

ACR Outlines Goals for 2009

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care book, "Critical: What We Can Do About the Health-Care Crisis" (New York: St. Martin's Press, 2008) with Sen. Daschle, was chosen as deputy director of the new White House office.

Sen. Daschle's HHS position must be confirmed by the Senate; however, the health care czar position does not require confirmation.

In another example of his focus on health care reform, President Obama and congressional Democrats have signaled their interest in including health information technology incentives as part of an economic stimulus package, said Robert Doherty, senior vice president of

Governmental Affairs and Public Policy at the American College of Physicians.

The Obama transition team appears to be learning from some of the mistakes made during the Clinton administration's attempt at health care reform, Mr. Doherty said. For instance, there has been a much greater effort by the Obama staff members to be open about their process and to gather input from the physician community.

Physician societies are making their priorities known to the new administration, emphasizing the need for physician payment reform to be a part of any reform package.

According to Dr. Gabriel, in 2009 the ACR's Government Affairs Committee also plans to focus on reimbursement for dual-energy x-ray absorptiometry (DXA) and on passage of the Arthritis Prevention, Control, and Cure Act (S. 626/H.R. 1283), which, among other goals, aims to raise awareness about the disease and address the nation's shortage of pediatric rheumatologists. The ACR will also seek more funding for research at the National Institutes of Health.

But the big issue for the physician groups is the elimination of the sustainable growth rate formula, or the SGR, which ties physician payments to the gross domestic product. Without congressional action on the payment formula within the next year, physicians will be faced with a projected

21% cut in Medicare payments starting in 2010, said Dr. Nancy H. Nielsen, president of the American Medical Association.

If Congress chooses to throw out the SGR formula, it likely will need to authorize some fast-track pilot projects to test some of the most promising models for new payment systems such as global and bundled payments, added the ACP's Mr. Doherty.

Asked about the chances for success in the new year, the ACR's Dr. Gabriel was optimistic. "For the ACR, success means so many different things, from educating legislators on both the federal and local levels to moving legislation. We have enjoyed significant success already in these endeavors and intend to continue to pursue and expand our efforts." ■

Health Insurers Offer Coverage Guarantee

BY MARY ELLEN SCHNEIDER
New York Bureau

As a new administration prepares to tackle health care reform, the health insurance industry is offering a few suggestions.

America's Health Insurance Plans (AHIP), which represents about 1,300 companies covering more than 200 million Americans, says its members would be willing to guarantee coverage for individuals with preexisting medical conditions in exchange for a government mandate that all individuals purchase health insurance.

AHIP's board of directors issued the proposal after conducting a nationwide "listening tour" on health care during which many Americans raised concerns about the lack of coverage for preexisting conditions in the individual insurance market.

But to make guaranteed coverage a reality, the federal government will need to require that individuals purchase coverage and use mechanisms such as an insurance coverage verification system, an automatic enrollment process, and some type of enforcement, the group said.

When coverage is guaranteed and there is no mandate to have insurance, individuals tend not to purchase insurance until they get sick, which drives up costs, said Robert Zirkelbach, a spokesman for AHIP.

For example, a study conducted on behalf of AHIP by Milliman Inc. found that in many states that implemented guarantee issue or community rating policies in the 1990s, there had been a rise in insurance premiums and a reduction in individual insurance enrollment.

In addition, some health plans

had left the individual insurance marketplace.

Another aspect of the AHIP proposal aims to increase the affordability of health insurance plans on the individual market.

The group suggests lowering costs for consumers through refundable tax credits.

In addition, it proposes tackling the overall cost of medical services by expanding the use of preventative services, conducting comparative effectiveness trials for medications and devices, and reforming the medical liability system.

The AHIP proposal also supports expanding eligibility for Medicaid and the Children's Health Insurance Program.

"No one should fall through the cracks of our health care system," Karen Ignagni, AHIP president and CEO, said in a statement. "Universal coverage is within reach and can be achieved by building on the current system."

Affordability will be critical to the success of any proposal, said Ron Pollack, executive director and vice president of Families USA, a nonprofit, nonpartisan organization focused on health care affordability.

"It's the ball game," he said. "How can you require someone to do something they simply can't achieve?"

Families USA supports the idea of a mandate for health insurance coverage, Mr. Pollack said, but only if it includes adequate subsidies and help for those who can't afford to purchase coverage on their own.

The AHIP proposal is a "helpful step," but some work is still needed in determining what steps can be taken to guarantee coverage if a mandate for coverage is not politically feasible, he said. ■

Reproductive Health Regulation Changes Expected Under Obama

BY MARY ELLEN SCHNEIDER
New York Bureau

With Barack Obama's inauguration this month, observers expect that one of his early moves may be to stop action on a controversial federal abortion regulation.

The regulation, issued during the final weeks of the Bush administration, withholds federal payment and funding from providers who do not certify that they do not discriminate against physicians and midlevel providers who refuse to perform abortion or sterilization procedures.

The regulation has been stirring controversy among abortion rights advocates since it was first proposed in August 2008. They contend that the regulation is overly broad and as a result would decrease access to reproductive health services, including contraception.

Meanwhile, supporters, such as the Christian Medical Association, say the Bush administration's approach is balanced and helps clear up misconceptions about the conscience protections already in place under existing law.

Democrats in Congress have already indicated their willingness to act to reverse the regulation. At the end of the last session of Congress, Sen. Patty Murray (D-Wash.) and then-Sen. Hillary Clinton (D-N.Y.), introduced a bill that would stop all action on the regulation.

Aside from addressing the conscience refusal issue, reproductive health advocates expect that the Obama administration's health care agenda may include changes to expand access to emergency contraception, increase funding for family planning, and take a more comprehensive approach to sex education.

"We certainly have a pent up agenda," said Susan Cohen, director of government affairs at the Guttmacher Institute, a nonprofit research and education organization focused on sexual and reproductive health.

One area in which Ms. Cohen and her colleagues hope to see some action early in the Obama administration is increasing funding for Title X, which provides federal funds for family planning and preventive screening services. The National Family Planning and Re-

productive Health Association estimates that if Title X funding had kept pace with medical inflation since 1980, it would be funded at \$759 million today, instead of its current \$283 million budget.

Sex education is another area ripe for a change in course under a Democratic president and Congress. During the Bush administration, the federal government invested millions in abstinence-only education. However, many reproductive rights advocates say policy makers should look at evidence favoring a comprehensive sex education approach, which includes teaching teens about contraception as well as abstinence. President Obama should eliminate funding for abstinence-only sex education and shift those funds to comprehensive sex education, said Dr. Suzanne T. Poppema, chairwoman of the board of Physicians for Reproductive Choice and Health.

Reproductive rights advocates also are hopeful that the new president will eliminate the Mexico City policy or "global gag rule," which bars nongovernmental organizations that receive U.S. funds from performing abortions or providing referrals for abortion overseas.

Dr. Poppema also said that the Obama administration should take action to expand access to emergency contraception. The president-elect could significantly expand the number of women who could obtain emergency contraception by directing the Department of Defense to add the medication to its formulary and instructing the Justice Department to mandate that emergency contraception be made available to all victims of sexual assault.

Aside from the list of possible policies that could be quickly changed, abortion rights advocates said they are relieved to be able to stop constantly fighting the federal government. "We have been having to constantly fight what we consider to be bad policy," said Ms. Crepps.

Though the new Congress will be controlled by Democrats, the majority are not uniformly in favor of abortion rights, she said. However, a solid majority favor family planning and she predicted that they can make some headway in expanding access to contraceptives as one way to prevent abortions. ■