**OSR Legislative Affairs Update October 3, 2011**

**I. Medicare Payment Advisory Commission Urges Payment Cuts to Specialists**  
In a presentation during the first day of the two day MedPAC meeting, the Sustainable Growth Rate and its link to the gross domestic product was discussed. Because physician reimbursement rates have outpaced increases in the GDP, the SGR system has called for cuts in reimbursements each year, which congress has always voted to delay.  Some members of the MedPAC committee feel that reimbursement rates must be adjusted now in order to avoid rate cuts which could be too high to sustain physician participation in Medicare.  The proposed plan calls for reducing specialty reimbursement by 5.9% per year for three years, then freezing it for seven years.  Primary care reimbursement rates would be frozen for 10 years, with no cuts.  The Alliance of Specialty Medicine has opposed the plan, saying it devalues the expertise and critical care that specialists provide, and would further restrict access to care.  MedPAC is an independent Congressional Agency established to advise Congress on issues affecting Medicare.  Congress has not yet responded to the most recent MedPAC recommendation.  [Medpage Today](https://owa.med.wayne.edu/owa/redir.aspx?C=589d671a23c04757bac4032b31b0ef12&URL=http%3a%2f%2fwww.medpagetoday.com%2fPublicHealthPolicy%2fMedicare%2f28550" \o "" \t "_blank).   
  
**II. Stanford Study Shows Abortions in Africa Increased during ‘Global Gag Rule’**The first study to examine the effects of a U.S. policy prohibiting foreign aid from going to any organization that performs abortions or provides referral information as a method for family planning revealed abortion rates increased in areas of Africa where support was cut the most.  The study found the induced abortion rate increased from 10.4 to 14.5 per 10,000 women from 2001 to 2008.  The study postulates that after some clinics lost funding, women had reduced access to oral contraceptives, leading them to seek abortion as a form of birth control.  The study concludes, "Regardless of one's views about abortion, the findings may have important implications for public policies governing abortion.”  [Kaiser Global Health Policy](https://owa.med.wayne.edu/owa/redir.aspx?C=589d671a23c04757bac4032b31b0ef12&URL=http%3a%2f%2fglobalhealth.kff.org%2fDaily-Reports%2f2011%2fSeptember%2f30%2fGH-093011-Global-Gag-Rule-Abortion-Rates.aspx" \o "" \t "_blank).  
  
**III. Illinois Releases Health Benefits Exchange Reports**Under the Federal Affordable Care Act, health care exchanges are being developed in states to help more Americans access and select health insurance.  The exchange provides a competitive health care marketplace intended to provide greater choice, control, and cost predictability.  According to reports compiled by Illinois’ research, the Illinois Exchange is projected to decrease the number of uninsured in Illinois from 12% to 7%.  Projections predict 1.4 million uninsured Illinoisans will receive coverage through the exchange by 2020.  [Healthcare Reform Resource Center](https://owa.med.wayne.edu/owa/redir.aspx?C=589d671a23c04757bac4032b31b0ef12&URL=http%3a%2f%2fwww.wallerhealthcarereform.com%2findex.php%3fq%3dHealthcare-reform-news%2326646" \o "" \t "_blank).  
  
**IV. Resident Physician Shortage Act of 2011 Introduced in Senate**S. 1627, introduced by Senators Bill Nelson, Charles Schumer, and Harry Reid, would increase the number of Medicare-sponsored residency positions by 15% (15,000) over five years.  The measure also directs the National Health Care Workforce Commission to study the physician workforce, identify specialty shortages, and submit a report to Congress by January 1, 2014.  Half of the new residency slots must be used for shortage specialty residency programs.  [AAMC Advocacy](https://owa.med.wayne.edu/owa/redir.aspx?C=589d671a23c04757bac4032b31b0ef12&URL=https%3a%2f%2fwww.aamc.org%2fadvocacy%2fwashhigh%2f" \o "" \t "_blank).  
  
**V.  New York Times:  Calling the Nurse “Doctor”**Many nurses are returning to school to obtain doctorate degrees.  When they return to the workforce, patients will address them as “doctor,” but will not be talking to a physician.  For nurses, getting a doctorate can help them gain administrative positions at a hospital or improve their standing at a university.  So far, new degrees have not brought higher fees from insurers or greater authority from states to prescribe medicines.  However, many physicians are suspicious and say that the gain of title will invariably lead to seeking more prescribing authority and more money.  Patient confusion about the various roles of health professionals is also a concern.  Legislative efforts to restrict who gets to use the title of “doctor” are being proposed at the state and federal level to prevent people from “misrepresenting their education or license to practice.”  As demand for health care services grows, physicians have stopped serving the role as gatekeepers into the system. Teamwork is the new mantra of medicine.  While all physician organizations support the idea of teamwork, not all physicians are willing to surrender the traditional understanding that they lead the team.  [New York Times](https://owa.med.wayne.edu/owa/redir.aspx?C=589d671a23c04757bac4032b31b0ef12&URL=http%3a%2f%2fwww.nytimes.com%2f2011%2f10%2f02%2fhealth%2fpolicy%2f02docs.html%3f_r%3d1%26ref%3dhealth" \o "" \t "_blank).

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