

**Update on White House Physician National Call
August 27, 2009**

Dear AACAP members:

As a follow-up to our email on Monday, the White House held a conference call on Tuesday night for physicians to discuss the progress of healthcare reform. The conference call included 2,700 physicians and three policy officials from the White House Office of Communications, Office of Public Engagement, and Office of Healthcare Reform. David Simas with the White House Communications Office began with a review of the consumer protections common to the current health care bills making their way through Congress. Under these health care reform bills, no American can be denied for a pre-existing condition; there will be no loss of health insurance because of illness, there will be no lifetime caps on insurance for chronic conditions; there will be limits on out-of-pocket payments; preventive care will be provided free of charge; and treatment will be available when there are needed without waiting lists. All Americans will have access to affordable health coverage even if they move, lose their job or get sick. No insurance or governmental bureaucrat will be making treatment decisions, just the physician and patient. ([see AACAP review of the House and Senate bills](#)).

Kavita Patel, MD, a primary care physician and the Policy Director for the Office of Public Engagement, presented three questions from a list of 400 that had been sent in by email by physicians before the teleconference. She recalled the administrative burdens she experienced in her practice when she tried to include prevention measures such as depression screening in routine medical visits.

- “Once all Americans have health coverage that addresses disease, which specific prevention measures are going to be delivered by the healthcare reform bills? Even if the healthcare reform bill includes prevention measures, what proven benefits can these prevention measures offer, and is it worth the cost?
 - The proposed bills will eliminate barriers to getting yearly examinations and standard cancer screens, and will eliminate copays for these preventive services. She explained that preventive services are important elements of routine care, for if all states provided preventive diabetes screens, then at least 40,000 fewer patients that need to be admitted to a hospital.
- “How will the healthcare reform bill fix the sustainable growth rate (“the SGR-Fix”) that Congress annually uses to adjust physician payment rates to compensate for rising health care costs?”
 - President Obama has already factored this into the administration’s budget.

- The current bills intend to correct serious misaligned physician's payment incentives are in present insurance plans. The new plans provide incentives for quality, and do away with the payment for performance approaches that forced physicians to see numerous patients per day.
- “What is being done to increase the number of young people to go into primary care, so that we have enough physicians to handle the increased number of Americans who will become eligible by the Healthcare Reform Bills?”
 - The American Recovery and Reinvestment Act (“stimulus package”) has already set aside \$500 billion in incentives to encourage the training and hiring of primary care physicians and allied professionals.
 - There are increased funds written into the National Healthcare Reform bills for enlarging the National Health Service Corps that includes loan forgiveness when primary care physicians and specialists practice in underserved areas. The President continues to encourage expansion of the scholarship programs.

The call was later open to additional questions by individual physicians. They asked about the Medicare Advantage Program, what type of reimbursement the bill will include i.e. a fee-for-service model versus global payment model, and the lack of liability reform measures in the legislation.

Unfortunately none of the selected questions came from AACAP members. However, of those 400 emails submitted we know that at least twenty of those questions came from AACAP members. **Thank you to all who submitted questions – it is vital that we get our issues in front of the Administration.** The subject areas that were of most concern to our members were:

- Since mental health parity legislation was enacted, will mental health have the same priority in both the healthcare reform debate and in the actual legislation, as other health related diseases and fields? Will children be included?
- What incentives do physicians have to work in underserved areas? How will the healthcare reform legislation address workforce shortages for children with mental health needs?
- How can we build in greater support for the providers and consumers to improve quality of psychiatric care delivered to children?

With the passing of Senator Kennedy, AACAP remembers how much he accomplished for the poor, uninsured and disabled in our country. One of Senator Kennedy's greatest and final triumphs was the passage of mental health parity in 2008. Without his help, mental health parity may not have become a reality. And for that, we will always owe him a great debt. It is under his leadership that the Paul Wellstone-Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 was approved. We hope Congress will come back from their August recess and continue to fight for improved health care coverage for all Americans.

During this time, AACAP will follow the debate and update members on the progress and areas where we have the opportunity to improve the care for children with mental

illnesses. It is important that Congress hear from doctors, particularly specialists such as child and adolescent psychiatrists, on the next steps for healthcare reform.

Thank you for your advocacy! If you have any questions, please let us know.

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