

Health Insurers Dangle Coverage Guarantee as Mandate Bait

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.

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 of Families USA, a nonprofit, nonpartisan organization focused on health care affordability.

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. ■

Many Primary Care Physicians Disgruntled

BY JANE ANDERSON
Contributing Writer

Almost half of primary care physicians responding to a survey by The Physicians' Foundation said they plan to reduce the number of patients they see or stop practicing entirely over the next 3 years.

In addition, 94% said the time they devote to nonclinical paperwork in the last 3 years has increased, and 63% said that the same paperwork has caused them to spend less time per patient. Moreover, 78% said they believe there is a shortage of primary care doctors in the United States today, while the same percentage said medicine is either "no longer rewarding" or "less rewarding."

The survey, which painted a grim picture of primary care physicians' satisfaction with their profession, was mailed to 270,000 primary care physicians and more than 50,000 specialists, and returned by 11,950 physicians.

"I have wanted to be a doctor since I was 4 years old," wrote one physician in response to the survey. "If any-

thing, I spend too much time with patients. I also spend far too much time on demeaning tasks that do not require a medical degree. I am burned out. My income is so low (because I spend so much time with patients and therefore see fewer) that I am in debt. It is disgraceful and disgusting that doctors who save lives (and who bear that responsibility) are treated the way we are today."

Of the 49% of physicians who told surveyors they would stop practice altogether or reduce their patient loads over the next 3 years, 11% said they plan to retire in the next 3 years, 13% said they plan to seek a job in a nonclinical health care setting, 20% said they would cut back on patients seen, and 10% said they would work part-time.

"Declining reimbursement" rated highest on the list of issues physicians identified as impediments to the delivery of patient care in their practices, followed by "demands on physician time." Nearly two-thirds said Medicaid reimbursement is less than their cost of providing care. ■

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