Policy & Practice

SAMHSA Director Resigns

Charles G. Curie, administrator of the Substance Abuse and Mental Health Services Administration, is resigning effective Aug. 5. In his resignation letter to President Bush, Mr. Curie lauded the president's leadership in the New Freedom Initiative and the Access to Recovery program, which he said "cemented recovery as the new framework for public policy development in mental health and substance abuse services in this country." He also noted that "After years of debate, we have established that individuals with cooccurring disorders should be the expectation, not the exception, in our treatment systems." Michael J. Fitzpatrick, director of the National Alliance on Mental Illness, called Mr. Curie "a leader who has been truly committed to principles of individual dignity and recovery. He understands the needs of people living with mental illnesses, and their families, and has served as our advocate." Mr. Curie, who was confirmed for his position in 2001, was previously deputy secretary for mental health and substance abuse services for the state of Pennsylvania.

New Inpatient Rule

A new Medicare rule for recertification for psychiatric inpatients went into effect this month, but it's not expected to have a major effect on psychiatrists. The rule requires that psychiatrists recertify psychiatric inpatients on the 12th day of their stay, rather than on the 18th day as was previously required. After that, subsequent recertifications are required at intervals established by each hospital's utilization review committee, but no less frequently than every 30 days, the rule notes. "This shouldn't have much impact, in part because lengths of stay tend to be shorter than 12 days," said Carol Szpak, director of operations and communications at the National Association of Psychiatric Health Systems, in Washington. "The median length of stay in Medicare is somewhere around 9 days, which means at least half of the cases are shorter than that." Changing the recertification requirement to 12 days brings psychiatry in line with other medical specialties, Ms. Szpak said.

New Detox Protocol Released

SAMHSA has released a new treatment improvement protocol (TIP 45) for detoxification and substance abuse treatment. This TIP, a revision of one published in 1995, stresses that detoxification by itself does not constitute complete substance abuse treatment and that detox patients therefore need to be connected with substance abuse treatment services. "Detoxification is one component in the continuum of health-care services for substance-related disorders," said Mr. Curie, SAMHSA administrator. "The TIP defines detoxification as a broad process with three essential components—evaluation, stabilization, and fostering a patient's entry into treatment." The TIP is available online at http://store.health.org/catalog/productDetails.aspx?ProductID=17398 .

Licensure for Drug Sales Reps?

A proposal making its way through the Massachusetts legislature would require that pharmaceutical company sales representatives be licensed by the state, and complete continuing education programs to renew that license. The proposal passed as an amendment to the state budget and was in a joint House-Senate conference report. State Senator Mark C. Montigny, a Democrat from New Bedford, has sought to pass such a licensure requirement several times over the past few years, without success. Under the latest proposal, pharmaceutical companies—and their representatives—would also be prohibited from giving gifts, entertainment, travel, honoraria, or anything of value to physicians or public officials. Violators would be subject to a $5,000 fine and up to 2 years in jail. In a statement, Ken Johnson, senior vice president of the Pharmaceutical Research and Manufacturers Association, said that licensing was unnecessary because the Food and Drug Administration already regulates promotional and educational materials and that the legislation is wrongheaded because it "seeks to impose criminal penalties on what should be viewed as the important sharing of information between pharmaceutical companies and physicians regarding the risks and benefits of medicines."

Young Adults Lack Insurance

Adults aged 19-29 are one of the largest groups without health insurance, according to a study sponsored by the Commonwealth Fund. The number of people in that age category who were uninsured rose to 13.7 million in 2004, up 2.5 million since 2000. Although they make up only 17% of the nonelderly population, this group accounts for 30% of the nonelderly uninsured, noted Sara R. Collins, Ph.D., senior program officer at the Commonwealth Fund, and colleagues. Low-income, Hispanic, and African American patients in this age group were at higher risk of being uninsured compared with whites, the authors noted. Many of the patients had insurance until they were 18, but were dropped the following year from either their parents' private policies or public programs. Full-time college students—who often continue to be covered under their parents' private policies—are the most likely patients in this age group to maintain their insurance coverage. "Health insurance coverage of young adults would be improved by system-wide changes to expand access to and stabilize coverage among the general population," the authors concluded. "This is a relatively low-cost group to insure: Young adults generally are healthier than older adults and therefore have far lower per capita health care expenditures."

—Joyce Frieden

New Revenues Needed for Universal Care, Panel Says

BY NELLIE BRISTOL
Contributing Writer

Affordable health care coverage should be public policy established in law with a set of core benefits available to all Americans by 2012, the Citizens' Health Care Working Group said in its interim recommendations. Benefits would be defined by an independent, nonpartisan, public-private group and encompass physical, mental, and dental health services.

The working group was established by the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 to foster debate on health services availability and financing. The final recommendations, expected early next year, will be sent to Congress and the White House for further debate and consideration.

The 14-member panel held public meetings throughout the country, conducted polls, and read nearly 5,000 individual commentaries.

New revenues would be required for the coverage, with the group suggesting use of dedicated revenue streams including enrollee contributions, income taxes or surcharges, "sin taxes," payroll taxes, and value-added taxes.

"The opinion polls we examined, the community meetings we held, and the Web-based survey and comments we receive all showed large majorities of people willing to make additional financial investments in the service of expanding the protection against the costs of illness and the expansion of access to quality care," the working group said in its report.

Paul B. Ginsburg, president of the Center for Studying Health System Change, praised the panel for pointing out that universal coverage would require new revenues. "That's a reality check that almost no public leader is willing to admit because they always tells us you can do it for nothing." Although Congress and the administration are not in the mood for another major health care expansion, the recommendations could act as a "motivational paper" to alert lawmakers to the public's values, he said.

The working group also recommended greater federal support of integrated community health networks through establishment of a specific unit with responsibility for coordinating all federal efforts regarding the health care safety net.

Efforts to improve quality and efficiency of care should be strengthened by the federal government through use of existing health care programs and promotion of health information technology and electronic medical records, especially in underserved areas, the working group's report said. The report also suggested that end-of-life services financing and provisions should be restructured "so that people living with advanced incurable conditions have increased access to these services in the environment they choose." ■

Clinton and Obama Pitch Patient Safety Approach to Liability Crisis

Two Democratic senators are aiming to move patient safety to the center of the medical liability debate.

Sen. Hillary Rodham Clinton (D-N.Y.) and Sen. Barack Obama (D-Ill.) have introduced legislation that would provide grant funding for physicians, hospitals, and health systems to routinely report medical errors to a national database. In cases in which patients were harmed, the hospitals and physicians involved would disclose the error and offer to enter into confidential negotiations on compensation. Any disclosures and apologies from physicians would be considered confidential under the bill.

"For too long, our health care system has discouraged the kind of communication needed to find and correct the conditions that lead to medical errors," Sen. Clinton said in a statement. "Our bill puts patient safety first and creates an avenue for doctors and patients to find solutions outside of the courtroom."

The two senators recently touted the benefits of the bill, the National Medical Error Disclosure and Compensation Act (S. 1784), in a perspective published in the New England Journal of Medicine.

In addition, medical liability insurers who participate in the program would be required to put a portion of any savings realized toward reducing physician premiums. For health care providers who participate, a portion of the savings must be used for activities that result in reduced medical errors and improved patient safety.

But some physician leaders are skeptical that the bill will gain any traction in an election year. The legislation was introduced last September and was referred to the Senate Committee on Health, Education, Labor, and Pensions.

Dr. Joseph Flood, chairman of the government affairs committee for the American College of Rheumatology, said the focus on patient safety is important but that the approach outlined in the bill could have unintended consequences.

Dr. Larry S. Fields, president of the American Academy of Family Physicians, said that Sen. Clinton and Sen. Obama had their chance to vote for comprehensive liability reform back in May when the Senate defeated a motion to consider S. 22. That bill would have capped noneconomic damages at $250,000 and allowed courts to restrict the payment of attorney contingency fees. Sen. Clinton voted against the motion, and Sen. Obama did not vote.

—Mary Ellen Schneider

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