

Health Insurance, Consumer Ads Top AMA Agenda

Store-based health clinic dissatisfaction was also expressed, with resignation that they're here to stay.

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CHICAGO — Individual health insurance mandates, direct-to-consumer advertising, and store-based health clinics topped the list of 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 obtain a minimum level of catastrophic and "evidence-based" preventive health coverage.

The policy also calls for individuals and families earning less than 500% of the federal poverty level to obtain coverage once refundable tax credits and other subsidies are available.

The recommendation would cover only a fraction of the more than 40 million uninsured Americans. 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 endorsement of an individual mandate for coverage will bring the country one step closer to universal coverage, said Dr. Donna Sweet, an ACP delegate. Creating a market for insurance has the potential to bring down the cost of coverage, said Dr. Mary T. Herald, also an ACP delegate.

But Dr. David McKalip, an alternate delegate from Florida, said the AMA should stick with its current policy of using tax credits to broaden access to health insurance without imposing a requirement. Similar requirements for auto in-

surance, which are in place in 47 states, have failed to achieve universal insurance coverage, with noncompliance rates of 15%-30% despite penalties, he said.

Instead, Dr. McKalip proposed monitoring the effects of the individual health insurance mandate in Massachusetts. An individual mandate is a step toward socialized medicine and a "slippery slope," he said.

In other issues, many physicians at the House of Delegates meeting expressed dissatisfaction with the store-based health clinics that have sprung up in retail stores and pharmacies around the country and resignation that these clinics are here to stay.

In an effort to deal with that new reality, AMA delegates established principles for operating store-based health clinics, which include limiting their scope of practice, using standardized medical protocols from evidence-based guidelines, and informing patients in advance of the qualifications of those providing their care. In addition, the delegates called on the management of store-based health clinics to establish arrangements for their care providers to have direct access to and supervision by allopathic and osteopathic physicians, as consistent with state laws.

Clinic providers also should encourage patients to establish care with a primary care physician, the new AMA policy said.

In the area of direct-to-consumer advertising, AMA 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. The guidelines are a response to the frustration that 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 policy also recommends that product-specific DTC ads should not use actors to portray health care providers who are promoting drug or device products, because this portrayal may be misleading and deceptive. If an actor is used to portray a health care provider, a disclaimer should be prominently displayed. The AMA also voted to discourage active and retired physicians from participating in advertising that endorses a particular drug or device product. If physicians do choose to participate in an ad, there should be a clear disclaimer that they are being paid for their endorsement, according to the new AMA policy.

Last year, the Pharmaceutical Research and Manufacturers of America (PhRMA) issued voluntary "Guiding Principles" on DTC advertising that call on drug companies to spend time educating health care professionals before beginning a new DTC campaign.

In other news from the AMA House of Delegates:

► **Scaling 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.

► **Obtaining organs.** The delegates approved a policy that allows for public solicitation of organs from living donors as long as it adds to the overall number of available organs and does not disadvantage others who are waiting for a transplant.

This type of directed donation is acceptable as long as donors do not receive payment beyond reimbursement for travel, lodging, lost wages, and medical care associated with the donation, according to the new policy.

► **Emphasizing electronic 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 instructed AMA officials to get involved in efforts to define and promote standards for the interoperability of health information technology systems. But the delegates also established as AMA policy that physicians should not be required to adopt electronic medical records by either public or private payers.

► **Meddling in medicine.** AMA delegates voiced their opposition to the "interference of government in the practice of medicine" through the use of government-mandated recitations to patients.

► **Interrogations and immigration.** The House of Delegates adopted a set of ethical guidelines to limit physician participation in interrogation of prisoners and detainees. Under the new guidelines, physicians must not conduct or directly participate in interrogations because it undermines the role of the physician as a healer. The prohibition on direct participation includes monitoring with the intention of intervening, under the AMA guidance.

However, the guidelines spell out a role for physicians to help develop interrogation strategies that are not coercive.

On caring for illegal immigrants, delegates voted to have AMA leadership ask that when federal agencies such as the U.S. Department of Homeland Security or U.S. Customs and Border Protection have custody of an undocumented foreign national, that they assume the cost of that person's health care instead of passing it on to the physician or hospital. ■

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