

Health Reform Maneuvers Begin on Capitol Hill

BY ALICIA AULT

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Democrats and Republicans are so confident about the chances of some type of health reform in the next administration that staff meetings and hearings geared toward crafting legislation have been going on in earnest in both the House and the Senate, with the goal of being ready to go in January, according to advocates and policy watchers.

Many health policy analysts have compared and contrasted this election cycle with that of 1992, which sent Bill Clinton to the White House and launched the Clintons' health care reform efforts.

Both elections—1992 and 2008—feature a high level of public concern about access to health care and its costs, said Len Nichols, an analyst at the New America Foundation, a nonpartisan public policy institute.

For instance, a Harris Interactive survey conducted for the Commonwealth Fund in May found that 82% of Americans think the health care system should be fundamentally changed or completely rebuilt.

But the differences between the two elections are striking in a positive way, said Mr. Nichols, in an interview.

First, the two major candidates themselves have acknowledged that cost is an overriding concern, he said. Also, a common theme is the use of private markets, which he called "evidence, I would say, of moderation" and, perhaps, the proposals' better legislative traction.

Both candidates—Sen. Barack Obama (D-Ill.) and Sen. John McCain (R-Ariz.)—have also learned that "no president is going to send [to Congress] a 1,400-page health bill written in a hotel room by 300 wonks," Mr. Nichols said.

Instead, "Congress is going to own this [effort] far earlier and deeper than before," he said, adding, "It's still going to require a lot of presidential leadership. But the Congress has to be an equal, more than it has before."

Several proposals are likely starting points for congressional negotiations with the new administration, he said. First is the Healthy Americans Act, introduced in January 2007 by Sen. Ron Wyden (D-Ore.) and Sen. Bob Bennett (R-Utah). It has 16 cosponsors from both parties, including Sen. Chuck Grassley (R-Iowa), the Finance Committee's ranking minority member.

The bill is being championed in the House by Rep. Debbie Wasserman Schultz (D-Fla.) and Rep. Jo Ann Emerson (R-Mo.). Rep. Wasserman Schultz is important "because she's a rising star and has impeccable liberal credentials," said Mr. Nichols.

In a paper published in the May/June 2008 issue of the policy journal *Health Affairs*, Sen. Wyden and Sen. Bennett said they saw "signs of an ideological truce" on the Hill, with agreement that there is a need for the Democratic-backed universal coverage and the Republican-supported desire for market forces to promote competition and innovation. "The Healthy Americans Act strikes a balance between these ideals," they wrote (*Health Affairs* 2008;27:689-92).

The bill would require individuals to purchase insurance for themselves and their dependent children, and would require insurers to offer a prescribed package of benefits. It would subsidize coverage for Americans with incomes up to 400% of the federal poverty level. Employers would convert benefit dollars into salary; such compensation would be tax free, with the goal that the money would be used to purchase coverage.

Sen. Wyden is likely to be front and center in crafting a bill, as he is a member of two of the committees of jurisdiction: finance and budget, said Mr. Nichols, adding that those committees, along with the Health, Education, Labor and Pensions (HELP) Committee "will play very important roles."

Ron Pollack, executive director of the advocacy group Families USA, said that although Sen. Wyden may play a part, "I have little doubt that Sen. Baucus is going to be

The Brief Return of Harry and Louise

Harry and Louise, who became infamous in a 1993-1994 television ad lambasting the Clinton administration's health care reform plan, were dragged briefly out of mothballs to appear in a new commercial that urged Congress and the next president to make such reform the top domestic policy priority.

The effort was being bankrolled by five groups that by their own admission have "historically divergent views about health care reform": the American Cancer Society's Cancer Action Network, the American Hospital Association (AHA), the Catholic Health Association (CHA), Families USA, and the National Federation of Independent Business (NFIB).

"We intend to transcend ideology and partisan politics," said Families USA Executive Director Ron Pollack at a press conference. The multimillion dollar campaign aired nationally for 2 weeks during the Republican and Democratic conventions.

The ad featured Harry and Louise, back at their kitchen table. The characters were portrayed by the same two actors, now 14 years older. Harry noted that health care costs are going up again and that small businesses are being forced to drop their plans. Louise said that a friend just found out he has cancer and can't afford a plan. Harry remarked that "too many people are

falling through the cracks." Finally, Louise said that "whoever the next president is," health care should be "at the top of his agenda," and that he should bring everyone to the table and "make it happen."

The campaign did not advocate any specific solution. The sponsors said their goal was to create momentum for change, and that they believed that, unlike 14 years ago, there is a consensus that reform is inevitable and necessary.

"The status quo is no longer acceptable," said Rich Umbdenstock, AHA president and CEO.

"We simply can't be having this conversation 14 years from now," added Sister Carol Keehan, CHA president and CEO.

The NFIB joined the effort because its membership said that "health care costs are their No. 1 concern," said Todd Stottlemeyer, president and CEO.

The five groups were joined at the briefing by Karen Ignani, president and CEO of America's Health Insurance Plans. AHIP (back when it was known as the Health Insurance Association of America) launched Harry and Louise the first time, helping to defeat the Clinton reform plan.

But Ms. Ignani said times are different now: "Our commitment is to make sure no one falls through the cracks," she said.

as instrumental in the process as anyone."

Sen. Max Baucus (D-Mont.), chairman of the Finance Committee, held a health care summit in mid-June. Staff from the Finance Committee and the HELP Committee, led by Sen. Edward M. Kennedy (D-Mass.), have been coordinating meetings with those two panels and the Bud-

get Committee, Mr. Pollack said in an interview.

Committee chairs have the greatest influence on the legislative process, he said. Both Mr. Pollack and Mr. Nichols also expect Sen. Kennedy to play a very significant part in creating the legislation, as much as his cancer will allow. ■

Most U.S. Medical Students Reject Careers in Diabetes Care

BY MIRIAM E. TUCKER

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SAN FRANCISCO — An interest in endocrinology was noted by just over 1% of more than 500 students at 47 U.S. medical schools, and 3 of those 7 students said they wanted to pursue diabetes care.

The findings of the survey, funded and conducted by the diabetes consulting firm Close Concerns Inc., suggest that care of patients with diabetes will fall even more to primary care providers in the future than it does today.

A recent study estimates a 12%-15% undersupply of endocrinologists in the United States (*J. Clin. Endocrinol. Metab.* 2008;93:1164-6).

"Unless this trend is reversed, in the coming decade the critical shortfall in diabetes specialists may compromise patient care," Kelly L. Close, founder and president of Close Concerns, and her associates said in a poster presented at the annual scientific sessions of the American Diabetes Association.

The 524 survey respondents represented approximately 5%-10% of medical students who were sent electronic surveys between April 2007 and August 2007; the per-

centage of respondents varied by school. Thirty-nine percent were first-year students; 23% were second-year; 12%, third-year; and 26%, fourth-year.

Slightly more than a quarter (26%) were from the University of California San Francisco; 17% were from Harvard University, Boston; and 15% were from Columbia University, New York. The remainder came from 44 other medical schools including Emory University, Atlanta; Loma Linda (Calif.) University; Stanford (Calif.) University; Cornell University, New York; Johns Hopkins University, Baltimore; Philadelphia College of Osteopathic Medicine; and Meharry Medical College, Nashville, Tenn.

When asked to rank from 1 to 6 the factors that were most important in choosing a specialty, with 1 being "not important" and 6 being "extremely important," the group gave the highest ranking (5.1) to "intellectual satisfaction," followed by 4.7 for "work-life balance" (hours, call frequency), 4.4 for "scope" (specific or broad skills), 4.4 for type of patient interaction (brief/long-term), and 4.4 for location (or location possibilities).

Most students reported having had some exposure to diabetes during medical school. Nearly 36% of the entire group reported having had "a little" exposure to diabetes,

31% reported "some," and 7% said they had "a lot."

Although just over 1.3% of the students expressed an interest in pursuing endocrinology and even fewer in diabetes in particular, 26% indicated that they had actually considered a career in diabetes care before deciding against it. When queried about the two most important factors that would attract them to the field of diabetes, nearly half (49%) checked "social importance," 33% cited the disease's "pandemic status," 25% named "unique challenges to treat," and 24% "good work-life balance."

When asked to check the factors that would deter them from the field of diabetes, 46% checked the statement "It's too difficult to change or impact patient behavior." That was followed by "not interested in endocrinology" (42%), "lack of procedures" (38%), "overall compensation is too low" (21%), "scientific advances lacking or not as exciting as in other areas" (16%), and "reimbursement too low for time it takes to help patients" (14%).

"We believe that increasing physician interest in diabetes will require significant changes to reimbursement structure and physician economics. New and improved therapies may also increase interest in diabetes care by providing viable alternatives to behavioral modification." ■