



Weekly Update

April 1, 2010

Dear Friends,

The past few weeks have been exhilarating! Health reform is now law. The effort at all levels of Doctors for America was unified and effective. We proved that when we work together we can start to fix that which is broken, heal those who are sick, and provide for the citizens. Be proud of your accomplishments – but know that the work is only beginning. Misinformation about the law is still rampant and implementing the law will require input from all of us. Tune in over the next few weeks and months to learn more about the law and how you can educate others and help shape the process of implementation.

Only have 15 minutes to learn about health reform? Read the Kaiser Family Foundation's [3 page summary of the legislation](#). It gives the best brief overview of the bill.

Physicians Making A Difference

Highlights from the last few weeks

Hundreds of doctors joined health professionals from 30 states to march down Pennsylvania Avenue on March 22. There were notable press mentions in several states leading up to the event, and hundreds of photos dotted the internet in coverage that ranged from the New York Times to the Wall Street Journal. Here is a link to some of our favorite photos from our [Flickr account](#) and a [UPI photo gallery](#).

Other March 22 related stories:

[The Wall Street Journal](#), [CNN](#), [Politics Daily](#), [DigiTriad](#), [WUSA](#), [Health Care Finance News](#), [KXLY](#)

The rally, march and press conference would not have been possible without our partner groups:

The American Academy of Pediatrics, [American Academy of Family Physicians](#), American College of Physicians, American Medical Student Association, American Medical Women's Association, American Muslim Health Professionals, Association of Clinicians for the Underserved, Committee of Interns and Residents/SEIU Healthcare, Doctors Council SEIU, Association of Physicians of Pakistani Descent of North America, HIV Medicine Association, National Medical Association, National Physicians Alliance, National Physicians Alliance – New York, National Doctors Alliance/SEIU Healthcare, Nurse Alliance/SEIU Healthcare, Student National Medical Association, United Nurses of America-AFSCME.

In Utah over 500 physicians came together for a media conference about their letter pushing Rep. Matheson (D-UT) to support health care reform. Here is some coverage of their efforts: [The Deseret News](#), [ABC4 Utah](#), and [KSL](#)

In Denver, a grassroots sign on letter was drafted to earn the attention of the Colorado delegation and Representative Markey. Their effort and ad drew media attention, and their letter of appeal for health reform [made the Denver Post](#).

In Ohio and Massachusetts, doctors rallied petitions as the vote on health care reform neared to gather hundreds of doctors, and affirm the yes votes of [Rep. John Bocchieri](#) and [Rep. Mike Capuano](#).

Dr. Dan Fass was interviewed by News 12 Connecticut about the immediate benefits of health care reform. He was also interviewed by [Hartford Business](#) talking about the way small businesses will benefit from the new law.

Dr. Stephen Patrick wrote a piece about health care benefitting all Americans published in the [Ann Arbor](#)

Key Policy Developments

1. Changes in 2010 to Health Care From New Law

The new health reform law, the Patient Protection and Affordable Care Act, is both comprehensive and complex. It will take time to fully digest and even longer to implement. But, we begin to dissect it by exploring some of the provisions in the law that will kick in this year.

Insurance Market Regulation:

- Immediately people who are uninsured due to a pre-existing condition can buy insurance through new high risk pools.
- Within 6 months of passage, no new health plan can discriminate against children with pre-existing conditions.
- Insurance companies can no longer cancel insurance coverage retroactively due to a new illness (rescission) or put lifetime limits on the dollar value of benefits.

- Insurance companies must report their "medical loss ratio" (the proportion of premium dollars spent on clinical services vs administrative costs) and provide rebates to consumers for the amount of the premium spent on clinical services and quality that is less than 85%.
- Insurance companies must establish a process for reviewing increases in health plan premiums and require plans to justify increases.

Expansion of Insurance Coverage:

- Young adults up to age 26 to stay covered on their parents' insurance.
- Preventive services no longer require a co-payment in new plans.

Begins to close the Medicare Part D "Doughnut" Hole:

- Seniors whose spending falls into Medicare's prescription drug donut hole will have \$250 of immediate help.

Small Business Tax Credits:

- Small businesses choosing to offer coverage to workers will receive a tax benefit of up to 35% of premiums.

Delivery System Improvement:

- Establish a non-profit Patient-Centered Outcomes Research Institute to support comparative effectiveness research.

Physician Workforce Investment:

- Establish the Workforce Advisory Committee to develop a national workforce strategy.
- Establish Teaching Health Centers to provide Medicare payments for primary care residency programs in federally

benefiting all Americans published in the [Wall Street Chronicle](#) and another [letter to the editor](#) about the need for health care reform to benefit children was also published in the Chronicle. He was also published in his hometown paper in Florida [telling his own story](#) for reform.

Dr. Sidney Schwab's [letter to the editor](#) was published in the Seattle Times urging Washington's Attorney General to abstain from frivolous lawsuits to delay health care reform implementation.

Dr. Heidi Sinclair attended a local Health Fair to urge Representative Cao (R-LA) and his staff to support the reform bill. She also delivered a letter from Louisiana physicians in support of reform.

Doctors for America President Dr. Vivek Murthy contributed [a piece to the Washington Post](#) sharing his reflections on the passage of health reform.

Dr. Zee Beams had a [letter to the editor](#) published in a Howard County newspaper to push for extending seniors' health benefits.

Dr. Robyn Liu's [letter to the editor](#) was published in the Wichita Eagle about the need for system reform in health care reform

Dr. Evan Saulino's [guest column](#) about the benefits of reform was published in the Oregonian just days before reform became law

[What you can do this week](#)

Say Thank You.

The road to health reform has been a long and difficult path for many members of Congress. It is important thank those representatives who supported health reform from the beginning and those who signed on in the final days to put the vote count over the top. Join us in writing [Letters to the Editor](#), [calling or e-mailing the office](#), sending a card, or get creative and think of an innovative way to say thanks. Let them know how much we appreciate their vote for health reform!

News stories:

NEJM - [Historic Passage — Reform at Last](#)

New Yorker - [What's Next?](#)

NY Times - [A New Chance to Strengthen an Eroding Bond](#)

payments for primary care residency programs in residency-qualified health centers.
Read more about the [immediate effects of reform](#).

2. In Constitutionality Debate, States Attempt to Force a Turnover

With the signing of health reform legislation into law last week, a constitutional challenge emerged. Attorneys general from 14 states have joined in a lawsuit to declare health reform unconstitutional and Virginia and Idaho have already voted in new state laws nullifying the individual mandate. While the two efforts differ in legal approach, they share a common intent: to stop health reform in its infancy.

Existing legal precedent and procedural concerns suggest that the constitutional challenge will likely fail, though some legal scholars give some legitimacy to these arguments (particularly given the conservative tone of recent Supreme Court decisions). There are two provisions in the Constitution that give Congress broad powers to regulate economic activity — the power to impose taxes for the general welfare and the power to regulate interstate commerce. The new health reform law has been framed to fall within both of these powers. First, the penalties for not buying insurance have been structured as a tax, to be collected by the Internal Revenue Service. Second, most health insurance policies are sold and claims paid through interstate commerce.

According to Regan-era solicitor general Charles Fried, "the notion that a state can choose to opt out is just preposterous ... as long as the federal law is independently constitutional. It's like Virginia saying 'we don't have to pay income tax' ... one is left speechless by the absurdity of it."

The primary motive underlying this legal confrontation appears to be political, with Republican elected officials spearheading the initiative in most states. This has led to public acrimony in states where a Republican governor serves alongside a Democratic Attorneys General. As an example, Georgia's Democratic attorney general's refusal to join the lawsuit earned him threats of impeachment by the GOP-controlled state legislature — and of interim replacement by Georgia's Republican governor.

NEJM: [The Constitutionality of the Individual Mandate](#)

Georgetown Law: [The Constitutionality of Mandates to Purchase Health Insurance](#)

3. Reconciliation signed—what it "Fixed"

The House and Senate put the finishing touches on health reform last week when they signed the reconciliation proposal amending H.R. 3590. The Congressional budget office reported that the final legislation—H.R. 3590 and the reconciliation proposal— would reduce the federal deficit by \$138 billion over the 2010–2019 period.

One of the changes in the final reconciliation package — increases in Medicaid payments to primary care physicians— was one of Doctors for America's top advocacy efforts earlier this year. In 2013 and 2014, Medicaid payment rates for primary care physicians will be set equal to 100 percent of Medicare payment rates, including payments for office visits and immunizations.

Other changes in the reconciliation package include:

- Delay implementation of the excise tax on high-cost insurance plans until 2018 and raise the amount of health insurance premiums that are exempt from the tax.
- Increase funding for community health centers in 2011 through 2015; funding starts at \$1 billion and increases to \$3.6 billion by the end of that period.
- One-time rebate of \$250 in 2010 for beneficiaries who reach the doughnut hole in the Medicare Part D prescription

drug program and close the coverage gap in the Part D benefit by 2020.

- More generous the tax credits for health insurance premiums for individuals and families with incomes between 250% and 400% of the federal poverty level (FPL).
- Additional funding for fraud and abuse prevention; authorizes \$95 million in 2011, \$55 million in 2012, \$30 million in 2013 and 2014, and \$20 million in 2015 and 2016.

Read more about what the Reconciliation bill "fixed" in the [Washington Post and the New York Times](#)

Thank you to all of you who emailed us to let us know what you've been up to. Your e-mails provide the content for the "Physicians Making a Difference" section.

Thank you, also, for your feedback. Remember, you can share this newsletter via [Facebook](#), [Twitter](#), or [LinkedIn](#). You can also download this newsletter as a [PDF](#) or listen to it via [iTunes](#).

Sincerely,

The Doctors for America Team