The Politics of Health Care

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[Rev Cardiovasc Med. *2010;11(1):41-42 doi: 10.3909/ricm0549*]

Health care has slowly morphed into a full-fledged political beast. Many physicians do not want to be involved in the political aspect of health care. The goal of the next few paragraphs is to familiarize the reader with some of the past, present, and future work of the California Chapter of the American College of Cardiology (CA ACC) in the political arena of health care. This synopsis will outline the important political contributions that physicians make for the health of their patients.

In 2001, Senate Bill 680 (SB 680) expanded the authority of the Office of Statewide Health Planning and Development (OSHPD) to gather health-related data under the Health Data and Advisory Council Consolidation Act to, essentially, all health care facilities.[1] Further provisions were made to collect the same data used for the risk-adjusted model developed for the California Coronary Artery Bypass Graft Mortality Outcomes Reporting Program (CCORP) and release this data to the public. The CA ACC recognized that poorly collected, poorly analyzed, and incorrectly interpreted data could be extremely detrimental to patients. To ensure that this tool was implemented correctly, the CA ACC worked to place members on the clinical advisory panel (CAP). The result was that the 9-member CAP was composed of 3 members appointed by the CA ACC, 3 members appointed by the California Medical Association (CMA), and 3 members from consumer associations. The CA ACC also worked to ensure that the data would be released to physicians and hospitals prior to public release and that an appeals process was in place. The first data released under SB 680 was year 2003 hospital-specific data released in 2006 and physician-specific data for combined 2003-2004 released in 2007.[2] Although an in-depth discussion is beyond my purposes here, the dangers of reporting this type of information have been raised in the New York State report card, with high-risk patients possibly being denied care.[3,4]

Over the past several years, the CA ACC has struggled with American College of Radiology (ACR)–sponsored legislation that has the stated goal of eliminating corruption. An early bill authored by Jackie Speier, SB 736, would have made it a crime for nonradiologists to bill for magnetic resonance images, computed tomograms, and positron emission tomograms. The position of the CA ACC and the CMA was that no specialty has sole authority to perform a procedure or prevent other qualified specialties from practicing medicine. For example, cardiologists do not prevent anesthesiologists or internists from performing and interpreting echocardiograms. In response to this bill, CA ACC members met with committee members hearing the bill and presented our position that the restraint of practice of medicine was not in the best interest of patients and that there were other ways to combat corruption. Due to our advocacy efforts and meeting personally with committee members, the bill was defeated. This past year, the CA ACC was able to work with Assemblyman Blakeslee to craft Assembly Bill 2794 that does make it illegal for a physician of any specialty to bill for imaging services when the physician is not involved in providing the service. This bill makes kickback arrangements illegal while leaving intact lease arrangements that provide high-quality and much-needed services to patients.

Assembly Bill (AB) 2967, authored by Assemblyman Sally J. Leiber, was an important piece of legislation, and the CA ACC provided critical input. This bill was sponsored by the Service Employees International Union and was supported by numerous labor unions and consumer groups. The bill would have required reporting to OSHPD all outcome data on patients from both hospitals and private offices. Although the CA ACC had several issues with the legislation, including logistics and costs, the real issue was that oversight of the data collection, analysis, and reporting was to be performed by a 13-member committee populated by political

appointees composed primarily by union members and insurance companies. In committee testimony regarding this bill, I noted that the CA ACC has always supported data collection when properly done by scientists, and we pointed out that SB 680 (described above) can be expanded to include other clinical outcomes via a process that we support. AB 2967 passed out of the Business, Professions and Economic Development Committee and failed in the Senate Appropriations Committee. Although this is an important victory in the short term, we expect similar legislation to be reintroduced in the coming year.

Finally, important legislation was introduced in 2008 regarding nurse practitioner scope of practice. AB 1436 gave nurse practitioners authority to admit patients to hospitals, order tests, and treat patients without physician oversight. The CA ACC regarded this as giving nurse practitioners the authority to practice medicine without a medical license. The bill died before being heard in Committee due to strong opposition. We understand another bill will be introduced this year.

These examples clearly demonstrate the importance and effectiveness of physician input in the legislative process. It is therefore imperative that each physician participate in some way in the legislative process. When the CA ACC sends out legislative alerts, please read them and take action by calling or writing your local representative. ■

References

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Involving Yourself in the Political Process

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[Rev Cardiovasc Med. *2010;11(1):42-43 doi: 10.3909/ricm0548*]

The need for physicians to become involved in the political process is becoming more and more important. With health care discussions at the federal, state, and local levels of government, there is a need for representatives to hear from those who interact with the health care system on a daily basis. Many times, health care issues are raised and a representative will have limited or no exposure prior to considering a vote. It is critical that the representative make an educated decision. This is where the physician's input is beneficial.

One example was in California when the state legislature was considering a bill to create a pilot program to allow nonemergent percutaneous coronary intervention procedures to be performed without on-site surgical backup. There was evidence to support either side of the debate. Legislative staff had done their research, but still had a number of technical questions. They turned to the California Chapter of the American College of Cardiology (CA ACC) for answers. Speaking directly to a cardiologist, legislative staff was able to better understand the potential impact of the bill. As a result of this input from a cardiologist, the bill was signed into law in 2008.

It is common for state legislators in California to have over 300 bills dealing with some area of health care. Many times the topic is fairly complex, putting the legislator in a difficult position to understand the underlining impact. The advocacy team at CA ACC recognizes the value and importance of having individual physicians contact their legislator to help educate them on issues impacting the cardiology specialty. Over the past 15 years, the CA ACC has utilized physicians' expertise numerous times to help legislators make an informed vote on various bills. We actively encourage physicians to contact their local legislator to not only