This Week in Health Reform…

- Recap of Physicians Roundtable
- Committee Procedures
- Community Disease Prevention Programs
The National Medical Association convened a physicians roundtable on Wednesday September 23, 2009 to discuss the impact of reform proposals on minority physicians and the communities they serve. Over 60 NMA physicians joined the discussion. In attendance were Congresswoman Corrine Brown (FL), Congresswoman Donna M. Christensen (VI), Congressman John Conyers (MI), Congressman John Dingell (MI), Congressman Bobby Rush (IL), Caya Lewis, Director of Outreach and Public Health Policy, HHS Office of Health Reform, and HELP Committee staff.

In the meeting, Dr. Willarda Edwards outlined NMA’s stance on health reform (see presentation). Members of Congress made their remarks and took questions from the audience. NMA members raised a number of important issues including:

- Rising premiums
- The need for a public option
  - “With an individual mandate to have coverage, where will all of the newly insured go to for affordable coverage?”
- Concerns with the CO-OP
  - “The CO-OP is designed for people with higher education levels, not those with more modest education levels.”
- Incentives for physicians to educate patients on prevention and wellness
- Physicians’ reimbursements
- Cost of medical education
  - “The high cost of medical training makes it increasingly difficult to go into primary care”
- Tort reform

Full video of the event will be posted online shortly.
Two Committee Markup Sessions this week:
Senate Finance Committee
House Energy & Commerce Committee (supplemental markup)

Finance
- Markup of Chairman Baucus’ health care reform bill began Tuesday, September 22nd. Senators in the committee filed 564 amendments, all of which are posted on the Senate Finance website.
- Amendments fall into three broad categories: expanding coverage, reforming delivery system, and financing reform.
- Before the start of Tuesday’s markup, Baucus released modifications to the Chairman’s Mark. The modifications incorporate ideas from both Democrat and Republican committee members. Key changes include:
  - Increasing the Health Care Affordability Tax Credit for premiums
  - Prohibiting insurance companies from varying premiums by more than 4:1 for age
  - Reducing affordability threshold for employer sponsored insurance so that an individual whose coverage costs more than 10% would be eligible to receive a tax credit
  - Lowering penalties for people who fail to meet the requirement to have health coverage
Energy & Commerce

• E&C has primary oversight on health programs that are funded by general revenue (as opposed to specific taxes) including: National health insurance, Medicaid, Medicare (part B only), Children’s Health insurance program, and public health.

• Held markup for H.R. 3200, the “America’s Affordable Health Choices Act of 2009” on July 31st that lasted 5 days. Chairman Waxman allowed for a supplemental markup of the bill on Wednesday, September 23rd to address the concerns of the minority.
  – The only amendment to pass is related to cost sharing transparency.
Trust for America’s Health (TFAH) and The New York Academy of Medicine (NYAM) released a report called the *Compendium of Proven Community-Based Prevention Programs*. The report features examples of evidence-based disease prevention programs ranging from improving eating habits to reducing rates of sexually transmitted diseases.

Examples of programs:

- The New York State Healthy Neighborhoods Program conducted an asthma intervention in which they educated individuals about controls for asthma triggers. Reduced asthma related hospital admissions and ER visits by 23%.

- Ohio State University researchers recruited women in their forties for a 12-week walking program. After 3 months there was a reduction in body mass index (BMI), a 3.4% reduction in hypertension, 3% reduction in cholesterol, and a 5.5% reduction in glucose.

Investment of $10 per person per year in evidence-based community prevention programs could yield in savings of more than $16 billion annually within 5 years. This is a return of $5.60 for every $1 spent.
Call Senate Finance Committee members and urge them to make sure Americans will have access to affordable coverage and that physicians will be willing and available to provide quality care for the newly insured.

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