



AMERICAN OSTEOPATHIC ASSOCIATION

1090 Vermont Avenue NW, Suite 510, Washington D.C. 20005 ph 202 414 0140 | 800 962 9008

## **American Osteopathic Association President Larry A. Wickless, DO Answers Questions Regarding the “America’s Affordable Health Choices Act” (H.R. 3200)**

### **Why is the AOA supporting H.R. 3200?**

The “America’s Affordable Health Choices Act” (H.R. 3200) contains several provisions that reflect AOA priorities for health system reform. These priorities include: expanding the availability of affordable health care coverage to the uninsured, increased support for prevention and wellness services, investments in the physician workforce, increased Medicare payments for primary care services without cutting payments for other services and, importantly, it represents our best hope for eliminating the current sustainable growth rate (SGR) formula for updating Medicare physician payments. The AOA continues to work with members of the House of Representatives to improve the bill by seeking additions and changes in the legislation. Specifically, we are working to include expanded graduate medical education provisions, medical liability reform, and student loan financing reforms. Favorable action on a House bill is necessary to move the process to the end game negotiations that will determine the specifics of a final bill.

### **Why did AOA react so quickly?**

The AOA has been reviewing and submitting detailed comments on draft proposals for the past year. Additionally, we have been involved in substantive discussions with Congressional leaders and staff over the past 6 months on this legislation. Since there were few changes made to a draft of the bill that was released on June 19, we were able to complete an analysis of the 1,000+ page bill relatively quickly. Given the quick action by House Committees, it was important that the AOA voice its opinion on the bill prior to Committee consideration.

### **Does the AOA support all provisions of H.R. 3200?**

No. Given the size of the legislation, it contains many provisions that we support, others that concern us, and provisions that we want to see revised. We are working with Members of Congress and Congressional Committees to make changes to the legislation to ensure that it reflects AOA policies on all issues. We believe this legislation is the first step in a long legislative process and the final bill will be much different than the bill introduced. Our active involvement and support affords us the opportunity to make substantive changes in the bill as it moves through the legislative process.

### **Does the AOA support the public plan provisions included in H.R. 3200?**

The public plan provisions in H.R. 3200 represent an improvement over previous draft proposals. The Senate is developing different approaches to a public plan. H.R. 3200 would require a public plan to be self-sustaining and not dependent on the federal treasury, and it would not require physicians to participate. It also does not affect the ability of physicians to engage in private contracting arrangements with patients. We believe that, as the legislative process continues, the details surrounding the public plan option will change considerably.

### **By supporting health reform legislation that includes a public plan, isn’t the AOA endorsing socialized medicine?**

It truly is regrettable that so many of the important goals we hope to achieve through health system reform have been overshadowed by a headline-grabbing debate over the prospects of creating a coverage option bearing the label “public plan,” without regard to the variety of forms such an option could take. The AOA will always oppose national health

insurance or “government run health insurance,” and we continue to express opposition to elements of public plan proposals that we believe could lead us down the road to a single payer system. However, we remain open to proposals that are consistent with our principles of patient choice, physician choice, and universal access.

**I have heard that as many as 120 million people will be enrolled in the new public option health plan. Is that true?**

No. The nonpartisan Congressional Budget Office has estimated that the bill will ensure that 97% of the legal, non-elderly population will have health insurance. At most, 12 million people would be enrolled in the public plan, representing only about 4% of the entire population. Overall, 37 million uninsured Americans will have health insurance coverage who do not have it now.

**Won't employers simply drop coverage?**

No. The non-partisan Congressional Budget Office estimates that from 2010 until 2019, the number of Americans with employer provided coverage will increase from 150 million to 162 million people. Additionally, for those Americans who purchase coverage through the Health Insurance Exchange, two-thirds (or 20 million people) will choose private plans. This means a significant increase in the number of American's insured by private insurance plans.

**Does H.R. 3200 make private insurance illegal?**

No. Although there have been some misleading press reports on this issue, the legislation does not make private insurance illegal. Rather, it regulates health insurance coverage and, except for some “grandfathered” existing policies, individual coverage could only be offered through the Health Insurance Exchange established by the bill. The legislation includes several important provisions to regulate insurers so that they are required to treat patients and providers more fairly.

**What about medical liability reform?**

The AOA continues to believe that medical liability reform is essential to any health care reform legislation and we are conveying this position to Congressional leaders.

**Is support for replacing the SGR weakening at the White House and in Congress?**

No. Key House and Senate leaders, as well as senior White House officials, remain committed to enacting legislation this year that would erase the existing SGR debt and establish a new, more favorable payment structure for Medicare physician payments. Using past approaches, the “budget score” would be \$239 billion for changing the SGR policy. This year, we gained the support of House, Senate and White House policymakers to erase the SGR debt and establish a new payment formula without having to identify budgetary offsets – commonly referred to as a “pay-go waiver.” Key policymakers in the House, Senate and White House continue to support replacing the SGR through a pay-go waiver. When Administration officials talk about “removing the Medicare physician payment fix” they are referring to budget scoring estimates--not eliminating the new SGR policy from health system reform legislation.

**Does the bill expand scope of practice of non-physician practitioners?**

The bill would establish a medical home pilot program under Medicare that would allow a nurse practitioner to lead a medical home “so long as...the nurse practitioner is acting consistently with State law.” State law requirements regarding physician supervision of nurse practitioners would continue to apply. While the AOA recognizes nurses as valuable members of the health care team, we do not support nurse practitioners practicing independently, without at least regular consultation with a physician. It is the AOA's policy that a multidisciplinary health care team should be led by a physician who is in the best position to provide coordination of disciplines to assure delivery of high quality patient care.