committee of Interns and Residents (CIR), as well as experts in sleep medicine from Brigham and Women's Hospital, we donned our white coats and demanded reform to resident work hours.

Medicine has come a long way since the days when residents literally lived in the hospital. Amidst unprecedented complexity and potential for error, the model of one patient, one doctor, is an anachronism – at least that's AMSA's view.

In 2001, when residents routinely worked 120-hour weeks, AMSA joined CIR and Public Citizen to urge the Occupational Health and Safety Association to regulate residents – just as they do with truck drivers. We also championed a bill in Congress to make duty hour limits a matter of federal law. This action paid off: In 2003, the Accreditation Council on Graduate Medical Education (ACGME), which oversees residency programs, felt pressured to act. They established duty hour limits – 80 hours per week, 30 hours per shift.

Though the 2003 policies seemed an improvement, problems quickly appeared. The rules, hated by traditionalists, were widely disregarded. In addition, averaging limits over four weeks left residents working 110-hour weeks before outpatient blocks or vacations. Though the model of cheap resident labor has existed for decades, it leads to more deadly mistakes; more car crashes and needle sticks, and less time to read up on patients. These were the arguments AMSA members made last month in Massachusetts, where a new bill has the potential to establish evidence-based work hours standards and enforce them in earnest. Such a bill was passed in New York in 2000, and the result has been a dramatic shift to safer scheduling, and growing interest in general surgery among medical students.

Nationally, after five years, the ACGME is preparing to update the 2003 guidelines. AMSA has pushed the ACGME for stronger enforcement, and begun talks with congressional allies from 2001 about a renewed legislative effort, in the event of an ACGME backslide. Still, the biggest target continues to be cultural change. Work hour reform presents an opportunity to seek justice for patients – no one should have to worry about being harmed, even killed, because his illness strikes during the night. By educating our colleagues that long hours are truly bad medicine, we can bring about a new era of safety for patients and the residents who aim to serve them.

Dan Henderson is a medical student at the U Conn and is AMSA-CIR's Health Justice Fellow. Adapted from a piece by Sandy Shea, CIR's policy director.

STAT

Want to let your legislators know how you feel about health care reform but don't have much time? Join STAT! STAT is a rapid response team of medical students. Members commit to 1-2 quick actions, taking 5-10 minutes, each month. To join, go to <http://groups.google.com/group/stat2009/>



[Contact Congress Directly!](#)

HOST a PNHP SPEAKER at YOUR SCHOOL!

Physicians for a National Health Program (PNHP) has speakers around the country ready to provide exciting lunchtime presentations (and FREE lunch!). To request a speaker, email Dave at dave@pnhp.org!

All contributions are the work of the authors, and do not necessarily reflect the views or opinions of the American Medical Student Association. Please contact the authors, [Sylvia Thompson, MD \(policy.chair@amsa.org\)](mailto:policy.chair@amsa.org), [Ivah Romm \(brd.1@amsa.org\)](mailto:lvah.romm@brd.1@amsa.org), or [Liz Wiley, JD, MPH \(studentlife.policy@amsa.org\)](mailto:Liz.Wiley@amsa.org) with any questions, comments, or concerns.



QUALITY, AFFORDABLE, HEALTH CARE FOR ALL

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A Brief Overview of HCR

In 1993 the Clinton Administration attempted to pass comprehensive health care reform legislation. These efforts were quickly derailed due to strong opposition from Congress, who bristled at the top-down mandates favored by the White House. President Obama is attempting to circumnavigate these hurdles by allowing Congress to draft HCR legislation. Two different bills will eventually be created, one in the House of Representatives, and one in the Senate. These bills will then be reconciled and sent to the White House for President Obama to sign or veto.

•**House:** There are three committees in the House responsible for working on HCR. They have jointly written one bill, HR 3962. The “Tri-Committees” are Energy and Commerce, Ways and Means, and Education and Labor.

•**Senate:** There are two committees in the Senate working on HCR. The Health, Education, Labor, and Pensions (HELP) committee and the Finance Committee (FinCom) language was combined in HR 3590.

Single Payer, Public Options, and Co-Ops

Single Payer: A publically funded, privately delivered program like Medicare. Physicians and hospitals are independent entities, reimbursed by the government. This is NOT socialized medicine, where both the funding and the delivery are public (i.e. doctors are government employees). The Congressional Budget Office (CBO) has stated that a Single Payer health care system would save the U.S. \$3.5 trillion over 10 years.

Public Option: This maintains the current health insurance system, but adds a publically funded, privately delivered option. There are many forms that a public option can take. In the most robust of systems, all Americans are able to buy-in at sliding-scale rates that they can afford. In weaker public option proposals, specific criteria restrict eligibility to only a small portion of the population.

Co-ops: A group insurance plan composed of many not-for-profit entities (individuals or organizations) who act as self-insurers – collecting premiums in order to create a large risk pool to drive down costs. Co-ops would dictate premium and coverage variation state-by-state (50 co-ops in total would exist). The federal government would provide seed money for initial costs and capitalization. There has also been peripheral discussion of a national co-op.

AMSA's Stance on Health Care Reform

The American Medical Student Association believes that the best solution to our health care crisis is a single-payer system of publicly funded, publicly accountable, privately provided, Quality, Affordable, Health Care For All. In the current legislative environment, however, we consider the following to be **essential** to health care 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 provisions of health care reform and available to individuals and employers widely. 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 health care disparities based on region, income, minority status, gender and disability.

Now is not the time for partisan games and the arguments of the past. I think often about how Kennedy, never ashamed of his liberal label, would set aside ideology and find common ground for compromise if it meant that the American people would benefit. Hopefully this will be a time when a solid majority of senators find a way to come together to repair our flawed health care system and make it capable of bringing quality, affordable health care to all Americans.

~ Senator Paul Kirk (D-MA)