



## How AMA-HOD Resolution 203 Provisions Are Addressed in Current Health System Reform Legislation

Provisions of AMA-HOD Resolution 203	H.R. 3590, "Patient Protection & Affordable Care Act" (Senate bill)	H.R. 4872, "Health Care & Education Affordability Reconciliation Act" (Reconciliation bill)	Comments
American Medical Association (AMA) elements of reform: <ul style="list-style-type: none"> <li>• Cover all Americans</li> <li>• Expand choice, eliminate denials</li> <li>• Protect physician-patient relationship</li> <li>• Promote quality, prevention, and wellness</li> <li>• Repeal Medicare sustainable growth rate (SGR)</li> <li>• Medical liability reform</li> <li>• Streamline administration</li> </ul>			<ul style="list-style-type: none"> <li>• Most elements substantially addressed including coverage, access, choice, administrative simplification, patient-physician decision making, prevention and wellness.</li> <li>• SGR pathway separate.</li> <li>• Persuaded administration to establish AHRQ's alternative liability reform pilot projects.</li> </ul>
Eliminate denials for pre-existing conditions	✓	✓	<ul style="list-style-type: none"> <li>• Prohibited in H.R. 3590.</li> <li>• H.R. 4872 includes existing group health plans.</li> </ul>
Pluralism, freedom of choice, access	✓	✓	<ul style="list-style-type: none"> <li>• H.R. 3590 creates health insurance exchange, low-income subsidies, no mandated provider participation.</li> <li>• H.R. 4872 enhances low-income subsidy and Medicaid payment rates for primary care.</li> </ul>
Self-supporting, voluntary insurance options	✓		<ul style="list-style-type: none"> <li>• Federal subsidies provided to low-income individuals to purchase coverage through exchange.</li> <li>• No subsidies to plans, no public option.</li> </ul>
Private contracting	No provision	N/A	<ul style="list-style-type: none"> <li>• The AMA has highlighted private contracting in multiple communications and forums. The legislation neither improves nor harms current practices.</li> </ul>
Oppose Independent Payment Advisory Board (IPAB) and IPAB double-jeopardy	AMA opposed	N/A	<ul style="list-style-type: none"> <li>• AMA recommended changes regarding double-jeopardy for physicians, projection errors, and needed spending growth not allowed in H.R. 4872 for parliamentary reasons.</li> <li>• AMA will pursue changes in subsequent legislation.</li> </ul>
Oppose punitive pay reduction for failure to report quality data	AMA was able to postpone implementation of PQRI penalties for two years.	Does not address	<ul style="list-style-type: none"> <li>• AMA opposed PQRI penalties; plan to implement penalties in 2013 moved back to 2015.</li> <li>• Penalty issue also likely to surface through meaningful use criteria for health IT bonuses.</li> </ul>
Oppose outlier penalties	✓		<ul style="list-style-type: none"> <li>• AMA succeeded in removing this provision.</li> </ul>

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Oppose cost/quality index scheduled for implementation in 2015	AMA opposed	N/A	<ul style="list-style-type: none"> <li>• AMA will work to modify this initiative in subsequent legislation.</li> </ul>
Oppose budget neutrality for primary care and general surgery bonuses	✓		<ul style="list-style-type: none"> <li>• AMA secured change to remove budget neutrality adjustment.</li> </ul>
Oppose restrictions on hospital ownership	AMA opposed	Does not address	<ul style="list-style-type: none"> <li>• H.R. 3590 includes provisions that restrict physician hospital ownership.</li> <li>• AMA actively and successfully blocked previous attempts to restrict ownership going back to 2003.</li> </ul>
Insist on SGR repeal	Not addressed	N/A	<ul style="list-style-type: none"> <li>• AMA will aggressively pursue permanent repeal in separate legislation this year.</li> <li>• PAYGO law exempts \$82 billion of the cost of SGR legislation.</li> </ul>
Oppose single payer	✓		<ul style="list-style-type: none"> <li>• AMA was strong voice in opposition to single-payer proposals.</li> <li>• AMA played a key role in blocking proposed Medicare buy-in for uninsured 55-64.</li> </ul>
Advocate for medical liability reform	Partially addressed		<ul style="list-style-type: none"> <li>• AMA advocacy spurred the administration to initiate medical liability reform alternative grant program. Several state agencies, working with medical societies, have applications pending under administration's program.</li> <li>• AMA is actively pursuing effective reforms.</li> </ul>
Support comparative effectiveness principles	✓		<ul style="list-style-type: none"> <li>• AMA advocacy prevented attempts to establish direct linkages between payment and coverage decisions.</li> </ul>

N/A = Issue cannot be resolved through budget reconciliation process.