Sen. Biden Proposes Changing the Health Paradigm

BY JOYCE FRIEDEN
Publication Editor

WASHINGTON — Sen. Joseph R. Biden Jr. (D-Del.) will tell you right up front that health care would not be his top priority if he were elected president.

"Ending the war in Iraq will be my single highest priority, and preventing war in Iran will be one of my highest priorities as well," the senator, a candidate for the Democratic presidential nomination, said at a forum on health care policy sponsored by Families USA and the Federation of American Hospitals.

That said, Sen. Biden, now in his sixth term, added that there is no reason he couldn't put several elements of his health care plan into motion in the first 6 months of his presidency.

Unlike Sen. Hillary Rodham Clinton (D-N.Y.) and former Sen. John Edwards (D-N.C.), Sen. Biden said he would not mandate that every citizen obtain health insurance. Instead, he would encourage employers to continue offering coverage by guaranteeing that the federal government would pay 75% of all costs for catastrophic health care that exceed $50,000 for an individual employee.

"The carrot is that [employers] get reinsurance, but the stick is they have to insure everybody," he said at the forum, one in a series with presidential candidates underwritten by the California Endowment and the Ewing Marion Kauffman Foundation.

One reason politicians have backed away in recent years from proposing catastrophic health care coverage is that they remember what happened 20 years ago with the Medicare Catastrophic Coverage Act, the senator noted.

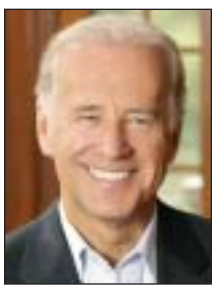
That law, signed by President Reagan in 1988, gave Medicare beneficiaries full coverage for hospital stays of any length after a $560 deductible for hospital costs and a $1,370 deductible for doctor bills. It was repealed in 1989 due to Medicare beneficiaries' concern over the additional premiums they would have to pay. But "that was a different world, and a lot has changed," Sen. Biden said.

Another part of Sen. Biden's plan for the first 6 months of his administration would be getting all children covered. He would start by expanding the State Children's Health Insurance Program (SCHIP) to include children in families making up to $60,000 per year. "Anyone who thinks a couple who makes $60,000 a year and has four kids … is fat and happy and willing to spend $1,400 per month for health insurance, they ought to get out more," the senator said.

Sen. Biden also proposes allowing the public to buy into the Federal Employees Health Benefits Program, even though he admits it may not be the best health insurance program available.

"My wife is a teacher, and when I was hospitalized, we used her insurance because it was better" than the federal employee health plan, he said. "Why not go out and pick a more perfect plan? The reason is, it's there, everybody understands it, and there's a sense of confidence about it—'If my senator has this, it must be good enough for me.' "

Using the federal employees' plan instead of another plan is an example of the kind of consensus-building that Sen. Biden said he hopes to do as president. "This is about whether or not you're going to be able to, as president, generate a national consensus, because if you're a Democrat, you're going to have to get 15%-20% of Republicans to vote for it; you can't do it with just Democrats. And you're going to have to be able to convince the American people that this is understandable."



Another part of Sen. Biden's health care proposal includes letting anyone 55 years and older buy into Medicare. The government would provide subsidies for low-income citizens who couldn't afford to pay the Medicare premium.

He estimates the cost of all these proposals at $90-$110 billion annually, which he said can be partly achieved by rolling back tax breaks for the richest 1% of Americans, tax breaks "that they didn't ask for and don't need." He would also eliminate tax breaks on capital gains and dividends, and end tax loopholes for hedge fund managers and private equity partners.

In addition to his health insurance proposal, Sen. Biden said he would like to see the federal government put more emphasis on prevention, although he admitted such an investment might not pay off for a while. "That's one reason I want to insure children at the front end," he said. "You have children who don't have health insurance, and parents not being able to take them to a regular physician … they build up problems, so they end up being less healthy by [the] time they're 21 years old."

Sen. Biden continued, "The whole notion is changing the paradigm—front end, costs; back end, significant savings. One of the problems with the mentality of American businesses and insurance companies is that they always think about the next quarter. Very seldom does anyone think about next year or 5 years or 7 years. If we're going to get these costs under control, it seems to me you've got to be investing now."

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SEN. BIDEN

Medicare costs will grow dramatically over the next decade, largely because the Baby Boom generation will be retiring, Sen. Biden said. He offered three suggestions for cutting Medicare costs.

First, "we should be reimbursing private insurers [who participate in the Medicare Advantage program] the same way we reimburse everyone else. We're reimbursing them about $10 billion a year beyond what we're reimbursing others." Second, "being able to negotiate price relative to cost of drugs, like we do in the Veterans Administration, would significantly reduce the cost." Third, if he can implement his plans for an increased focus on prevention, "by the time people hit the Medicare system who are now in their 30s and 40s, they'll have much more control of these chronic diseases."

If other cost cuts are needed, "in the first year, I think I can cut the Defense Department by over $160 billion by ending the war in Iraq" and implementing other savings there, the senator said. ■

Study Highlights Emergency On-Call Coverage Crisis in U.S.

BY KATE JOHNSON
Montreal Bureau

Emergency on-call coverage from specialist physicians is "unraveling" at hospitals across the country, resulting in delayed treatment, patient transfers, permanent injuries, and even death, according to a study from the Center for Studying Health System Change, a nonpartisan policy research group in Washington.

While the problem is predominantly an issue for hospital emergency departments, it also is becoming increasingly problematic for inpatients who need urgent specialty care, according to the report. The findings are based on 2007 data from 12 nationally representative communities: Boston; Cleveland; Greenville, S.C.; Indianapolis; Lansing, Mich.; Little Rock, Ark.; Miami; Northern New Jersey; Orange County, Calif; Phoenix; Seattle; and Syracuse, N.Y.

The picture is particularly grim given the fact that overall ED utilization rates have risen by 7% in the past decade, from 36.9 to 39.6 visits per 100 people, according to the report. While insured people account for the vast majority of ED visits, "the proportion of visits by uninsured people is rising at a relatively higher rate," the study's authors wrote.

Citing a 2006 paper from the American College of Emergency Physicians, the study reported that 73% of emergency departments in the United States report inadequate on-call coverage by specialist physicians. In particularly short supply are orthopedic surgeons, neurosurgeons, plastic surgeons, trauma surgeons, hand surgeons, obstetrician-gynecologists, neurologists, ophthalmologists, and dermatologists. While an actual shortage of such physicians may sometimes be to blame, "physician unwillingness to take call appears to be a more pressing issue for many hospitals," the study authors stated.

Although unwillingness to accept on-call duty is largely influenced by quality of life issues, the requirement to provide on-call coverage has traditionally been mandated by hospitals under the Emergency Medical Treatment and Labor Act. However, many specialists are now shifting their practices away from the hospital setting, and are no longer obligated by medical staff privileges, noted the report's authors.

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Many physicians also believe payment for on-call care is inadequate, especially when they are caring for uninsured patients. Specialists are also concerned that providing emergency care may increase their exposure to medical liability and drive up the cost of their malpractice premiums, according to the report.

As a result, adverse patient outcomes are reported. One study found that 21% of patient deaths or permanent injuries related to ED treatment delays are attributed to lack of specialists' availability, noted the report. Complete lack of access to specialty care in some EDs is forcing either travel or transfer of patients. And for the physicians who continue to provide on-call coverage, increasing workload and decreasing morale may put patients further at risk.

"It's not a surprise that we're having this problem—it's a surprise to me that we have any on-call specialists at all," Dr. Todd Taylor, previously an emergency physician and speaker for the ACEP Council, said in an interview. Dr. Taylor left clinical medicine last summer to work in the computer industry, he said, because the risks of liability were more than he could justify.

For Dr. Taylor, it is these very liability risks that are at the root of the current on-call crisis. "The liability issue has become the overriding barrier to physicians being willing to put themselves at risk," he said. "Until and unless you solve the liability crisis in emergency care and health care in general, nothing else you do matters."

More troubling than the lack of emergency on-call specialists, he added, is the lack of emergency physicians in general—a newer phenomenon reported earlier this year in the 2007 Daniel Stern & Associates Emergency Medicine Compensation and Benefits Survey. "This has applied to on-call specialists for years, but the phenomenon is now spreading to core emergency physicians, who are increasingly seeking alternative careers," Dr. Taylor said. ■