

Looking Back at an Active Year for SGIM's Health Policy Committee

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The iconic 1978 photo “Blown-away Man” shows a man sitting in a chair with his hair and tie blown back by the sound from a set of speakers in front of him. This image conveys what it has sometimes felt like to be involved in SGIM's many health policy activities during the past year. Our Health Policy Committee's expected annual activities include advocating for policies that improve patient care, strengthening education and training, and promoting researchers and their research in general internal medicine.

In addition to these activities, the committee, in partnership with former and present SGIM presidents Eileen Reynolds and Tom Gallagher, with council, and with CRD Associates—our governmental affairs liaison—also engaged in the following unanticipated activities, during the last year:

1. Revised our health policy agenda to include the following language regarding access to affordable healthcare services:

The implementation of comprehensive health care reform under the Affordable Care Act (ACA) has fundamentally improved how patients obtain insurance and access care. As Congress develops legislation to repeal the ACA and replace it with an as yet undefined set of “reforms,” SGIM will advocate to ensure that patients continue to have access to affordable health care services. Any future reforms targeting access to insurance and payment models must continue to improve patient

access to needed, quality health care services.

2. In response to concerns from numerous members, sent letters to the leaders of the Association of American Medical Colleges (AAMC) and the American Medical Association (AMA) regarding their endorsements of Dr. Tom Price as Secretary of Health and Human Services. Given his opposition to the ACA, the letters expressed the concern “that if Dr. Price's past policy proposals are pursued under the new administration, it would severely harm our ability to adequately care for and serve our patients.” The letters also detailed SGIM's concerns regarding the impact of Dr. Price's voting record on vulnerable populations and asked these organizations to reconsider their endorsements.
3. Submitted a proposal for a special symposium at the national meeting on “Health Reform 2017: Preserving Access to Health Care at the Nexus of Policy and Politics,” which was accepted and moderated by Mark Schwartz.
4. Worked with council and CRD Associates to initiate monthly updates on health policy issues for all SGIM members and to expand the number of individuals allowed to attend the March 2017 Hill Day.
5. Developed a set of principles on legislation that could affect the ACA to distribute at Hill Day that included the following:
 - We believe access to health

care is a fundamental right and that keeping Americans healthy strengthens our economy, families, communities, and security.

- Any changes to the ACA should maintain or increase the number of Americans with health insurance.
 - States that have chosen to expand Medicaid eligibility through the ACA should be able to maintain this expansion. Medicaid provides critical health care services for our most vulnerable patients. We oppose any changes to the Medicaid program that would result in coverage loss for low-income Americans.
 - Other patient protections in the ACA should be maintained, including ensuring those with pre-existing conditions have access to affordable coverage, prohibiting the retroactive denial of coverage, and eliminating lifetime and annual coverage limits. Insurance plans should continue to be required to provide access to essential benefits, including laboratory services, mental health and addiction treatment, maternity and newborn care, and ambulatory care.
6. Had more than 60 SGIM members attend our March 13th Hill Day on the day following the introduction to the House of Representatives of the American Health Care Act (AHCA) repeal

continued on page 2

HEALTH POLICY

continued from page 1

and replace legislation. Those who attended were among the first healthcare providers to have the opportunity to talk to legislators about the impact of this proposed legislation on our patients.

7. Sent multiple “call to action” messages to all members and targeted messages to members in key states regarding a series of attempts to “repeal and replace” the ACA.
8. Sent multiple letters to congressional leaders based on our health insurance principles regarding SGIM’s opposition to these “repeal and replace” efforts.
9. Signed a multi-society letter indicating SGIM’s opposition to President Trump’s executive order on immigration and visas.
10. Joined the Medical Consortium on Climate Change and appointed Elizabeth Gillespie as SGIM’s representative to the group.
11. Submitted a detailed response to

a draft Health and Human Services strategic plan. Included in our response was a suggestion to add to the objective to “Expand safe, high-quality healthcare options, and encourage innovation and competition,” the following language:

- “Develop payment models and incentives to encourage high value, high quality care that are timely, easy to understand and simple to implement, while avoiding additional administrative burden.”
 - “Develop innovations and payment incentives to encourage high value, high quality care, that take into account illness burden and baseline population risk, to preserve patient access to care and avoid punitive effects on providers serving high risk populations.”
12. Worked with the Board of Regional Leaders and with the

scholars in the Leadership in Health Policy (LEAHP) program to encourage submission of advocacy workshops to multiple regional meetings.

13. Sent a letter to congressional leaders urging them to remove the provision in the Senate’s version of the Tax Reform and Jobs Act of 2017 that would effectively repeal the individual shared responsibility (individual mandate) provision of the ACA because of our concern that elimination of the mandate would result in a significant increase in premiums and create an exodus from individual insurance markets.

This has been an unusually active and important year for SGIM’s health policy activities. I am exceedingly grateful to our health policy committee members and our organization’s leaders for their commitment and efforts necessary to support this level of important health policy activity.

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