Health Insurance, Consumer Ads Top AMA Agenda

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CHICAGO — Individual health insurance mandates, direct-to-consumer advertising, and changing the public's perception of salt were among the issues addressed at the annual meeting of the American Medical Association's House of Delegates.

On the heels of Massachusetts' new mandate that all individuals must obtain health insurance, AMA delegates voted to support a requirement that individuals and families earning more than 500% of the federal poverty level ($49,000 for individuals and $100,000 for a family of four) obtain a minimum level of catastrophic and "evidence-based" preventive health coverage. The new policy calls for using the tax structure to achieve compliance, although language about the exact tax consequences is vague.

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"We've taken a bold shift here, and we want to help lead this discussion because we want to have comprehensive reform," said Dr. Edward L. Langston, a member of the AMA Board of Trustees, during a press conference at the meeting.

The recommendation would cover only a fraction of the more than 40 million uninsured Americans. About 11% of the uninsured had incomes that were more than 500% of the federal poverty level in 2004, according to an analysis by the Department of Health and Human Services. But the delegates' action gives AMA officials another tool with which to lobby for expanding the number of people with health coverage, said AMA Board of Trustees member Dr. Ardis D. Hoven.

The American College of Cardiology does not have a formal policy position on individual health insurance mandates. "The ACC has and continues to support reforms that would make health insurance coverage more accessible and more affordable for individuals and families," an ACC spokesperson said.

In other news from the AMA House of Delegates:

► **Direct-to-consumer advertising.** The delegates voted in favor of placing a moratorium on DTC advertising for newly approved prescription drugs and medical devices until physicians have become educated about the new products. Under the AMA policy, the length of the moratorium would be determined on a product-by-product basis by the FDA in consultation with the drug or device sponsor.

The guidelines are a response to the frustration many physicians feel when patients ask for specific drugs or devices that they have seen advertised, which may not be appropriate for them, said Dr. Ronald M. Davis, an AMA Board of Trustees member, during a press conference.

► **The need to scale back on salt.** In a series of actions, the AMA delegates voted to urge the FDA to revoke the "generally recognized as safe" status of salt, allowing the agency to develop limits on sodium in processed food and restaurant items.

The AMA called for at least a 50% reduction in the amount of sodium in processed foods, fast food products, and restaurant meals over the next decade. The delegates also instructed the AMA leadership to work with the FDA to improve labeling of foods and meals so consumers can better understand the amount of sodium they consume. Patients are often unaware of how much sodium is in their diet, cardiologist J. James Rohack, an AMA Board of Trustees member, said during a press conference. Patients with hypertension will often say they don't add salt to food, but they don't realize the high sodium content of processed meats, he said.

► **Electronic medical records.** Delegates voted for the AMA to support initiatives that minimize the financial burden to physician practices of adopting and maintaining electronic medical records, and they instructed AMA officials to get involved in efforts to define and promote standards for the interoperability of health information technology systems. However, the delegates also established as AMA policy that physicians should not be required to adopt electronic medical records by either public or private payers. ■