

Health Care Reform²⁰⁰⁹

The Physician Workforce & Health Care Reform

Myths & Realities

Myth: *Health care reform will cause doctors to be paid less, and a single-payer system would decrease pay even more.*

Reality: *Nothing in the health care reform legislation cuts doctors' salaries – in fact, primary care and rural physicians will be paid more.*

Health care reform legislation would actually *increase* Medicare reimbursements to primary care physicians by 5% and by 10% for those who practice in medically underserved areas – typically inner-city or rural areas. Since over 95% of doctors take Medicare right now, that will make a difference to a lot of practices. And according to a recent study by Physicians for a National Health Program (PNHP), doctors in Canada's single-payer system are compensated comparably to American physicians – and in the case of primary care physicians, are paid even more!

Myth: *Health care reform will make it more difficult for new physicians to pay off student debt.*

Reality: *Reform will not make loan repayment more difficult for new physicians—in fact, it will probably make paying off student debt easier.*

Primary care physicians will likely see higher salaries in a publicly financed system and, as a result, will be able to more readily pay off loans. In addition, current health care reform legislation includes provisions to expand successful scholarship and loan repayment programs for physicians-in-training including the National Health Service Corps. Recent student loan reforms including income-based repayment and public service loan forgiveness are also designed to enable students to better manage their debt burden.

Myth: *Publicly financed health care like the public option or single payer will hurt primary care.*

Reality: *Health care reform would boost primary care, and a single payer system would promote primary care.*

Our current health care system, by virtue of its fragmentation and poorly designed incentives, is hostile to primary care, whereas in a single payer system holds the potential to “flip the pyramid” through the widespread implementation of innovative new models such as patient-centered medical homes. A publicly financed system would improve access to primary care by ensuring that all Americans are covered. Such a system would support a recalibration of our workforce and payment systems to ensure that adequate primary care physicians are trained and fairly compensated for their services.

Myth: *Health care reform will restrict physicians' clinical decision-making authority. The government is going to tell doctors how to treat patients.*

Reality: *Health care reform empowers physicians to focus on clinical decision-making, by providing the unbiased tools they need to make decisions based on their clinical judgment.*

Right now, research data, practice guidelines, and comparison tools differentiating therapies are scarce. Doctors have to go by what happens to be available – which is typically industry-financed research. Provisions in health care reform legislation would allow doctors to have unbiased, fair data to help them decide which treatment is best and no one -- not insurance companies, drug companies, or anyone else – will be come between doctors and patients.

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For more information or to request more copies of this fact sheet (#101), please visit our health care reform website, www.amsa.org/uhc/hcr.cfm, or e-mail our Jack Rutledge Legislative Director, Ms. Farheen Ourashi, jrl@amsa.org.

