

Dear colleagues,

This week, we focus on the important and timely topic of access to care and coverage for our patients. The issues of abortion, a public option compromise and health insurance exchanges have all been a part of headlines around the nation. While debate on controversial amendments dominated the Senate floor this week, the legislation continues to move closer to a final vote, expected in the next 2 weeks.

As the Senate continues to work, the Doctors for America field team has focused on building stronger communities so physicians can continue to share their voices in this process and build a grassroots base of physician support for health reform. Look for updates on visits to Rhode Island and Connecticut soon.

Physicians Making A Difference:

Highlights from the last week

-Dr. Milan de Vries and Dr. Alice Chen visited Baton Rouge and New Orleans, Louisiana to meet and help organize local physicians and medical students there. They joined Dr. Zahid Imran in gathering dozens of signatures for the Public Option Campaign.

-Dr. Heidi Sinclair (LA) wrote to Senator Landrieu on behalf of Louisiana's Doctors for America to thank her for her continued support of moving the health reform bill forward.

-Dr. Philip Caper (ME) published a [piece](#) about how the practice of medicine has changed over the last generation.

-Dr. Zaneb Beams (MD) was interviewed by the Baltimore Business Journal about Health IT and small businesses.

-Dr. Chris Hughes (PA) was a guest on KDKA radio's Mike Pintek Show.

-Dr. Mandy Krauthamer Cohen (DC) attended an event at the White House where President Obama announced new funding for [Community Health Centers](#).

-Dr. Arthur Yeager's (NJ) [letter to the editor](#), "A Health Care Battle on Many Fronts" was published in the New York Times.

-Dr. Jan Sarnecki's (WI) [letter to the editor](#), Doctors see need for health care reform, was published in the Appleton Post Crescent.

-Dr. Megan Sarnecki (MT) spoke to about 150 people at the Holy Spirit Episcopal Parish in Missoula about Health Care Reform last month.

-Columbia University Hospital residents Drs. Sasha Cornell and Bernard Ashby (NY) organized a Health Reform Happy Hour to sign the public option petition and begin building the Columbia University community.

-Medical Student Jesse Powell's (UT) email outreach to the University of Utah helped push the state into the lead of all other mountain west states for Public Option signatures.

Key Policy Developments

1. Public Option Compromise

As has been widely reported, the Gang of 10 Senators – 5 moderate Senators and 5 progressive Senators - has reached a compromise on the public option in order to move the health reform process forward. While exact details will not be released until the Congressional Budget Office (CBO) completes their cost analysis, many of the overarching elements have been reported. The compromise would empower the Office of Personnel and Management to select insurance plans for consumers in the health insurance exchanges. Insurance companies will have the option of creating nationally-based non-profit insurance plans that would be offered on the exchanges in every state. If insurance companies don't step up to offer such plans, that will trigger a national public health insurance option.

For uninsured people aged 55-64, an option to buy-in to Medicare will be available in 2011, three years before health insurance exchanges will open. For the period between 2011 and 2014, when the exchanges do open, the Medicare option will not be subsidized--people will have to pay in without federal premium assistance. However, after the exchanges launch, a Medicare option would be offered in the exchanges, where people could pay into it with their subsidies.

Lastly, in addition to the new insurance options, there will be new, strengthened insurance regulations – though details are scarce on what this might be.

The compromise language was sent to CBO for analysis and it is expected to be unveiled this weekend or early next week.

Read more about a possible Medicare buy-in for people ages 55 to 64: [Kaiser Family Foundation](#)

For more information on the compromise: [New York Times](#)

2. Exchanges: The Best Kept Secret of Why the Reform Bill will Improve Health Care

The involvement of the Office of Personnel and Management (OPM) in a possible compromise proposal in the Senate, returned focus to a central element of both the House and Senate reform bills - insurance exchanges. In the compromise, OPM, which manages the insurance exchange in which Federal employees purchase insurance, would also be tasked with selecting one or more non-profit plans to be included in a new exchange.

Both the House and Senate bills use such exchanges to improve access to insurance for individuals not covered by employer-sponsored plans and for small businesses. Consumers would be able to choose from



Weekly Update

December 10, 2009

Top 3 Stories

Latest from Atul Gawande and the New Yorker: [How the Senate bill would contain the cost of healthcare](#)

Urban Institute Report: [Getting to a Public Option that Contains Costs: Negotiations, Opt-Outs and Triggers](#)

Commonwealth Fund and David Cutler: [Why Health Reform Will Bend the Cost Curve](#)

What you can do this week

Take 2 minutes to get the facts on why health reform can't wait.

[Watch the video.](#)

Share it with your friends and family, write a letter to the editor about how it reflects your experiences, or are you yourself one of those statistics?

among the plans offered in the exchange, all of which would have to offer certain minimum benefits and which would not be allowed to discriminate based on factors such as pre-existing conditions. This direct competition would increase consumer power, help control rising premiums, and spur innovation.

More reading: [Ezra Klein](#)

3. Abortion Funding Restriction Amendment Fails

The Senate voted Tuesday against adding tougher abortion insurance restrictions to the health care bill. The amendment proposed by Senator Ben Nelson (D-NE), was tabled (or set aside) by a vote of 54 to 45 with two Republican Senators Susan Collins and Olympia J. Snowe of Maine, joining 50 Democrats and two independents to defeat the Nelson proposal.

The Nelson amendment would have barred any health plan from covering abortion procedures that was in any part funded by new federal subsidies - mirroring restrictions included in the House health reform bill proposed by Rep. Bart Stupak (D-MI).

Under existing federal law, generally referred to as the Hyde amendment, government money cannot be used to pay for abortions, except with rare exceptions for rape, incest and the health of the mother. The language in the Senate bill would allow private plans to cover abortions. The bill would require at least one government-approved plan in each state to cover abortions and at least one government-approved plan in each state not to cover abortions. Federal dollars could not be used to pay for abortions, so the Senate bill would require insurance plans to segregate privately paid premiums to use that money for abortions.

While the vote to table the amendment was a victory for the pro-choice community, the issue remains a sticking point as the House version of the health reform bill contains more stringent funding language. Once in conference committee, the differences in language will have to be reconciled.

Read more about the politics of the abortion discussion in health reform: [NEJM](#)

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. Let us know how we can [improve](#) this newsletter. 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,

Ali Khan and the Doctors for America Team

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Doctors for America is a grassroots group of over 16,000 physicians and medical students in all 50 states. Together we are committed to building a health system that works better for us and better for our patients.