Notes on the

Health Care Forum
Health Care Community Discussion requested by
Obama-Biden Transition Team
Dec. 29, 2008
Grand Sierra Resort, Reno, NV

The forum was led by two physicians, Dr. Richard Fleming (Moderator and Cardiologist) and Dr. Donald VanDyken (President Elect of Washoe Medical Society and Family Medicine). In attendance were about 100-125 people, including (self-identified) physicians, health care professionals (nurses, alternative medicine providers), at least one attorney, a political science professor (Jim Hutter, Iowa State Univ.), a staff member (Katie Pace) of the local Member of Congress (Rep. Dean Heller), a representative of the Nevada ACLU, a representative of a pro-life organization (possibly Right to Life), small business owners (with 40 or fewer employees), some in the insurance industry, and many who did not identify themselves as being other than "ordinary" citizens. The forum began at 7 p.m. and concluded about 10:15 p.m.

The meeting began with statements by the two physicians (Fleming and VanDyken). Dr. Fleming's concerns as moderator focused on (1) CHANGE coming from the people and not the government. In keeping with the words of Theodore Parker and Abraham Lincoln, that since "…this government of the people, by the people, for the people..." is something most Americans believe in, then it is necessary that such community discussions focus on the people and not the bureaucrats and/or the special interest groups, who up to this point in time have resulted in a Health Care System which is at best dysfunctional despite having some of the best doctors, nurses, technicians, hospitals and other health care providers in the world. (2) That in keeping with this, there be a **moratorium** on all Health Care legislation being considered, proposed or developed until the American people as in all healthy republics or democracies discuss it. (3) That the first Health Care act to be proposed for passage into law, as discussed at this Forum, be an "Access to Emergency Health Care Act-AEHCA" as proposed and modified at this meeting (see below) and finally, that (4) people in Reno, NV have the intelligence, compassion, common sense and determination necessary to establish itself as a Center for Future Health Care Discussions to help lead the way for CHANGE in the Health Care of Americans.

ACCESS TO EMERENCY HEALTH CARE ACT-AEHCA

1. That under emergency, life threatening conditions, and during labor and delivery, all people presenting to emergency departments/rooms/facilities will receive the necessary care required to address and treat their emergency.
2. That they will receive it in a respectful manner consistent with human dignity.
3. That they will receive it in a timely manner.
4. That they will receive it without violating their personal beliefs.
5. That they will receive it independent of their age, race, sex, religious and personal beliefs, or their ability to pay.
6. That insurance (private or government) companies may not exclude, limit, or in any way reduce coverage or payment for such emergency evaluation and treatment, or the treatment plan resulting from such evaluation and treatment; even if it is a pre-existing condition.
7. That non-emergency care is not covered under this act and as such, such individuals may be treated provided:
    a. It does not prohibit the treatment of people with emergency, life threatening conditions,
    b. It is accord with hospital policy, and
    c. Provided it is a condition that the facility has the equipment and appropriately trained personnel to treat.

FREEDOM OF CHOICE ACT – FOCA

1. The act proposes itself as an effort to prevent government "interference" in a private matter.

2. The act adds nothing to "Health Care" for women and as such is not an actual "Health Care" measure. Specifically,
    a. Griswold v. Conneticut, Roe v. Wade and Doe v. Bolton already provide for abortion care prior to fetal viability.
        i. That Roe v. Wade raised the question as to whether fetal viability began at week 24 with discussions of "quickening" indicative of life before that.
        ii. That the medical definition of fetal viability is 20-22 weeks and has been so for decades.
        iii. That physicians do not require legislation to allow them to follow their Hippocratic Oath which already provides for their response to a woman's life being at risk, and that we do not believe that the government is now planning to practice medicine nor to tell physicians how to practice medicine.
        iv. That the 2008 U.S. Department of Health and Human Services "Women's Health and Mortality Chartbook" does not define "Health" of a woman under either condition of:
            1. Pregnancy or
            2. Abortion

        And as such has not provided support or rational for such a statement of "Health" in FOCA.

3. That such an act has not been discussed or approved by the American public, even though it would direct health care dollars away from other Health Care issues, many of which were then discussed.

After about an hour, audience members made their comments and contributions, some of which were as follows. Many related the types of medical concerns that all of the 2008 presidential candidates heard numerous times at numerous places throughout their campaign travels.

1. High costs of care (e.g., thousands of dollars charged for brief visits to emergency rooms; it's cheaper to fly to India for elective surgery there)
2. Higher costs charged to patients and lower to those covered by insurance (e.g., a $2200 bill reduced by $1600). Specifically, the comments of Kristi Gutierrez, CCS-P, CPC (Director of Billing Compliance, HIPAA Privacy Officer for the University Health Science System, Reno, NV) were read by Dr. Fleming. As noted by Ms. Gutierrez, insurance companies frequently do not fully reimburse hospitals and doctors for their services. In order for the system to financially survive, it must charge those who are uninsured or underinsured higher fees to make up the difference. The result is greater charge for those who can least afford it while insurance companies pocket the difference.
3. High costs of medicines (e.g., 50% of prescriptions are written for US patients but pharmaceutical companies make 90% of their profits from these same people; people go to Mexico to buy their prescriptions). One of Dr. Flemings proposals was that once a pharmaceutical company initially develops a new drug, that it be reviewed to determine if it will actually provide a new treatment of is it just an alternative to something which already exists without the promise to improve "health". If there is promise, the drug would undergo further investigation by the government (it would be less expensive to investigate a drug than to have Americans pay for medications under the current system) with the results published in the medical literature independent of outcome. Currently most research publications only include good outcomes and fail to show that drugs don't work.
4. High costs of insurance (if you can get it). Specifically the issue of pre-existing conditions was discussed. Failure of a Health Insurance policy to cover a pre-existing condition makes as much sense as having an automobile accident on an interstate while driving 65 mph and having the insurance company tell you they are raising your premium, but will not pay for any accidents you have on an interstate for the next 5 years.
5. Prevention. For every dollar spent on prevention, the system saves $7-10. There is a major distinction between "Health" and "Insurance". The first action taken by the British NHS was to make certain, children received milk, which improved the health of the children, saving money later for health care from malnourished children. "Health" vs. "Insurance".
6. Insurance companies make exorbitant profits (e.g., a $1 billion salary to the CEO of one company; a $22 million building paid for just with the interest received on insurance company deposits, some the result of excessive delays in payment to physicians)

Other comments and proposals included the following.

1. There is no medical need for preadmission screening. If the medical professionals think a person needs to be admitted, they should be and the costs should be paid for. Numerous examples were given of people turned away because of insurance companies not approving patient admission, including a the concerns of a mother whose child with Cerebral Palsy could not be taken care of due to insurance issues, even though he had blood in his urine.
2. The review of medical claims should not be done exclusively by insurance company personnel; there should be citizen and medical personnel involved (as a protection against fraud and abuse).
3. Prescription formularies (where different drugs get different insurance treatment) are unreasonable. There should be some regulation on the cost of medications.
4. Medicare pays physicians well in New York state, where doctors prefer Medicare patients to insurance patients, and so poorly in Nevada that doctors have to limit or even refuse to treat Medicare patients, thereby making the problem even worse for those doctors who do treat Medicare patients
5. Every state has an insurance commissioner of some type; these governmental representatives should be more devoted to protecting citizen/consumers than promoting the interests of the insurance industry in their state.
6. There should be standard provisions of care and coverage in insurance policies so that (a) consumers can reasonably compare prices and (b) add optional coverage that they are willing to pay for; probably these standard provisions should be national instead of state-by-state. There should also be a mechanism to reduce costs paid by consumers when they take an active role in improving their health (eg. Weight loss, exercising, smoking cessation, etc.).

As noted above, there was considerable discussion on the issue of abortion and the proposed FOCA. Approximately 85% of those in attendance agreed that FOCA was not a "Health" related issue; but, (as established by the wording of FOCA itself) is an individual issue; as is smoking, drinking alcohol, how you drive, etc. In the absence of the government deciding to force hospitals and other facilities to provide all types of services (eg. You cannot get a heart transplant in Reno, NV. You have to go elsewhere) to all people and in a world where "morning after pills" can be obtained through pharmacies all other the United States and used 5 days after sexual activity to PREVENT a pregnancy, there is no supporting evidence for FOCA and as such should not be voted on or signed into law by Congress or Executive branch of the government, independent of their personal beliefs.

1. Several (as shown by applause aka ASBA) agreed with the speaker who objected to this topic being considered "Health Care."
2. ASBA, the audience was divided over whether a "baby" was conceived at fertilization
3. Prof. Hutter noted that the issue of when life began and whether abortion should be legal or illegal was dependent on the fact that the fertilized egg was not independent of any other living creature, residing (for 9 months) in a second person (the mother-to-be); if eggs could be harvested at the beginning of a pregnancy and brought to term wholly without involving an unwilling other person, the nature of the debate would be very different; however, there are two people involved and the issue is not about what happens to just one of them
4. As a way of summarizing this last concept, Prof. Hutter suggested using a modification of NIMBY (not in my back yard) to illustrate this issue: Not In My Body, thank You!
5. The pro-life lobbyist said that many people and organizations on both sides of this issue had objections to the enactment of FOCA as written; of particular concern were (1) it was retroactive, thereby repealing all previous laws and court decisions on this matter, and (2) it made it mandatory that physicians and hospitals provide abortions even though they had moral objections to doing so.

The meeting was concluded with participants expressing a desire to have further discussions in Reno, NV and agreeing that the government should bring all health care bills before the American public before considering them for passage, to avoid special interest groups from controlling what Americans are receiving for Health Care.