**OSR Leg Affairs Update 03/12/2012**

**1. A Guide to the Supreme Court's Review of the 2010 Health Care Reform Law**

The Kaiser Family Foundation has produced the following report summarizing the major issues regarding the Health Reform act that will be reviewed by the Supreme Court later this year.  The major issues will be focused on the Individual Mandate and the Medicaid Expansion.  It also reviews implications of any of the decisions made by the court including if the individual mandate is found unconstitutional. [Kaiser Family Foundation](http://www.kff.org/healthreform/8270.cfm%22%20%5Ct%20%22_blank)

**2.  *Fisher v. Texas* Supreme Court case**

The Supreme Court has agreed to hear arguments this fall in the *Fisher v. Texas* case.  The *Fisher*case involves a challenge to the University of Texas at Austin’s consideration of race in undergraduate admissions.  The case seeks to invalidate the Texas process under the court’s 2003 decision in *Grutter v. Bollinger* or, alternatively, to revisit the court’s ruling in the *Grutter*case, which narrowly upheld (5–4) the University of Michigan’s consideration of race in law school admissions.  This case could have ramifications in medical school admissions regarding diversity of the medical student body and consequently the makeup of the physician workforce.

**3. NEJM:  BIPARTISAN MEDICARE REFORM PROPOSAL**

A series of articles have been published in the New England Journal of Medicine regarding Medicare reform.  They highlight different problems and approaches to maintaining its solvency.  The main issues include age of eligibility, how to generate funds,  expected growth rate, and maintaining access to care.  While both parties agree that these are the primary issues, they disagree on how to implement solutions to achieve these goals.  The major idea utilized in the proposal from Senator Ron Wyden (D-OR) and Representative Paul Ryan (R-WI) is premium support, which would give beneficiaries a fixed amount to purchase coverage through plans available on the market.  The final two articles present opposing viewpoints regarding premium support.

[Directions for Bipartisan Reform](http://www.nejm.org/doi/full/10.1056/NEJMp1200914%22%20%5Ct%20%22_blank)

[Slower Growth in Medicare Spening - Is this the New Normal?](http://www.nejm.org/doi/full/10.1056/NEJMp1201853%22%20%5Ct%20%22_blank)

[The Wyden–Ryan Proposal — A Foundation for Realistic Medicare Reform](http://www.nejm.org/doi/full/10.1056/NEJMp1200446%22%20%5Ct%20%22_blank)

[Why Now Is Not the Time for Premium Support](http://www.nejm.org/doi/full/10.1056/NEJMp1200448%22%20%5Ct%20%22_blank)

**4. Regulation of Medical Devices in the United States and European Union**

The NEJM has an article detailing the specific regulatory processes for medical devices in Europe and in the USA.  The article focuses on what the process is, how they differs, and main faults within each system.  The conclusion provides some solutions to the most important problems.

[NEJM](http://www.nejm.org/doi/full/10.1056/NEJMhle1113918%22%20%5Ct%20%22_blank)

**5. IOM Proposal on Pain Management**

Pain management is among the most chronically undertreated and undereducated symptoms in medicine.  The Senate is considering a proposal from the IOM which emphasizes four recommendations:  a comprehensive, population-level strategy from HHS, strategy to reduce barriers to care from federal to local levels, increase support for collaboration between pain specialists and primary care clinicians, and designate a main institute for leading pain research. This is a major issue as 14% of the Medicare budget is devoted to chronic pain management and 0.8% of NIH research funding.

[AAMC - Washington Highlights](https://www.aamc.org/advocacy/washhigh/highlights2012/274026/senatepanelexploresiomrecommendationsonpain.html%22%20%5Ct%20%22_blank)

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