This Week in Health Policy…

• Childhood Obesity
• Crisis in Primary Care
• Young Adult Health Coverage
One in three children in America are overweight or obese. As part of the Let’s Move Campaign, First Lady Michelle Obama and the White House Task Force on Childhood Obesity unveiled recommendations this week designed to reverse the epidemic of childhood obesity.

Their report titled, *Solving the Problem of Childhood Obesity within a Generation*, can be viewed [here](http://www.letsmove.gov).

The NMA knows firsthand how important it is to make healthy choices more convenient and more affordable for American families. For this reason, NMA proudly supports the First Lady’s “Let’s Move” campaign.

The report provides measurable goals, benchmarks, and outcomes designed to reduce the child obesity rate from 20% now to 5% in 2030. The report makes recommendations in 5 key areas:

1. **Getting children a healthy start on life** with good prenatal care for their parents; support for breastfeeding; limits on “screen time”; and quality child care settings.

2. **Empowering parents and caregivers** with messages about nutritional choices; improved labels on food and menus; reduced marketing of unhealthy products to children; and improved health care services.

3. **Providing healthy food in schools** through improvements in federally-supported school meals; upgrading the nutritional quality of foods sold in schools; and improving nutrition education.

4. **Improving access to healthy, affordable food** by eliminating “food deserts” in urban and rural America; and lowering the relative prices of healthier foods.

5. **Getting children more physically active** through physical education and recess; addressing the “built environment” that makes it difficult for children to walk or bike safely in their communities; and improving access to safe parks, playgrounds, and recreational facilities.

*Source:* [www.letsmove.gov](http://www.letsmove.gov)
A newly published study reports that primary care physicians could earn $2.7 million less over a career than a cardiologist.

Can We Close The Income And Wealth Gap Between Specialists And Primary Care Physicians?

A recent study published by Vaughn et al in Health Affairs estimates the present value of career wealth from college graduation through age sixty-five at $5,171,407 for cardiologists and $2,475,838 for primary care physicians - a difference of nearly $2.7 million over a career. This disparity in income is one of the major factors influencing medical students decision to enter in primary care.

- Policies currently under consideration to increase the supply of primary care physicians will likely not reduce the gap. The gap can be closed only through sizable incentives or increases in income for primary care physicians.

- The study concluded that alternative solutions to the primary care problem could include investment in health IT and expanding the role of allied health professionals.

Click here to access the abstract of the article.
The recently enacted health reform legislation includes a provision to allow young adults to remain on their parents’ health insurance policy until age 26. This week, the Department of Health and Human Services (HHS) issued proposed regulations on the provision:

- Young adults who do not live with their parents or who are not a dependent on a parent’s tax return could still receive the expanded coverage.
- Young adults could be married and still qualify, however neither their spouse or their child could receive the expanded coverage.

HHS estimates that about 1.2 million young adults will sign up for this coverage and that regulations will increase the cost of employer sponsored health insurance by 0.7 percent next year.

So far, more than 65 insurance companies have announced that they will provide coverage to young adults under 26 in advance of September 23rd, when the law requires the provision to take effect. For additional details on the provision, read the HHS [fact sheet](#).
The National Medical Association will submit recommendations and comments to the U.S. Department of Health and Human Services (HHS) to aid in the development of regulations regarding medical loss ratio requirements and premium reviews in the recently passed health reform legislation.

- **Medical Loss Ratio** is the percentage of premium dollars that health insurance companies spend on medical care, as opposed to administrative costs or amounts retained for profit.

- **Premium Review Process** is the annual review of unreasonable increases in premiums for health insurance coverage.

Upon submission, the NMA Recommendations will be available on the Health Policy page.
• Make plans to arrive in Orlando, FL by the morning of July 31st for the Annual Convention and Scientific Assembly. The Surgeon General of the United States, Dr. Regina Benjamin, has been invited to deliver this year’s Mazique lecture and Dr. David Blumenthal has been invited to serve as the keynote speaker at the Opening Plenary. You will not want to miss this event! To register or to view the Preliminary Program click here.

• Interested in participating in NMA Haiti Relief Efforts? Take our Haiti survey.

For the latest health policy news and information visit our page NMA Health Policy Updates.

Continue to visit our Haiti Earthquake Relief page for information on relief efforts.
Resources


• Vaughn, Bryan, Steven DeVrieze, Shelby Reed, and Kevin Schulman. "Can We Close The Income And Wealth Gap Between Specialists And Primary Care Physicians? -- Vaughn Et Al. 29 (5): 933." *Health Affairs*. Web. [http://content.healthaffairs.org/cgi/content/abstract/29/5/933](http://content.healthaffairs.org/cgi/content/abstract/29/5/933)
