

Sen. Clinton Sees Big Role for Non-MDs, for Now

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 out 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?" the Senator added. 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 au-

thority 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.

"This is, for me, a moral question and an economic one," she said. "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

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Clinton said her plan 'will not create a new bureaucracy; it will not create a government-run system.'

SENATOR CLINTON

1990s was just too complicated, she said. "It was a source of concern to a lot of Americans who didn't understand how it could work, and it certainly wasn't presented in the best way."

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 be-

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cause 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 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."

The recent increase in cases of nosocomial infections such as methicillin-resistant *Staphylococcus aureus* "should be a wake-up call for everybody," Sen. Clinton said. ■

Rep. Kucinich Advocates Single-Payer Tack

BY JOYCE FRIEDEN
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WASHINGTON — Rep. Dennis Kucinich (D-Ohio) is very direct when it comes to the issue of universal health care coverage for Americans.

"Is health care a right or a privilege? If it's a right, then it's appropriate for the government to have a role" in providing it, Rep. Kucinich said at a forum on health care policy sponsored by Families USA and the Federation of American Hospitals.

Rep. Kucinich, who is seeking the Democratic nomination for president, is the only candidate who supports a single-payer system financed by the government.

"If it's a privilege, and it's a market-based thing, then we're left to the predations of the market, which is, if you can't pay for it, you're out of luck. And you know what—47 million [uninsured] Americans are now out of luck," he said at the forum, part of a series of forums with the presidential candidates underwritten by the California Endowment and the Ewing Marion Kauffman Foundation.

Under Rep. Kucinich's proposal, which has been introduced in Congress as H.R. 676, all for-profit health care entities would be converted to nonprofit entities, with shareholders being compensated by the

government. That compensation would be financed through Treasury bonds, he said. Physicians would continue to have private practices, but they, along with hospitals and other providers, would be paid by the federal government, which would disseminate federal funds through a series of regional budgets. There would also be separate budgets for capital expenditures and for medical education.

Coverage under Rep. Kucinich's plan would include inpatient and outpatient services as well as dental care, vision care, mental health care, and long-term care. There would be no deductibles or cost sharing.

When a reporter pointed out that other countries with government-financed health care ended up seeing a private system develop alongside the public one for those who could afford it, Rep. Kucinich, a fifth-term congressman and former mayor of Cleveland, said that was no surprise. "Privatizers are at work in every country," he said. "If health care is such a losing proposition, why are these companies trying to privatize it? Because there's huge amounts of money to

be made. But the minute you have a for-profit system, you're going to have people cut out of it." Another government-run system that people are trying to privatize is Medicare, Rep. Kucinich said. "Right now, Medicare is discouraging doctors by cutting their fees. There's a strategy to privatize Medicare by getting doctors to walk away from [it]."

'If ... it's a market-based thing, then we're left to the predictions of the market ... if you can't pay for it, you're out of luck.'

REP. KUCINICH

have cost pressures. That's sure not to encourage the results you want."

During the forum, Rep. Kucinich said "Years ago, when I was a city councilman in Cleveland, I had a proposal I thought would do a lot to protect the environment. I proposed free [public] transit," he said. "And the people who attacked the idea threw up their arms and said, 'My God! If we have free transit, everyone's going to be riding the bus!' Exactly. That's what we want. You want people to use the health care system, so that they're healthy." ■



Comparison of Presidential Candidates' Health Care Proposals

Candidate	How to expand access	Cost	Effect on insurers	Effect on employers	Effect on physicians/ other providers
Sen. Hillary Rodham Clinton (D-N.Y.)	Individual mandate requiring all Americans to either keep existing coverage, or choose plans similar to FEHBP or Medicare.	\$110 billion, paid for largely by rolling back Bush tax cuts for annual incomes over \$250,000.	Cannot deny coverage to people who have poor health or charge them higher rates.	Large employers must either insure employees or contribute to government-run pool. Small businesses receive tax credits.	Financial incentives for using team approach and providing coordinated care. "Best Practice Institute" to finance research. Improved use of health information technology (IT). Liability reform.
Former North Carolina Sen. John Edwards (D)	Individual mandate similar to Clinton plan. Create regional health care markets; provide tax credits to subsidize coverage; expand Medicaid, SCHIP, FEHBP.	\$90-\$120 billion, paid for largely by rolling back Bush tax cuts for annual incomes over \$250,000.	Must make plans available to everyone, regardless of medical history and preexisting conditions.	Must cover employees' insurance or contribute to regional health care markets.	Overhaul patent process for breakthrough drugs. Emphasis on preventive and chronic care.
Former New York City Mayor Rudolph W. Giuliani (R)	Free market stimulation. Provide tax deductions to buy health insurance; tax credits for low-income workers; block grants to help states enroll uninsured. Expand use of health savings accounts.	Cost estimates unavailable.	Stimulate competition among plans through development of interstate markets.	Must move away from employer-based benefits.	Increase quality and price transparency. Invest in health IT to reduce medical errors, improve efficiency. Promote wellness and better outcomes. Increase efficiency in drug approval process. Liability reform.
Sen. John McCain (R-Ariz.)	Free market approach similar to Giuliani plan. Also expects individuals to take responsibility for preventive care. Expand community health centers.	Cost estimates unavailable.	Interstate markets.	Cannot deduct health care costs from taxes.	Emphasis on chronic disease management. Increased accountability/transparency for costs. Pay for performance. Single bill for coordinated care.
Sen. Barack Obama (D-Ill.)	Mandated coverage for children only. Provides subsidies for health care with access to plans similar to FEHBP.	\$50-\$65 billion, paid for largely by rolling back Bush tax cuts for annual incomes over \$250,000.	Cannot deny coverage for illness or preexisting conditions. Supervision from new National Health Insurance Exchange.	Large employers must provide or contribute to cost of health insurance.	Expand health IT to improve coordination. Increase importation of prescription drugs and use of generics. Emphasis on prevention.
Former Massachusetts Gov. Mitt Romney (R)	Free-market approach similar to Giuliani plan. Provide block grants to states to encourage them to pass reforms necessary to meet needs of their populations.	Dependent on state proposals.	Facilitate competition.	No employer mandates.	Enhance IT capacity. More cost and quality transparency. Liability reform.

Notes: FEHBP is the Federal Employees Health Benefits Program. SCHIP is the State Children's Health Insurance Program.

Source: American College of Surgeons