

Clinton Urges Expanded Role for Nonphysicians

BY JOYCE FRIEDEN
Senior Editor

WASHINGTON — According to Sen. Hillary Rodham Clinton (D-N.Y.), primary care physicians don't get enough pay or respect, and there aren't enough of them. Her response to the problem? The federal government should try to help increase the supply of primary care doctors, but in the meantime nurses, pharmacists, and others should fill the gaps in care.

"I'm intrigued by the fact that a lot of states are permitting pharmacists to give vaccines," Sen. Clinton, a candidate for the Democratic presidential nomination, said at a health policy forum sponsored by Families USA and the Federation of American Hospitals. "What other functions can we delegate out, given appropriate oversight and training?"

For example, she said, "I think nurses have a great opportunity to do much more than they're doing. If we're not going to be able to quickly increase the number of primary care physicians, we need more advanced practice nurses, and they've got to be given the authority to make some of these [treatment] decisions, because otherwise people will go without care."



Sen. Clinton, who is in her second Senate term, said that health care would be her top domestic priority if she were elected president. "Do we want to continue to be so unequal and unfair that, if you are uninsured and you go into the hospital with someone who is insured, you are more likely to die?"

Sen. Clinton said she learned a lot from her experience in her husband's first presidential term when she led his efforts to develop a universal health care plan.

"The fact that the White House took on the responsibility of writing the legislation turned out to be something of a mistake," she said at the forum, part of a series of presidential candidate health policy forums underwritten by the California Endowment and the Ewing Marion Kauffman Foundation. She said that now she sees the president's role on health care as "setting the goals and framework but not getting into the details."

Further, the Clinton plan of the early 1990s was just too complicated, she said. This time, Sen. Clinton has a different plan. The "American Health Choices Plan" would allow people to keep their current insurance coverage, but if they didn't like their current insurance or were uninsured,

they could choose from a variety of plans similar to those offered to federal employees. They would also have the option of enrolling in a public plan similar to Medicare.

Sen. Clinton said coverage under her plan would be affordable and fully portable, and that insurers would be barred from discriminating against enrollees based on preexisting conditions.

Large employers would be required to offer coverage or help pay for employee health care; small businesses would not be required to offer coverage, but would be given tax credits to encourage them to do so.

She estimated the cost of her plan at \$110 billion per year and said it would be paid for by rolling back tax breaks for Americans who make more than \$250,000 annually.

Sen. Clinton said critics who called her plan a back door to a single-payer, government-run health care system were either misinformed or were misrepresenting her proposal. "I've included the public plan option because a lot of Americans want it," she said. "It will not create a new bureaucracy; it will not create a government-run system unless you think Medicare is government run. In Medicare, you choose your doctor, you choose your hospital—you have tremendous choice."

Sen. Clinton predicted that a lot of people would still choose a private plan because "if the private plans are competitive and smart, they'll offer a lot of new features. What are we afraid of? Let's see where competition leads us."

Sen. Clinton also expressed her support of the increased use of electronic health records to make the health care system more organized. "It's very hard to think about having a system when you don't have any way for people to move [their records with them] from place to place and job to job."

Paying providers based on their outcomes was another recent innovation mentioned by Sen. Clinton. She lauded the Bush Administration for announcing that the Medicare program would no longer pay for care occurring as a result of medical errors. "That kind of connection between pay and performance, quality and results ... makes sense. It's hard to do, but we have to experiment."

"When you look at some of the disparities and disorganization, it's because we don't have a good system to disseminate evidence-based clinically proven treatments," she continued. "It takes 17 years for something that is proven in the lab to be broadly disseminated. It should take 17 hours—17 seconds. With the Internet, why are we so far behind?"

Election
2008

Fate of SCHIP Remains Unclear as Congress, Bush Battle

BY ALICIA AULT
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With the end of the year drawing near—and Congress past due to adjourn—the fate of the reauthorization of the State Children's Health Insurance Plan was unclear.

SCHIP received one reprieve last month when Congress approved a continuing resolution to keep the government operating through at least mid-November. The resolution kept funding at current levels for all government programs. As that November deadline approached at press time, the House had come up with another continuing resolution, which it attached to next year's defense spending bill, but the Senate had not taken up the legislation.

The continuing resolutions at least kept SCHIP operating. But without funding increases—as were promised under a reauthorization—many states were slated to start cutting enrollment as early as January.

About 6 million children are currently enrolled in SCHIP. The congressional proposal under consideration would increase funding by about \$7 billion a year, adding as many as 4 million children to the SCHIP rolls.

What had seemed like a foregone conclusion early this year—that no one would question SCHIP's success, and that it would be easily refunded for another 5 years—was a distant memory by the time House and Senate negotiators sat down last month to discuss how to avert a second White House veto.

President Bush's first veto came in October. Soon thereafter, the House voted 273-156 to override the veto;

that tally was 10 votes short of the needed two-thirds majority. The vote was split down party lines, with 229 Democrats and 44 Republicans voting in favor of override, and 154 Republicans and 2 Democrats voting against.

With that failure, the House took up a new SCHIP package on Oct. 25, voting 265-142 in favor. However, there were no new Republican converts, making it doubtful that the bill would survive another presidential veto. The Senate approved the same package by a vote of 64-30.

House and Senate leaders delayed sending the bill to the president, hoping to work out a compromise in conference that would withstand White House scrutiny.

Negotiators from the Bush administration were intent on making sure that at least 500,000 children who are currently eligible for SCHIP, but not receiving benefits, would be enrolled, according to a White House statement. "If enrolling these children requires more than the 20% funding increase proposed by the President, we will work with Congress to find the necessary money," the statement noted.

House Republicans said they also would work to ensure that only low-income children would receive SCHIP benefits, and that the program would not extend benefits to illegal immigrants.

At press time, negotiators were deep in discussions over how to ensure that those requirements might be met, said Ron Pollack,

executive director of the advocacy group Families USA, in an interview.

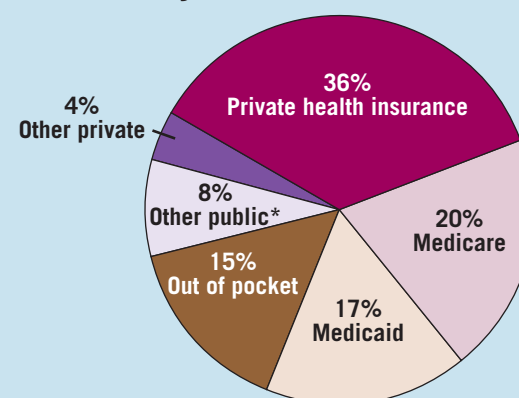
The goal of covering 10 million children and financing the program through an increase in the tobacco tax was not at issue among congressional negotiators, said Mr. Pollack. The Bush administration, however, has said it is adamantly opposed to a tobacco tax increase.

The American Medical Association said it was committed to expanding coverage. "The number of uninsured kids has increased by nearly 1 million over the past 2 years, and action must be taken to reverse this growing trend," said Dr. Edward Langston, AMA board chair, in a statement.

House Republicans vowed to ensure that only low-income children would receive benefits, and that the program wouldn't extend to illegal immigrants.

DATA WATCH

Who Pays for Personal Health Care?



Total spending: \$1,551 billion

*Includes SCHIP spending. Note: Based on 2004 data. Source: Health Affairs 2007 Nov. 6