This Week in Health Policy…
• Update from the Hill
• P4P- Could It Worsen Disparities?
• Impact of the Individual Mandate
• New State-by-State Fact Sheets
• NMA’s Survey on EMR
Unfortunately, the 21 percent cut in reimbursements to physicians who treat Medicare patients went into effect on June 1st. In response, the Centers for Medicare and Medicaid Services instructed their carriers to hold payments on claims for 10 business days.

The Senate is expected to take up the tax extenders bill, which deals with the “doc fix”, state Medicaid funding, and COBRA subsidies, upon returning from the Memorial Day Recess on Monday, June 7th.

The U.S. House of Representatives passed its version of the tax extenders bill before leaving for the recess. Under the House bill, physicians who treat Medicare patients will see a 2.2 percent increase in reimbursements for the remainder of 2010 and a 1 percent increase in 2011. The measure would defer cuts in Medicare payment until December 2011. Extension of the COBRA subsidies to help newly laid-off workers afford health coverage and the additional federal aid to boost state Medicaid funds were dropped from the version of the tax extenders bill that passed in the House.
In an article published in the May issue of *Health Affairs*, researchers found that pay-for-performance (P4P) programs paid less to practices that serve higher proportions of vulnerable populations. The study concluded that performance based payments rewarding primary care physicians for providing better care to patients have the potential to worsen existing health disparities experienced by low income populations and racial and ethnic minorities. In a paper published by the NMA in 2007, a similar alarm was sounded. Click [here](#) to read pages 7 and 8 of that paper.

- Practices serving higher proportions of vulnerable patients were estimated to receive about $7,100 less each year in P4P rewards compared to other practices.

Lead author, Mark Friedberg, M.D., wrote, “"Paying for performance may have the unintended effect of diverting medical resources away from the communities that need these resources the most." The paper suggests alternative approaches to ensuring that P4P programs do not worsen health disparities. For example, one approach would be to provide targeted grants to physicians for caring for vulnerable populations, which could offset resource disparities while also retaining incentives to improve quality of care. To read the article follow this link: [Paying For Performance In Primary Care: Potential Impact On Practices And Disparities](#)
In 2006, Massachusetts passed health reform legislation that included the individual mandate as a key provision for achieving universal coverage. A recent study published by the National Bureau of Economic Research, examines how the Massachusetts individual mandate affected uninsurance rates, hospital and outpatient utilization, and preventive care. Findings from the study:

- Among patients discharged from the hospitals, reform reduced uninsurance by 28%;
- Increased coverage affected utilization by reducing the length of stay and the number of inpatient admissions originating from the ER;
- Increased coverage reduced hospitalizations for preventable conditions.

The study speaks directly to the impact increased coverage has on reducing preventable hospitalizations and readmissions. Reducing preventable hospital readmissions has the potential to:

- Improve quality of care for patients
- Reduce unnecessary hospital and outpatient utilization
- Reduce health care costs
- Increase efficiency in the health care system
What will health reform mean for your state? Click on your state from the list below to learn more about the immediate benefits of the recently enacted health reform law.

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What You Can Do

Take the NMA's Survey:

In an effort to better understand and address physician concerns with health information technology, the NMA is conducting a brief survey examining NMA member experience with establishing an electronic medical record (EMR) system in their practice. A few survey respondents will be asked to share their EMR experiences during the Annual Convention & Scientific Assembly in Orlando, FL. Click here to participate in the survey.

Register for Convention:

Don’t forget to register to attend the 2010 National Medical Association Annual Convention & Scientific Assembly in Orlando, Florida, July 31 – August 4, 2010. Make plans to arrive in Orlando by the morning of July 31st in order to attend this year’s Mazique Symposium.

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


