

September 16, 2009

The Los Angeles County Medical Association at the regular meeting of the Board of Directors on 9/16/09 adopted the recommendation of the LACMA Health Care Ad-Hoc Committee to oppose HR3200 as written.

Report of the LACMA Healthcare Ad-Hoc Committee

As the duly constituted Healthcare Ad-Hoc Committee established on April 21, 2009, our assigned task was to review HR 3200 in detail and to comment on it.

Our final conclusion in no way deals with every single item in the bill since there are innumerable and disparate topics within it. In any case, it is assumed that this bill is to be considered in its entirety. Our comments and conclusions, therefore, are reflective of the overall accomplishment of our assigned task.

We assessed HR3200 on a total, cumulative basis, and our conclusion is that we **oppose** it as written.

We feel the bill does not make quality healthcare more affordable or accessible. It obstructs our patients' rights to choose their doctor and their care. Further, the bill does not protect our patients' privacy or their right to privately contract, and it impedes the doctor-patient relationship. Finally, the bill increases government mandates and regulations that complicate our ability to care for our patients.

Ad-Hoc Committee Selected Comments

Comments regarding pages 1 to 150

Section 102 (p. 16): limits new enrollment in health insurance after January 1, 2013, which we find unacceptable.

Section 112 (p. 20): provides protection against insurance cancellation which is a valuable patient protection, and Section 114 (p. 23) highlights mental health and substance abuse disorder benefits which is a laudable contribution.

Section 123 (p. 30): establishes a health-benefit advisory committee consisting of 27 members while mandating only one physician member, which we find unacceptable.

Section 123 (p. 33): defines benefits standards in actuarial terms that we find vague and confusing.

Section 162 (p. 55): gives protection against insurance cancellation, which is again a valuable patient protection.

Section 223 (p. 124): states that there can be no administrative or judicial review of payment rate or methodology, and we find this dictum to be unacceptable.

Comments regarding pages 151 through 300

Section 59B (p. 167): imposes additional taxation on any individual without “acceptable healthcare coverage,” and we find this objectionable.

Section 59C (p. 197): imposes a surcharge on high-income individuals to pay for provisions in this bill, which is unacceptable.

Section 1151 (p. 295): directs the Secretary of Health and Human Services to develop appropriate measures of readmission rates for post-acute-care providers, which we find objectionable.

Comments regarding pages 301 to 450

Section 1156 (p. 317): states that the percentage value of the ownership or investment in a hospital by a physician cannot increase after this bill is enacted. We find this objectionable.

Section 1233 (p. 424): puts forth advance-care planning consultation as an important aspect of senior patient care, but we find the lack of patient consent and initiation of this process troublesome.

Section 1301 (p. 443): establishes an Accountable Care Organization Pilot Program that offers incentive payment for expenditures less than a “target” level, which we find objectionable as a possible disincentive to providing “necessary” care.

Comments regarding pages 451 through 600

Again, Section 1301 (p. 454): states that, regarding the pilot program, there is no administrative or judicial review permitted for the establishment of target expenditures, measurement of performance, or determinations with respect to whether savings have been achieved or what the amount of savings are – all of which we find objectionable.

And further, Section 1301 (p. 457): says that the Secretary may issue regulations to implement, on a permanent basis, such models that are beneficial to the program as determined by the Secretary. We find this non-reviewable authority unacceptable.

Section 1302 (p. 460): states that the Medical Home Pilot Program will establish a program to evaluate reimbursing patient-centered medical homes for high-need patients, with the Secretary establishing a methodology for payment for the services which, in itself, may undermine needed care. This we find to be unsupportable. In addition, physicians, nurse practitioners, and physician assistants are commonly equated one with another, which we find to be possibly misleading to the high-need beneficiaries.

Comments regarding pages 601 through 750

Section 1441 (p. 620): establishes national priorities for quality improvement including a national consensus standard for the measurement and improvement of population health, and for the evaluation of institutional providers, physicians and other health-care practitioners. The Secretary shall determine areas in which quality measurement for assessing healthcare services in the United States is needed. This section apparently does not consider the input of physician specialty societies in setting quality measures.

Section 1461 (p. 654): requires public reporting by hospitals and ambulatory surgical centers on health-care associated infections that include the total increase or decrease in health care costs related to these infections. This may result in cumbersome and difficult reporting.

Section 1601 (p. 686): increases funding to fight waste, fraud, and abuse but is hampered by financial disincentives for erroneous allegations of fraud, waste, and abuse by the government.

Comments regarding pages 751 through 900

Section 1711 (p. 761): requires coverage of preventive services, including vaccines recommended for use as appropriate by the Director of the Centers for Disease Control and Prevention, which is deemed worthwhile.

Section 1712 (p. 767): includes tobacco-cessation outpatient drugs as a benefit, which is considered timely and appropriate.

Comments regarding pages 901 through 1018

Section 764 (p. 920): states that the Secretary shall establish a permanent Advisory Committee on Health Workforce Evaluation and Assessment to submit recommendations to the Secretary on the supply, diversity and geographic distribution of the health-care work force, on which committee there is no mandatory physician representative. We find that this section without physician input is incomplete.

To LACMA Board members and interested parties:

Our committee met with a quorum on each of the following dates: 8/11, 8/24, 9/1, 9/3, 9/8, 9/10, and 9/15/09. Attached to this report, please find each committee reviewer's comments on his or her section of HR 3200 for your review.

In addition, upon request, the minutes of all the meetings are available.

Finally, if requested, a copy of the entire HR3200 bill can be supplied for review.

Thank you.

Your Health Care Ad-Hoc Committee members,

Gideon Lowe, MD, Chairman
Robert Bitonte, MD
Troy Elander, MD
Sam Fink, MD
Marvin Kaplan, MD
Paul Kirz, MD
Thomas LaGrelus, MD
David Lerman, MD
Marcy Zwelling, MD
Lisa Le and Sean O'Brien, Staff

LACMA GUIDING PRINCIPLES ON HEALTHCARE REFORM

Adopted by Board authority unanimously on 3/17/07 and revised and updated on 8/11/09.

Preamble:

The personal, one-on-one private relationship between a patient and physician must be inviolate and sacred. This relationship is the bedrock of excellent health care in any free society. Any proposal to improve health care financing and access must be first tested in the light of that inviolate, sacrosanct physician patient relationship, and rejected out of hand if any proposal degrades this relationship.

- We fully support financial and fee transparency in the entire health care system including, but not limited to hospitals, insurance companies, government payers, pharmaceutical corporations and physicians.
- We support increased patient access to health care. Providers should not be required by contract or law to provide care at a financial loss.
- Any expansion of scope of practice for non-physicians requires direct physician supervision.
- We support high deductible health insurance and health savings accounts.
- We support individual tax credits, tax deductions, and/or vouchers, to encourage purchase of health insurance.
- We support educating the public in regard to the true cost of health care.
- We support educating the public in regard to individual responsibility for their own health care and the health care of dependents.
- We support cost containment only if quality of care and patient access are preserved.
- We support national medical liability tort reform modeled after the California state MICRA.