

ST. LOUIS METROPOLITAN MEDICINE

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Where They Stand: The Candidates on Health Care

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Say It Ain't So

By Richard J. Gimpelson, MD

When President Obama first introduced Obamacare, he promised, "If you like your doctor, you can keep your doctor, period! If you like your insurance plan, you can keep your insurance plan, period!" Well, we all know what happened.

Now, even more Obamacare surprises are happening, and more will happen in 2017. Below are just a few of the events that we can look forward to in 2017:

Premiums are continuing upward. In 2015, there were 121 requests from insurers for double-digit rate increases. In 2016, there were 231 requests for double-digit increases.

In 2017 most surviving insurers have projected a raise of 17% at a minimum. Increasing numbers of insurers have withdrawn from Obamacare exchanges. At the top of the list are Blue Cross, Aetna, Humana and UnitedHealthcare among others.

The problem continues to be the same. There are too many sick people in the exchanges and not enough healthy people. The insurance companies are supposed to spend 85% of their expenses on the delivery of medical care, but some are spending over 100%. Thus, there is no way that these companies will agree to continue to operate at a loss. Because of this loss,

the insurance companies have requested increased premium rates. Others have just dropped out of the market completely.

An increasing number of people who receive government subsidies will not notice a big increase in rates. However, the middle and upper class who do not receive subsidies will see a big increase in premiums as well as tax increases to cover the increasing number of people receiving government financial assistance. If I am not mistaken, President Obama promised that rates would go down once Obamacare was in effect. Surprise!

Here are the two major candidates' recommendations:

Donald Trump says repeal Obamacare and establish a new system that works. I think more details are needed.

Hillary Clinton gives more details. She supports improvement in Obamacare and says:

- Shop around on the exchange. (This might not make a difference.)
- She will reduce copays, deductibles and premiums. (This will result in increases in the cost of insurance, medical services and prescription drugs.)
- Encourage more nonprofit health insurance companies to compete in the exchanges. (Obama set up nonprofit co-ops to run exchanges and most went broke, patients lost coverage, and taxpayers lost money.)

Maybe Congress should have passed the health care reform proposed by Hillary Clinton in 1993. Then we would now realize all the problems Obamacare has created.

Please ignore the above statement. I just wanted to think like a politician for a moment. Now send me your donations (there I go again).

Do not forget to vote on November 8, 2016. —



Dr. Richard J. Gimpelson

Dr. Gimpelson, a past SLMMS president, is co-director of Mercy Clinic Minimally Invasive Gynecology. He shares his opinions here to stimulate thought and discussion, but his comments do not necessarily represent the opinions of the Medical Society or of Mercy Hospital. Any member wishing to offer an alternative view is welcome to respond. SLMM is open to all opinions and positions. Emails may be sent to editor@slmms.org.

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Harry L.S. Knopf, MD

ON EDUCATION

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Dr. Knopf is editor of Harry's Homilies.® He is an ophthalmologist retired from private practice and a part-time clinical professor at Washington University School of Medicine.

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Health Insurance Continues to Grow Costlier

By Samer Cabbabe, MD, FACS, Medical Society President



Medical Society President
Samer Cabbabe, MD, FACS

“While employers have been able to keep increases in check for the past few years, costs are still running at more than twice the rate of inflation and general wage increases, thereby threatening affordability. These cost increases, while stable, are both unsustainable and unacceptable.”

The most serious health care problem faced by most Americans is affordability. The Patient Protection and Affordable Care Act—commonly known as the Affordable Care Act (ACA) or Obamacare—was signed into law in 2010. Since that time, there have been significant changes in both employer-sponsored and marketplace insurance plans. What will 2017 hold for the health insurance market?

Employers Pass on More Costs to Employees

Employer-sponsored health insurance covers approximately 174 million people. Annual premiums for employer-sponsored family health coverage reached \$17,545 in 2015, up 4% from 2014, with workers on average paying \$4,955 towards the cost of their coverage and the average annual single coverage premium being \$6,251, according to the Kaiser Family Foundation/Health Research & Education Trust 2015 Employer Health Benefits Survey.¹ During the same period, workers' wages increased 1.9% and inflation declined by 0.2%.² Premiums for family coverage increased 27% from 2010-2015. Covered workers contribute on average 18% of the premium for single coverage and 29% of the premium for family coverage. Fifty-seven percent of firms offer health benefits to their workers, statistically unchanged from 55% in 2014 and 60% in 2005.¹

The median in-network deductible on an employer-sponsored PPO health plan increased 50% from \$1,000 to \$1,500 in 2016, according to the latest Health Plan Survey released by United Benefit Advisors (UBA), an independent employee-benefits advisory organization. The UBA also found that median out-of-network deductibles rose from \$3,000 to \$3,400 this year, seeing a 13.3% increase from 2015. Median ER copays increased from \$250 to \$300 representing a 20% boost from last year. UBA also finds

that families are again bearing the brunt of the cost of health insurance. For an employee electing single coverage, the employer covers 71% of the monthly premium, and only 54% of a family premium. “Overall, employer costs remained consistent because they are passing more and more of their increases on to employees—a trend we expect to see more of in the future,” says Les McPhearson, CEO of UBA. “Employers simply cannot continue to absorb unsustainable increases in health care costs. Unfortunately, neither can employees.”³

As of 2015, employers with at least 100 full-time equivalent employees (FTEs) must offer health benefits to their full-time workers that meet minimum standards for value and affordability, or pay a penalty. The requirement applies to employers with 50 or more FTEs beginning in 2016. Of firms reporting at least 100 FTEs (or, if they did not know FTEs, of firms with at least 100 employees), 96% report that they offer one health plan that would meet these requirements. Beginning in 2020, employer health plans will be subject to an excise tax of 40% on the amount by which their cost exceeds specified thresholds (\$10,200 for single coverage and \$27,000 for family coverage in 2018). If the tax goes into effect in 2020, 53% of employers said at that least one plan they offer would hit it, and 35% said their plan with the highest enrollment would be subject to it.¹

Sources of Cost Increases

Increases at large U.S. employers are expected to hold steady at 6% again in 2017, according to an annual survey by the National Business Group on Health (NBGH), a nonprofit association of 425 large employers.⁴ According to Brian Marcotte, NBGH president and CEO: “While employers have been able to keep increases in check for the past few years, costs are still running at more than twice

the rate of inflation and general wage increases, thereby threatening affordability. These cost increases, while stable, are both unsustainable and unacceptable. Interestingly, current estimates have health insurance premiums for the average public exchange plan increasing by at least 10%, about twice what large employers are projecting for next year. This is a clear indication that the employer-based health care model continues to be the most effective way to provide health insurance coverage to employees and their families.”

An Avalere Health study found that cost increases in Obamacare’s individual insurance plans, which are pegged for double-digit premium growth, and small employer health insurance were mostly due to higher spending on outpatient hospital services, tests and procedures that don’t require a patient to be admitted to a facility overnight.⁵

According to the NBGH survey, nearly a third of respondents (31%) indicated specialty pharmacy was the highest driver of health costs. That compares with only 6% who cited specialty pharmacy as the number one driver in 2014. Overall, 80% of employers placed specialty pharmacy as one of the top three highest cost drivers, followed by high cost claimants (73%) and specific diseases and conditions (61%). Furthermore, nine in 10 employers (90%) will make telehealth services available to employees in states where it is allowed next year, a sharp increase from 70% this year. One in three employers (33%) will have surcharges in place for spouses who can obtain coverage through their own employer.⁴

In 2017, according to the NBGH, 74% of employers will use more aggressive utilization management tactics to try to control drug costs, and 69% will require medications to be obtained through specialty pharmacy. More than one-third of employers said their pharmacy plan design includes a specialty tier, which often requires higher cost-sharing for expensive drugs. Many employers are also responding to the increased use of opioids with efforts to curb painkiller abuse. Thirty percent of respondents said they will implement new restrictions on prescription opioids, such as creating a preference for abuse-deterrent formulations.⁶

Impact on Marketplace Plans

Comparatively, individuals searching for marketplace health insurance plans without employer-sponsored coverage face challenges in finding low-deductible plans with comprehensive coverage. These plans are notorious for providing high-deductible, narrow-network coverage. According to the Kaiser Family Foundation, the number of individuals in high-deductible plans (>\$1,500 individual or \$3,000 family) rose from 36% in 2015 to 49% in 2016. In addition, 31% of enrollees rate their plan as “not so good” or “poor” compared to only 20% in 2015.

Kaiser recently released preliminary data on Affordable Care Act marketplace insurance and found that due to the United-Healthcare exit in 2016, an estimate of just 62% of enrollees

in 2017 will have a choice of three or more insurers, compared to 85% of enrollees in 2016. They also estimate that 2.3 million marketplace enrollees, or 19% of all enrollees, could have a choice of a single insurer in 2017, which is an increase of two million people compared to 2016.⁸

If you can afford health insurance but choose not to buy it, you must pay a fee called the individual shared responsibility payment for any month you do not have qualifying health coverage. The fee is calculated two different ways—as a percentage of your household income, or per person, whichever is higher. The fee is 2.5% of household income (1% in 2014) to a maximum of the yearly “Bronze” marketplace premium in 2016. Alternatively per person, it is \$695/adult (\$95/adult in 2014) and/or \$347.50/child under 18 (\$47.50/child in 2014) to a maximum fee of \$2,085 (\$285 in 2014). One pays as a percentage only the part of household income that is above the yearly tax filing threshold (\$10,150 for individuals and \$20,300 for couples filing jointly in 2014). The fee is paid when filing federal tax returns.⁹

The 2016 presidential election will determine which direction our health insurance market will steer. If Hillary Clinton is elected president, she will undoubtedly attempt to build on the Affordable Care Act with a slow and steady push towards universal health coverage. In contrast, Donald Trump has vowed to repeal Obamacare and open the health insurance markets across state lines. Either way, expect increases in health care spending. —

References

1. 2015 Health Benefits Survey. Henry J. Kaiser Family Foundation. <http://kff.org/health-costs/report/2015-employer-health-benefits-survey/>. Last accessed Aug. 31, 2016.
2. Consumer Price Index 2006-2016. U.S. Dept. of Labor, Bureau of Labor Statistics. http://data.bls.gov/timeseries/CUUR0000SA0?output_view=pct_1mth. Last accessed Aug. 31, 2016.
3. Employer Health Insurance Deductibles Rise 50% for 2016. Plansponsor. <http://www.plansponsor.com/Employer-Health-Insurance-Deductibles-Rise-50-Percent-for-2016/>. Last accessed Aug. 31, 2016.
4. Large U.S. Employers Project Health Benefit Cost Increases to Hold Steady at 6% in 2017, National Business Group on Health Survey Finds. National Business Group on Health. Aug. 9, 2016. <https://www.businessgrouphealth.org/pressroom/pressRelease.cfm?ID=281>. Last accessed Aug. 31, 2016.
5. Here’s How Much Your Health Insurance Premiums Could Go Up Next Year. *Fortune*. Aug. 10, 2016. <http://fortune.com/2016/08/10/employer-health-premiums-rise/>. Last accessed Aug. 31, 2016.
6. Employers’ Health Benefit Increases Will Be Far Lower Than ACA Premiums. Morning Consult. Aug. 9, 2016. <https://morningconsult.com/2016/08/09/employers-health-benefit-increases-2017-will-far-lower-aca-premiums/>. Last accessed Aug. 31, 2016.
7. Survey of Non-Group Health Insurance Enrollees, Wave 3. Henry J. Kaiser Family Foundation. May 20, 2016. <http://kff.org/health-reform/poll-finding/survey-of-non-group-health-insurance-enrollees-wave-3/>. Last accessed Aug. 31, 2016.
8. Preliminary Data on Insurer Exits and Entrants in 2017 Affordable Care Act Marketplaces. Henry J. Kaiser Family Foundation. Aug. 28, 2016. <http://kff.org/health-reform/issue-brief/preliminary-data-on-insurer-exits-and-entrants-in-2017-affordable-care-act-marketplaces/>. Last accessed Aug. 31, 2016.
9. HealthCare.gov. <https://www.healthcare.gov/fees/fee-for-not-being-covered/>. Last accessed Aug. 31, 2016.

Colorado Physician Jay Want to Present 2016 Hippocrates Lecture; New Location Spazio Westport



Dr. Jay Want

"From Volume to Value ... to Values" is the topic of the 14th annual Hippocrates Lecture sponsored by SLMMS and the Hippocrates Society, and scheduled for Thursday, Oct. 27. This year, the event moves to Spazio Westport, 12031 Lackland Road in Maryland Heights, with a cocktail reception beginning at 6:00 p.m., followed by dinner and the lecture at 7:00 p.m.

Jay Want, MD, of Denver, Colo., will be the presenter. With Medicare's transition to MIPS (Merit-Based Incentive Payment System) and APMs (Alternative Payment Models), health care reimbursement is rapidly changing. According to many experts, these are the biggest changes in physician reimbursement in a quarter century—and nothing about it is easy. Dr. Want's presentation will discuss some of the reasons why making sense isn't always enough; why the architecture of the human brain tells us to assume change is bad until proven otherwise; and how physicians might overcome that hardwiring to help themselves and others adapt well.

Dr. Want is the owner and principal of Want Healthcare, LLC, consulting for a variety of clients including the Network for Regional Healthcare Improvement, the Center for Medicare and Medicaid Services, and the Robert Wood Johnson Foundation.

He is also the chief medical officer for the nonprofit Center for Improving Value in Health Care (CIVHC), a public-private partnership in Colorado. He has spoken nationally for a number of health organizations and forums, and was the 2010 recipient of the John K. Iglehart Award for leadership in health care from the Colorado Health Foundation.

Board certified in internal medicine, Dr. Want was a primary care internist in private practice for 10 years, providing him with a unique understanding of the challenges that health care reform poses for practicing physicians. He believes that the current system is broken, and that physicians can and should lead the transformation to a more effective, efficient and humane system for providers and patients alike. A native of Fort Wayne, Ind., Dr. Want earned his medical degree from Northwestern University and his internal medicine training at the University of Colorado Health Sciences Center.

Invitations to the Hippocrates Society Lecture have been mailed to all SLMMS members. CME credit will be available for this lecture. The event is free to SLMMS members, but there is a \$40 per person fee for spouses, guests and non-members. An RSVP is required by Thursday, Oct. 20, to Liz Webb at 314-989-1014, ext. 108 or lizw@slmms.org. ➡

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Nominees Announced for SLMMS 2017 Officers and Councilors

Election takes place online November 1-25

Your Medical Society is pleased to announce the slate of officer and councilor candidates who will lead the Society in 2017. The election will take place online at www.slmms.org from Nov. 1 to 25.



Dr. J. Collins Corder

J. Collins Corder, MD, FACP, will succeed automatically to the position of 2017 SLMMS president from his current status as president-elect. Dr. Corder practices internal medicine, specializing in geriatric medicine, with BJC Medical Group. He is board certified in internal medicine and geriatrics, and also is NCQA-certified in stroke/cardiovascular, and American Diabetes Association certified in diabetes care. He is on staff at Missouri Baptist Medical Center and SSM Health St. Mary's Hospital - St. Louis. Dr. Corder obtained his medical degree from Saint Louis University. He served as a SLMMS councilor from 2008-2010 and 2012-2014, was secretary in 2011, vice president in 2015 and president-elect in 2016. Dr. Corder and his wife, radiologist Patricia Corder, MD, have two children.

Up for election will be candidates for president-elect, vice president and secretary-treasurer along with four councilors. Councilors are elected to three-year terms; an additional eight councilors will continue their unexpired terms.

Learn more about our candidates by reviewing their biographies that follow. To help give insight on their thoughts about the Medical Society, we have asked them to respond to the question, "How can SLMMS make the most impact to support physicians in the St. Louis region?"

Christopher A. Swingle, DO | President-Elect



Dr. Christopher A. Swingle

Practice: Nuclear medicine. Attending physician, West County Radiology at Mercy Hospital St. Louis. Certified: American Board of Nuclear Medicine, Certification Board of Cardiac Computed Tomography, Certification Board of Nuclear Cardiology. Hospitals: Mercy Hospital St. Louis, Mercy Hospital Washington, Mercy Hospital Springfield (Missouri).

Education: B.A., University of Kansas. D.O., Kansas City University of Medicine and Biosciences. Internship and residency, Emory University.

Birthplace: St. Louis.

SLMMS/MSMA/AMA Service: SLMMS vice president, 2016; councilor, 2014-15; MSMA delegate, 2009-present. Joined SLMMS 2005.

Other Professional Organizations: Greater St. Louis Society of Radiologists (current president), Missouri State Medical Association, Missouri Radiological Society, Society of Nuclear Medicine, Radiological Society of North America. Chairman, Radiation Safety Committee, Mercy Hospital St. Louis.

Community/Volunteer Activities: Stewardship committee, Mary Queen of Peace Catholic Church.

Personal: Wife, Katherine; children, one son and one daughter. Hobbies: endurance running, cycling, classic car enthusiast, outdoor grilling. Celebrated graduating medical school by going skydiving for the first (and only) time.

How can SLMMS make the most impact to support physicians in the St. Louis region: Clearly, medicine is evolving at an extraordinarily rapid pace to an uncertain future. We are quite fortunate to have SLMMS as a resource for education and political representation during these times. As the voice of medicine for St. Louis, we have a unique avenue to engage community leaders that would be impossible otherwise. An additional strength is the diversity of talent of our members; by leveraging this rich network, we can foster non-clinical proficiencies such as negotiation skills, practice management and political advocacy that will be necessary for us to shape medicine's future.

Ramona Behshad, MD | Vice President



Dr. Ramona Behshad

Practice: Dermatology. Assistant professor, Saint Louis University Department of Dermatology. Certified, American Board of Dermatology, American College of Mohs Micrographic Surgery. Hospitals: SSM Health Saint Louis University Hospital, St. Luke's Hospital, SSM Health Cardinal Glennon Children's Hospital.

Education: B.A. and M.D., Case Western Reserve University. Internal medicine internship, Banner Good Samaritan Hospital, Phoenix. Dermatology residency, Case Western Reserve University. Mohs surgery fellowship, St. Louis.

Birthplace: Tehran, Iran.

SLMMS/MSMA/AMA Service: SLMMS councilor, 2014-16; membership committee chair; joined SLMMS 2012. MSMA Young Physician Section Councilor, membership committee.

Other Professional Organizations: Missouri state representative to the board of directors, American Academy of Dermatology; American Society for Dermatologic Surgery; American College of Mohs Surgery; American Society for Laser Medicine and Surgery (Social Media Taskforce and Membership Taskforce); St. Louis Dermatology Society; Missouri Dermatologic Society. Journal article reviewer for *Dermatologic Surgery*.

Community/Volunteer Activities: American Academy of Dermatology skin cancer screenings, Miles Against Melanoma, Radiation Dot Removal Program (American Society for Laser Surgery and Medicine).

Honors and Awards: Alpha Omega Alpha, Phi Beta Kappa.

Personal: Husband, Ali Javaheri, MD. Hobbies: piano, swimming, biking, reading, art (pen and ink, pencil, watercolor), photography, enjoying the numerous Missouri state and local parks.

How can SLMMS make the most impact to support physicians in the St. Louis region: Practicing medicine in today's health care environment is increasingly complex. SLMMS can support local physicians in navigating and influencing this dynamic practice environment. In navigating health care reform, SLMMS provides numerous resources for continuing education, practice management and networking. Beyond this, we can work side by side in our organization to influence health care reform. The ACA has left many things unresolved. By amplifying local voices on these issues, SLMMS can reduce the burden of regulations that takes physicians away from seeing patients. St. Louis physicians are not alone; through our state and local medical organizations, we have the combined strength to project a voice much greater than our size and to impact outside forces.

Jason K. Skyles, MD | Secretary-Treasurer



Dr. Jason K. Skyles

Practice: Diagnostic radiology, West County Radiology. Hospitals: Mercy Hospital St. Louis and Mercy Hospital Washington.

Education: B.S. and B.A., Saint Louis University. M.D., Saint Louis University School of Medicine. Internship, Forest Park Hospital; residency and fellowship, Wake Forest University.

Birthplace: St. Peters, Mo.

SLMMS/MSMA/AMA Service: SLMMS secretary-treasurer, 2016; councilor, 2012-2015. Joined SLMMS 2011.

Other Professional Organizations: American Roentgen Ray Society, Radiological Society of North America, Society of Breast Imaging.

Honors and Awards: Alpha Omega Alpha, Phi Beta Kappa.

Personal: Wife, Kristin; two sons and one daughter.

How can SLMMS make the most impact to support physicians in the St. Louis region: I believe SLMMS can make the biggest impact by assuring accurate and timely distribution of information regarding health care policy to all physicians in the St. Louis region. We provide a forum for physicians of all specialties to discuss the important issues regarding us and our patients. During these discussions, position statements and talking points can be developed and disseminated to give the providers in our region a unified voice.

Munier A. El-Beck, MD | Councilor



Dr. Munier A. El-Beck

Practice: Director, Department of Internal Medicine, St. Anthony's Medical Center (hospitalist group). Certified, American Board of Internal Medicine, American Board of Obesity Medicine.

Education: B.A., Southern Illinois University-Edwardsville. M.D., Ross University. Internship and residency, Lehigh Valley Hospital, Allentown, Pa.

Birthplace: Ottawa, Ill.

SLMMS/MSMA/AMA Service: Joined SLMMS 2014.

Other Professional Organizations: Society of Hospital Medicine.

Honors and Awards: *St. Louis Business Journal* "40 Under 40," 2015.

Personal: Wife, Walaa; one son, one daughter. Hobbies and interests: Travel, world cuisine, reading, soccer, fitness, health care quality improvement.

How can SLMMS make the most impact to support physicians in the St. Louis region: I believe that developing physician leaders is critical to the future of our industry. We need the majority of physicians to get engaged with and be informed about the issues that surround health care policy, health care quality, and other areas that collectively shape how health care is delivered in our society. SLMMS can make the greatest impact by rallying for physicians to get interested in gaining an education in some of these areas, and then provide direction to those physicians to productively use that knowledge to advocate for fiscally responsible, high-quality care for the communities that we serve.

continued on next page

Jennifer L. Page, MD | Councilor



Dr. Jennifer L. Page

Practice: Medical director, acute rehabilitation, St. Anthony's Medical Center; physician, Rehabilitation Medicine Specialists. Hospitals: St. Anthony's Medical Center, Mercy Hospital St. Louis.

Education: B.A. and M.D., University of Missouri-Kansas City. Certification: physical medicine and rehabilitation, pain management. Internship, Mercy Hospital St. Louis; residency, Rush Presbyterian St. Luke's Medical Center, Chicago.

Birthplace: St. Louis.

SLMMS/MSMA/AMA Service: SLMMS Councilor, 2016; Publications Committee. Delegate, AMA Resident Physician Section, 1992-94; alternate delegate, AMA Young Physician Section, 1997-98. Board member, Missouri State Medical Foundation, 2007-12. Joined SLMMS 1996.

Other Professional Organizations: American Academy of Physical Medicine and Rehabilitation.

Community/Volunteer Activities: Boy Scouts and Cub Scouts parent volunteer and committee chair. Committeewoman, Creve Coeur Township.

Honors and Awards: Chief resident, Rush Presbyterian St. Luke's Medical Center.

Personal: Husband, Sam Page, MD; three sons. Hobbies and interests: Book club, kayaking, skiing, jazz dancing, percussion. Former NFL Kansas City Chiefs cheerleader. Ritenour High School Hall of Fame.

How can SLMMS make the most impact to support physicians in the St. Louis region: SLMMS is the chief advocate for physicians and their patients in the St. Louis metropolitan area. SLMMS interacts with elected officials and third-party payers to fight for patient safety and public health initiatives. It provides important representation for St. Louis physicians within the Missouri State Medical Association and American Medical Association. SLMMS has a significant impact coordinating with hospital systems, media and other patient advocates, always keeping the best interest of our patients as our highest priority. The strength of the organization is the physician members and volunteer leaders, who drive our policy and advocacy.

Raja S. Ramaswamy, MD | Councilor



Dr. Raja S. Ramaswamy

Practice: Assistant professor of radiology and surgery, Washington University School of Medicine, specializing in minimally invasive image guided surgery. Hospitals: Barnes-Jewish Hospital, St. Louis Children's Hospital.

Education: B.A., Emory University. M.D., Chicago Medical School-Rosalind Franklin University. M.S., applied physiology, Rosalind Franklin University. Internship, Indiana University. Residency, diagnostic radiology, University of California-San Diego.

Birthplace: Anderson, Ind.

SLMMS/MSMA/AMA Service: MSMA young physician delegate. Joined SLMMS 2015.

Other Professional Organizations: American Medical Association, Society of Interventional Radiology, Radiologic Society of North America. Editorial board/reviewer, *Journal of Vascular and Interventional Radiology*, *European Radiology*.

Community/Volunteer Activities: St. Louis Area Foodbank. Member, San Diego County Health Services Advisory Board, 2013-15.

Honors and Awards: Chief resident, University of California-San Diego, 2013; president, Chicago Medical School Class of 2009; Alpha Omega Alpha Honor Society; Academic Leadership Program for Physicians and Scientists Scholarship, Washington University, 2015; American Roentgen Ray Society Certificate of Merit Award, 2014; Dean's Award for Outstanding Service to Chicago Medical School, 2009.

Personal: Wife, Hillary Friedman Ramaswamy. Hobbies and interests: politics, tennis.

How can SLMMS make the most impact to support physicians in the St. Louis region: I believe that SLMMS can best support physicians in the St. Louis region by three components: advocacy, education and membership. SLMMS must be at the forefront of legislation in order to maintain the best care for patients and continue to work with other key organizations including MSMA and the AMA. Local and community-wide education is also essential. Backing by the community is the most powerful tool available to create physician-friendly legislation and overall local wellness. Membership recruiting is vital to maintaining support. With a goal in mind of maximizing membership, a united approach would be very influential in supporting local physicians.

Alan P.K. Wild, MD, MS, FACS, FAAO | Councilor



Dr. Alan P.K. Wild

Practice: Otolaryngology–head and neck surgery. Assistant professor, Dept. of Otolaryngology–Head and Neck Surgery, Saint Louis University School of Medicine. Certified, American Board of Otolaryngology.

Hospitals: SSM Health Saint Louis University Hospital, SSM Health Cardinal Glennon Children's Hospital, Mercy Hospital St. Louis, Missouri Baptist Medical Center.

Education: B.S., M.S. and M.D., Tulane University. Internship and residency, Barnes-Jewish Hospital.

Birthplace: New Orleans, La.

SLMMS/MSMA/AMA Service: SLMMS councilor, 2013-2016, Nominating Committee, joined SLMMS 1990. Previous delegate to MSMA.

Other Professional Activities: President, Missouri Society of Otolaryngology. Fellow, American College of Surgery. Fellow, American Academy of Otolaryngology–Head and Neck Surgery.

Community/Volunteer Activities: International Medical Assistance Foundation ENT Medical Missions to Honduras.

Honors and Awards: SLU Dept. of Otolaryngology Academic Professor of the Year, 2011-12.

Personal: Wife, Sue Ann; two children. Hobbies: sailing, golf, computer maintenance. Daughter is a second-year orthopedic resident at Tulane University, third generation of MDs in family.

How can SLMMS make the most impact to support physicians in the St. Louis region: The physicians working and residing in the St. Louis metropolitan area are heterogeneous. Individually, we do not all share the same professional concerns and threats. What we do have in common is the supreme need for a professional organization that has the time and resources to assess the totality of our ever-changing medical milieu. SLMMS is uniquely positioned to keep its physician members and non-members apprised of the educational, regulatory, legislative and legal atmospheres in which we practice our science and art. This support remains the paramount mission for SLMMS.

Continuing on the Council (Terms began in 2015 or 2016)

- Sean B. Bailey, MD
- David K. Bean, DO
- Michael G. Beat, MD, MPH, MBA
- C.B. Boswell, MD, FACS
- Robert A. Brennan, Jr., MD
- JoAnne L. Lacey, MD
- Andrea R. Sample, MD
- Inderjit Singh, MD, FACP, FASN



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As physicians, you value the importance of education. *St. Louis Metropolitan Medicine* is pleased to share this information about some of the leading private schools in our area.

Community School



➤ 900 Lay Rd. 314-991-0005
St. Louis, MO 63124 www.communityschool.com

FALL OPEN HOUSE DATES:

Saturday, Nov. 5, 9:00 a.m.

Friday, Nov. 18, 9:15 a.m.

Community School allows children's gifts to flourish in an environment of active, experiential learning. Seasoned faculty engage students age 3 to Grade 6 with a challenging curriculum integrating academics, the arts, physical education and interpersonal skills.

Forsyth School



➤ 6235 Wydown Blvd. 314-726-4542
St. Louis, MO 63105 www.forsythonline.com

ADMISSION OPEN HOUSE:

Sunday, Oct. 16

3:00-5:00 p.m. Campus Tours

5:00-6:00 p.m. Play & Picnic

EARLY CHILDHOOD OPEN HOUSE:

Saturday, Jan. 7, 2017, 10:00-11:30 a.m.

You know Forsyth School. A one-of-a-kind campus with classrooms in six historic homes for children age 3 to Grade 6. Forsyth is a place to stretch beyond your comfort zone. It's a place where engaging curriculum meets challenge education. And it all begins with a great early childhood program. Forsyth. There's nothing like it.



VISIT OUR OPEN HOUSE

Saturday, Nov. 12, 9:00-11:30 a.m.

www.rohanwoods.org

Rohan Woods School has prepared a white paper, *Why Invest in Elementary Education – Age 2-Grade 6*, based on a report released by the Institute of Medicine and National Research Council of the National Academy of Science. Request your copy from info@rohanwoods.org.



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OPEN HOUSE

Grades 6-12

Sunday, November 6, 2016

12:00 – 4:00 p.m.

(No RSVP required)

New City School



- 5209 Waterman Blvd. 314-361-6411
St. Louis, MO 63108 www.newcityschool.org

FALL OPEN HOUSE:

Saturday, Nov. 12, 9:00 a.m.-12:00 noon;
presentations at 9:15, 10:15, 11:15 a.m.

Every type of intelligence represented in New City's exceptionally diverse student body is valued and cultivated. Our faculty and staff know that every child can excel academically when given means to utilize their particular talents and abilities.



Rohan Woods School

- 1515 Bennett Ave. 314-821-6270
St. Louis, MO 63122 www.rohanwoods.org

FALL OPEN HOUSE:

Saturday, Nov. 12, 9:00-11:30 a.m.

Rohan Woods School has prepared a white paper, *Why Invest in Elementary Education – Age 2-Grade 6*, based on a report released by the Institute of Medicine and National Research Council of the National Academy of Science. Copies are available from info@rohanwoods.org.



Ursuline Academy

- 341 S. Sappington Rd. 314-984-2800
St. Louis MO 63122 www.ursulinesl.org

FALL OPEN HOUSE:

Sunday, Nov. 6, 12:00-4:00 p.m.

Ursuline Academy offers a welcoming, inclusive Catholic college preparatory school community which focuses on the universal learner, celebrates the uniqueness of each student and fosters a lifelong commitment to service and strong family community spirit. Serving girls grades 9-12.

continued on next page



Children learn by exploring. That's true for the physical world and the world of ideas. Community School provides the perfect place for that early exploration in a young child's life.

Nov 5 Open House 9:00 am

Nov 18 Connect with Community 9:15 am

Details at CommunitySchool.com

900 Lay Road 314.991.0005

Visitation Academy



— 3020 North Ballas St. Louis MO 63131 314-625-9100
www.visitationacademy.org

— FALL OPEN HOUSE:

Grades 6-12
Sunday, Nov. 6, 12:00-4:00 p.m.
(No RSVP required)

Lower School Classroom Observation Day
Coed Montessori Toddler – Kindergarten
All-Girls Grades 1-5
Oct. 19, 8:30-10:30 a.m.
RSVP 314-625-9102

Visitation Academy is an independent Catholic school with a long-standing reputation for academic excellence. Visitation Academy encourages confidence, curiosity, and creativity through a well-established coed Montessori program for toddlers-kindergarten and an outstanding all-girls environment for grades 1-12.

Whitfield School



— 175 S. Mason Rd. St. Louis, MO 63141 314-434-5141
www.whitfieldschool.org

— FALL OPEN HOUSE:

Sunday, Oct. 16, 1:00-3:00 p.m.

Whitfield cultivates ethical, confident, and successful students in grades 6-12 in a community of innovation, collaboration, and trust. A rigorous curriculum provides a strong liberal arts education, and electives allow students to pursue interests in science, language, humanities, and art.

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Sunday, Nov 6

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OPEN HOUSE: NOVEMBER 12th
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Where They Stand: The Candidates on Health Care Issues

Candidates for U.S. Senate, Congress and Missouri governor offer their thoughts on issues of concern to St. Louis area physicians

Voters' choices in the November 8 general election will help shape the future of health care. *St. Louis Metropolitan Medicine* sought responses on several major health care questions from candidates for the U.S. Senate from Missouri, two St. Louis area U.S. House seats, and Missouri governor. Thanks to all the candidates for taking time in their busy schedules to respond to our questions.

U.S. Senate

- **Jason Kander, Democrat**
www.jasonkander.com
- **Roy Blunt, Republican (Incumbent)**
www.royblunt.com
- **Jonathan Dine, Libertarian**
Facebook: [vote4dine](https://www.facebook.com/vote4dine)
- **Fred Ryman, Constitution**
www.vote4fred.org

Jason Kander and Fred Ryman did not provide responses by press time.

What are your priorities for enabling our health care system to provide the most affordability, accessibility and quality?

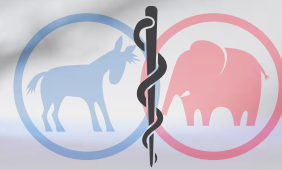
Blunt: In my role as chairman of the Appropriations Subcommittee for the Departments of Labor, Health and Human Services, Education, and Related Agencies (LHHS), I have prioritized funding for critical medical research. After successfully enacting a \$2 billion increase for the National Institutes of Health (NIH) last year, I have again proposed an additional \$2 billion increase to help the NIH prevent, cure or effectively treat many diseases, which will save lives and dramatically cut health care costs in the future. Legislation I sponsored to treat mental health and behavior conditions like all other health concerns will drastically decrease health care costs.

Dine: I favor restoring and reviving a free market health care system. I would like to see more transparency when it comes to the costs of procedures so that consumers could shop around. I believe the third party payment system we have today is the driving factor of cost increase. In a competitive marketplace, health care costs would plummet to a fraction of what Americans spend today. Low-cost, efficient medical providers would emerge, such as "Stiches R Us," which would offer easily affordable options for routine procedures. Elective cosmetic surgery and Lasik are good examples where competition has lowered prices.

Do you feel the Affordable Care Act has been effective in making health insurance more accessible to the uninsured? What would be your plan to modify or move the ACA toward the goals of accessibility, quality and affordability?

Blunt: The Affordable Care Act created many barriers to affordable insurance. The Administration's promise that Missourians would be able to keep their health care plans turned out to be false. Many Missourians feel as if they have no health insurance at all thanks to sky-high deductibles, and these same Missourians make up the biggest column of bad debt that health care providers are struggling to pay off. We need to repeal burdensome regulations that are tying the hands of insurance companies by being over-prescriptive in how they handle their business. We should not be surprised that overregulation increases costs and decreases accessibility.

Dine: I don't feel the ACA has been effective at lowering costs. I truly believe that when Americans are forced to buy insurance, it drives up the price because there is less competition and choice. If elected, I will sponsor and work diligently to pass legislation to end all state mandates on individuals and businesses to buy medical insurance. It's time to end all coverage mandates and restrictions on health insurance that prevent companies from selling policies that customers want to buy; dismantle the office of the state Insurance Commissioner; and allow purchase of medical insurance plans across state lines.



With MACRA, the ACA and other federal programs increasing the reporting and regulatory burdens on physicians, how would you work to prevent the extinction of independent and small practice?

Blunt: I believe the government is putting far too many regulatory burdens on the health care community. As chairman of LHHS, I have an opportunity for constant dialog with the Secretary of HHS and the CMS Administrator, whose agencies enact many of these harmful regulations.

Dine: I believe Centers for Medicare & Medicaid Services policies have created an uneven playing field in which the majority of soloists get penalized and clinicians in giant groups earn bonuses. The government's narrow criteria force physicians to chase bonuses and avoid penalties rather than building a relationship with their patients. Government regulations, red tape and mandates make it nearly impossible for smaller practices to get adequate reimbursement. The CMS regulations are very intrusive and one would need an on-staff attorney to keep up on them. There should be fewer politicians making policies and less hoops to jump through for physicians.

Should advanced-practice nurses (APRNs) be allowed to practice independently with less physician supervision, as in the recent proposal by the Veterans Health Administration?

Blunt: There are areas where advanced-practice nurses (APRNs) can be helpful to physicians by treating patients, especially in rural areas. I support these efforts, where appropriate. That is why I am a co-sponsor of Sen. Mark Kirk's Frontlines to Lifelines Act.

Dine: No. From what I understand, physicians have longer and more rigorous training than NPs. Patients are better off having collaboration of skills under the guidance of a physician.

U.S. House, First District

- **William (Lacy) Clay, Democrat (Incumbent)**
www.lacyclay.org
- **Steve Bailey, Republican**
<http://bailey4rep.org>
- **Robb Cunningham, Libertarian**
Facebook: RobbLibertarian

Robb Cunningham did not provide responses by press time.

What are your priorities for enabling our health care system to provide the most affordability, accessibility and quality?

Clay: The United States must continue to sustain the enhanced federal investment in primary care, particularly our federally qualified health care centers who treat more than 100,000 patients in the St. Louis area each year. We must also invest in physician education and open up opportunities for more minority students to pursue health care careers.

Bailey: I join with House Republicans (<http://abetterway.speaker.gov/>) in advocating HSAs as the cornerstone of medical affordability, accessibility and quality. Consumers who have "skin in the game" make better spending choices about health care than remote entities that favor one-size-fits-all medicine. The purpose of insurance is to lessen catastrophic loss from the unpredictable events in our lives, not to pay the full cost of our receipt of excellent health care. High-deductible policies with HSA accounts provide most of us the catastrophic event coverage without exorbitant annual premiums. This places health care responsibility on the patient to control personal lifestyle risks.

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Candidates on Health Care — continued

Do you feel the Affordable Care Act has been effective in making health insurance more accessible to the uninsured? What would be your plan to modify or move the ACA toward the goals of accessibility, quality and affordability?

Clay: The Affordable Care Act has been one of the most powerful and positive pieces of legislation that I have had the honor to help craft, pass and defend. Like all legislation, we should be open to corrections that would make it work better for patients and providers. Because of the ACA, the rate of uninsured Americans has been cut in half, patients can no longer be rejected because of preexisting conditions, and the viability of the Medicare trust fund has been extended by 11 years.

Bailey: Participation by the uninsured under PPACA has been disappointing with substantial evidence of gaming the system: buy insurance as needed, drop it when done. Some posit the system was meant to fail, leaving the default of socialized medicine with its long waits and mediocre outcomes. Rather than mandate unneeded coverage items for all, potential insureds should have a “cafeteria” of choices that fit their life and risk profiles. PPACA is policy-centered, not patient-centered. Maintain portability of policies across state lines, but let an unfettered patient/provider market determine product needs. Patients and physicians can make health care affordable if left free.

With MACRA, the ACA and other federal programs increasing the reporting and regulatory burdens on physicians, how would you work to prevent the extinction of independent and small practice?

Clay: I have supported and will continue to support tax credits and direct grant funding to small medical providers to assist with the transition to electronic medical records and the other enhanced reporting requirements that create a greater workload for small medical practices.

Bailey: The Democratic Party seems hidebound to nationalize all successful enterprises and to make those institutions “too big to fail.” The patient-doctor privilege is sacrificed to the payment provider’s need to verify; where the government is the payer, no privacy exists! The trend is for large hospitals to buy and run physician practices, lessening choice and competition without prioritizing the patient’s treatment needs. Every regulation is a tax on productivity and freedom; the regulators seem not to ask if this will improve outcomes or simply add burden. I want to ask the doctors and nurses what is best for their patients.

Should advanced-practice nurses (APRNs) be allowed to practice independently with less physician supervision, as in the recent proposal by the Veterans Health Administration?

Clay: APRNs can play a major role in our health care system, including the VA, but they are not a substitute for the training, expertise and medical judgement of a physician.

Bailey: This is a medical question which demonstrates that the current system is externally driven by payer priorities rather than patient [consumer] choices in a free market. Socialized medical systems like to push excellently trained physicians to the background while increasing the utilization of nurses as primary care providers. The reason: the latter cost less. Doctors and patients should be free to decide if a nurse is the appropriate future provider of primary care. I would rather pay an American trained M.D. for diagnosis and cure than a nurse who may not have even a bachelor’s degree.

U.S. House, Second District

— **Bill Otto, Democrat**

www.billotto.org

— **Ann Wagner, Republican (Incumbent)**

www.annwagner.com

— **Jim Higgins, Libertarian**

www.jimhiggins4congress.com

Rep. Wagner did not provide responses by press time.

What are your priorities for enabling our health care system to provide the most affordability, accessibility and quality?

Otto: There are no easy answers. I am in favor of strengthening Medicare and Medicaid programs for the millions of Americans who rely on them while paying fair fees to all providers. I favor common sense reforms that will ensure that we spend taxpayers’ money wisely. We need to work with our doctors and providers across the health care system to continue to improve health care quality and consistency while keeping our eye on novel ways to control health care costs. We should continue to expand the number of insured so that costs that are not covered are not forced onto our delivery system.

Higgins: I would allow more free market solutions. Let doctors advertise. Have the patient participate more directly by sharing more of the cost. Currently there are too many middlemen and the cost is lost to the patient.



Do you feel the Affordable Care Act has been effective in making health insurance more accessible to the uninsured? What would be your plan to modify or move the ACA toward the goals of accessibility, quality and affordability?

Otto: As a husband and father responsible for the health care of my family, a U.S. Navy veteran, and a public official, I personally believe in the mission statement of the ACA and support the 2010 mandate for insurance coverage. However, like many in the medical field, I voiced concerns about other aspects of the law, both before and after its passage. My intent as our next member of Congress is to protect the gains we have made in securing health insurance for more Americans while fixing the flaws in the system that our experiences over the last six years have uncovered.

Higgins: The ACA is headed for failure. Two large insurance companies have dropped out already. We don't have an insurance problem as much as we have a cost problem. This is just another bungled government solution that rarely works as intended.

With MACRA, the ACA and other federal programs increasing the reporting and regulatory burdens on physicians, how would you work to prevent the extinction of independent and small practices?

Otto: MACRA and other Medicare and Medicaid payment reforms only work if they give physicians more resources and greater flexibility to deliver appropriate care than they have today. I fully support improving the financial viability of physician practices in all specialties and recognize the contribution made by small and independent practices. We must have input from practices of all sizes and only require administrative burdens that improve the quality and availability of patient care. I fully support real dialogue between lawmakers, providers, and payers to avoid transferring inappropriate financial risk to physicians. I believe good health care delivery is a partnership.

Higgins: I would repeal MACRA and the ACA. The politicians and bureaucrats took a bad situation and made it worse. The more they try to fix things, the worse it gets. Government programs fail because they create upside-down incentives. Government programs reward irresponsible behavior and put an undue burden on the majority of doctors who are respectable and patient oriented.

Should advanced-practice nurses (APRNs) be allowed to practice independently with less physician supervision, as in the recent proposal by the Veterans Health Administration?

Otto: I believe that it is problematic in the current context. While I do stridently believe that APRNs should be allowed to serve patients in the full capacity of their training, I also believe physician oversight in systems like the VA is important. As a U.S. Navy veteran, I believe our men and women deserve the best possible care, and that does not come from cutting doctors out of the medical service protocol.

Higgins: Yes, for routine care APRNs are capable of providing quality medical services. This determination should be made by the patient not some bureaucrat in Washington.

Missouri Governor

➤ **Chris Koster, Democrat**

www.chriskoster.com

➤ **Eric Greitens, Republican**

www.ericgreitens.com

➤ **Cisse Spragins, Libertarian**

Cisse Spragins did not provide responses by press time.

What are your priorities for enabling our health care system to provide the most affordability, accessibility and quality?

Koster: My top priority for improving health care in Missouri is to expand Medicaid. Across Missouri, we have a rural hospital closing every eight months while our legislature allows a nearly \$2 billion check to remain uncashed every year to score partisan points. Expanding Medicaid would create tens of thousands of new, good-paying jobs in every corner of our state, and invest billions of dollars into Missouri's economy, and provide health care coverage to 300,000 working Missourians. It's time we move beyond the political rhetoric and find a solution.

Greitens: Career politicians are always looking for government solutions, even though more often than not government is the problem. Obamacare was supposed to decrease the cost of care for most Americans. Instead, insurance premiums, copays, and deductibles are on the rise, while hospitals and providers are increasingly financially stretched. As governor, I will work with doctors and health care professionals to trim government bureaucracy and regulations that drive up the cost of care, and look to introduce more market forces to our existing government health care programs like Medicaid.

continued on next page

Candidates on Health Care — continued

What is your position on expanding Medicaid to the level specified in the Affordable Care Act and bringing its federal matching funds to Missouri? If you support Medicaid expansion, how would you pay for it?

Koster: I support expanding Medicaid. Right now, the Missouri legislature's inaction is hurting the 300,000 Missourians who would have access to care if they expanded the program. Moreover, we are already sending taxpayer dollars to Washington D.C., and it makes sense to invest that money right here at home. With a rural hospital closing every eight months, we can't afford not to expand Medicaid. Finally, by transferring much of our state's mental health and substance abuse care to the federal government, Missouri will sharply reduce costs. This does not include the potential economic growth the tens of thousands of jobs would bring to the state.

Greitens: I am opposed to expanding Obamacare in Missouri. Like many other aspects of Obamacare, the American people have been deceived as to the true costs of Medicaid expansion. Enrollment nationally is almost double projections, while costs per patient are almost 50% higher. States that signed onto the expansion are now facing budgetary crises over how to pay for it. Additionally, Missouri currently has over 800 children and developmentally disabled individuals on Medicaid waiting lists. Before we consider covering more able-bodied adults through Medicaid, we should be sure that the neediest among us can get the care they need.

What would you do to help Missouri create a prescription drug monitoring system to help prevent misuse of painkiller prescriptions? (Missouri is currently the only state without such a program.)

Koster: A key tool in fighting opioid abuse has been drug monitoring programs, which have been found to dramatically cut addiction rates. But in Missouri, like so many of the issues facing our state, politicians are engaging in obstruction rather than finding real solutions to protect Missouri families. Despite enjoying the support of law enforcement, community advocates, pharmacists and doctors, and leaders in both parties, the legislature has been unable to broker a compromise. I will work with Senate leadership to broker an acceptable compromise that protects privacy while also fighting back against the opioid epidemic.

Greitens: Opioid abuse is destroying families and communities, and we need to make sure that we are doing everything that we can to combat it. As governor, I am going to work together with the legislature to actually solve this problem and help people, and not just score cheap political points. That solution will likely include a prescription drug monitoring system of some kind. If there are privacy concerns around such a registry, let's figure out a way to resolve those while still cracking down on pill shopping and opioid abuse, and get the whole state working together to solve this problem.

Should advanced-practice nurses (APRNs) be allowed to practice independently with less physician supervision, in spite of physician concerns that this could threaten patient safety?

Koster: We must maintain the high quality level of service for which Missouri is known. We also want to expand access, particularly in rural communities across Missouri. One of the major challenges facing our state is that specialists and primary care physicians are not starting their careers in rural Missouri because of the extraordinary debt they incur in school. As governor, I would bring together physicians and APRNs in 2017 to recognize the problem of providing health care across our state, and try to bring a consensus agreement together so we can ensure care where the acute need is highest.

Greitens: We are facing a crisis in rural Missouri over access to health care providers. In rural Missouri, we are down to one primary care doctor for every 1,776 residents, compared to one for every 962 urban residents. While increasing the availability of telemedicine and incentivizing doctors to move to these areas can help, one of the best ways to increase care options is expanding scope of practice for advanced-practice nurses, while maintaining sufficient safeguards to protect patient safety. —

Missouri Tobacco Tax Proposals Target Funds for Early Childhood Education, Transportation

By Jim Braibish, St. Louis Metropolitan Medicine

Missouri voters on November 8 will be asked to consider raising the state's 17-cent per-pack tobacco tax—the lowest in the nation—to help fund early childhood education programs and transportation. Even if both of the two proposed increases are passed, Missouri's tax would remain well below the national median tobacco tax of \$1.53 per pack. Some health advocates oppose both proposals, saying that tobacco taxes should be designed to reduce smoking and not raise funds for other purposes.

The proposals are:

Early Childhood Health and Education (Constitutional Amendment 3). Named Raise Your Hand for Kids, this amendment to the state constitution would increase the tax on a pack of cigarettes by 15 cents per year over a four-year period from 2017 to 2020, raising the total tax to 77 cents per pack. Tax dollars would be dedicated primarily to early childhood education programs. About 10-15% of the proceeds would help fund hospital and health care for children ages birth to 5, and about 5-10% would be targeted to smoking cessation programs. The amendment also would create a 67-cent per-pack fee paid by wholesalers on off-brand cigarettes.

Raise Your Hand for Kids originated with the Shawnee, Kan.-based Alliance for Childhood Education, a coalition of business leaders committed to improving the education systems in Missouri and Kansas. Raise Your Hand for Kids is strongly supported by child advocates, who say the tax would provide \$300 million a year to improve early childhood education programs in the state, and help better prepare children for success in school. Missouri now ranks 38th in its level of public funding for pre-K programs.

Transportation (Proposition A). This proposal would increase the per-pack tax by a total of 23 cents, implemented with stepped increases in 2017, 2019 and 2021, raising the total tax to 40 cents per pack. Missouri's tax would remain third-lowest in the nation if Georgia and Virginia do not increase their taxes. In addition, sellers would pay an additional 5% of manufacturer invoice price on other tobacco products. Tax dollars would be dedicated to transportation infrastructure; it is estimated the tax would generate \$100 million annually when fully implemented.

Proposition A originated with the Missouri Petroleum Marketers and Convenience Store Association, whose members are major sellers of off-brand cigarettes.

Opposition

Many health advocates oppose both measures. The American Heart Association, the Lung Association of Missouri, Tobacco Free Missouri, and the American Cancer Society Cancer-Free Network said, "Small and incremental increases to the tobacco tax will not keep kids from becoming addicted to cigarettes or help adults quit."

Life-science groups are opposed to Raise Your Hand for Kids because it includes language stating that funds would not be used for "research, clinical trials or therapies or cures using embryonic stem cells." This could threaten hard-won language in the state constitution protecting stem-cell research, say these opponents including the Missouri Cures Education Foundation, Washington University, BioSTL, MOBIO and the Stowers Institute for Medical Research in Kansas City.

Big Tobacco vs. Little Tobacco

The battle over these proposals also is portrayed as a battle between "Big Tobacco" and "Little Tobacco." RJ Reynolds, maker of Camel cigarettes, has donated over \$2.5 million to Raise Your Hand for Kids, which would impose the 67-cent fee on wholesalers for off-brand cigarettes. The fee is intended to correct a loophole in the 1998 Master Settlement Agreement requiring that only name-brand manufacturers pay a fee to help cover the cost of smoking-related illnesses. The loophole has been closed in other states. The Missouri Legislature has not acted to close the loophole, which is estimated to cost Missouri about \$50 million a year in lost payments from the tobacco settlement. Manufacturers of off-brand cigarettes are helping to fund Proposition A, the smaller tax for transportation. —

References

2016 Ballot Measures. Missouri Secretary of State. <https://www.sos.mo.gov/petitions/2016BallotMeasures>.

Raise Your Hand for Kids website. <http://www.raiseyourhandforkids.org/>

State Cigarette Excise Tax Rates & Rankings. Campaign for Tobacco-Free Kids. <http://www.tobaccofreekids.org/research/factsheets/pdf/0097.pdf>.

Kander approves four of five initiative petitions for November ballot. *Missouri Times*, Aug. 9, 2016. <http://themissouritimes.com/32571/kander-approves-four-five-initiative-petitions-november-ballot/>.

Missouri health care groups oppose 2016 ballot measures to increase tobacco tax. *Kansas City Star*, March 2, 2016. <http://www.kansascity.com/news/local/news-columns-blogs/the-buzz/article63608942.html#storylink=cpy>.

Missouri Cures Statement on Big Tobacco Ballot Certification. Aug. 9, 2016. <http://missouricures.org/2016-big-tobacco-tax-initiative/>.

Tobacco companies bankrolling rival efforts to hike Missouri's tobacco tax. St. Louis Public Radio, April 21, 2016. <http://news.stlpublicradio.org/post/tobacco-companies-bankrolling-rival-efforts-hike-missouris-tobacco-tax#stream/0>.

Changes in Insurance Marketplace Pressure Physicians, Patients

Mergers, narrow networks and fewer ACA plans could squeeze costs, access

By Jim Braibish, St. Louis Metropolitan Medicine

Consolidation in the health insurance industry could leave patients and physicians with fewer options in the years ahead. This would involve not just proposed insurer mergers, but also fewer Affordable Care Act plans available and an increase in narrow networks. Experts suggest that physicians monitor these trends and understand how their practices and patients might be affected.

Insurer Mergers

Two industry mega-mergers were proposed in 2015: Anthem's \$48-billion takeover of Cigna, and Aetna's \$37-billion acquisition of Humana. This July, the U.S. Department of Justice announced it is suing to block both mergers, saying the deals violate antitrust laws and would lead to higher health care costs for Americans.

In announcing the decision, U.S. Attorney General Loretta Lynch said, "If allowed to proceed, these mergers would fundamentally reshape the health insurance industry. They would leave much of the multitrillion-dollar health insurance industry in the hands of three mammoth insurance companies (the third being UnitedHealthcare), drastically constricting competition in a number of key markets that tens of millions of Americans rely on to receive health care."

Earlier, on May 24, Missouri became the first state to rule against the Aetna-Humana merger when the Missouri Department of Insurance issued a preliminary order barring the sale of certain health insurance plans in the state if the merger was completed. Of particular concern, regulators noted that the combined company would have a market share in individual Medicare Advantage plans exceeding 70 percent in 33 Missouri counties, including the Kansas City area. California and other states followed in objecting.

Prior to the ruling, the Missouri State Medical Association spoke out against the merger in a statement filed with the Department: "High health insurance market concentration and the insurance industry's exercise of market power is detrimental to consumers and poses a significant risk of harm to their patients. Higher premiums, higher out-of-pocket costs,

stifled innovation, narrow provider networks, and reduced access to care follow in the absence of healthy competition."

On the topic of narrow networks, MSMA noted, "Insurers with undue market power wield unfair leverage to not only push prices higher than a balanced market would bear, but also to limit the scope of covered services and the amount they are willing to pay for those services. ... Restricted networks limit access to care and force patients to pay greater out-of-pocket costs to seek needed care in out-of-network settings. Restricted panels also disrupt important physician-patient relationships when a patient's physician is terminated from a network."

An April 2016 survey of MSMA members found that 57% of physicians feel they would have no choice but to contract with Aetna in order to maintain a financially viable practice should the merger occur. Some 25% of physicians who are contracted with Aetna, and 33% of those who are contracted with Humana, said they have difficulty finding available in-network physicians who accept new patients for referrals. In addition, 46% of physicians who are contracted with Aetna, and 47% of those who are contracted with Humana, said they encounter formulary limitations that prevent optimal treatment.

In September 2015, the American Medical Association released a study of the potential effect of the two mergers, finding that the mergers would reduce competition in excess of federal antitrust guidelines in as many as 97 metropolitan areas in 17 states. The AMA said the mergers would enhance "market power" in these locations, with market power being defined as encouraging one or more firms to raise prices, reduce output, diminish innovation or otherwise harm customers. These metro areas would be among a total of 154 in 23 states that would see decreased competition.

The AMA notes that without the mergers, an "unprecedented lack of competition already exists in most health insurance markets." The AMA found a significant absence of health insurer competition in seven of 10 metropolitan areas studied, and in nearly two of five metropolitan areas studied, a single health insurer had at least 50 percent of the commercial health insurance market.

Robert James Cimasi, chief executive officer of the St. Louis-based health care economic and financial consulting firm, Health Capital Consultants, described the concern about reduced competition.



Robert James Cimasi

“The DOJ complaint challenging the Anthem-Cigna merger notes that these companies currently ‘are often two of few remaining options for large-group employers in at least 35 metropolitan areas,’ including the St. Louis market,” he said. “The complaint argues that the merger will harm large-group employers in these markets by eliminating Cigna as a competitor to Anthem, which the DOJ alleges will stifle the creation of ‘innovative’ insurance products for this market, such as value-based reimbursement programs.”



Mary L. Reitz

The eventual outcome of the DOJ efforts to block the mergers is uncertain. Mary L. Reitz, an officer in the litigation department of Greensfelder, Hemker & Gale, P.C., said, “It is important to remember that there are two separate lawsuits regarding two separate mergers which may impact their markets differently. This means that what happens to one merger may not happen to the other.”

She added that neither suit is likely to be resolved before the November election or even the inauguration of the next president. “Regardless of the outcome, health care providers will continue to see downward pressure on reimbursement rates.”

Narrow Networks

Health insurers have grown increasingly reliant on narrow networks as a cost-containment strategy, particularly with ACA marketplace plans, as well as Medicare Advantage and some commercial plans. A recent *Health Affairs* survey found that low monthly premium was by far the most important factor to individuals selecting an ACA plan, followed by keeping their current doctors.

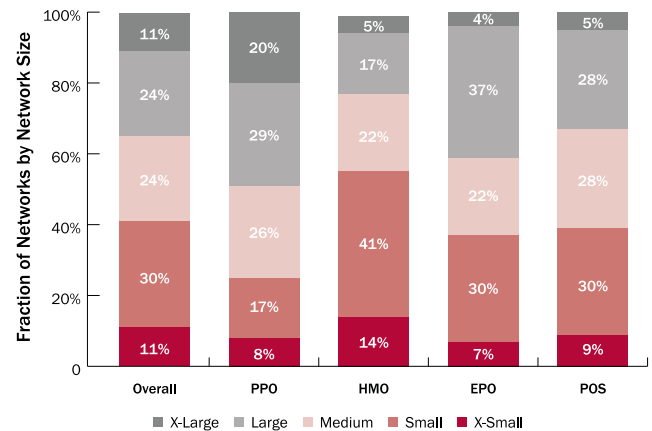
The University of Pennsylvania and the Robert Wood Johnson Foundation conducted a detailed study of the prevalence of narrow networks among all 1,065 unique silver-level ACA plans available in all 50 states in fall 2014. These encompassed 395 unique provider networks. Their findings:

- 41% of the silver-level networks were small (10-25% of physicians participating) or extra-small (fewer than 10%)
- 24% were medium-size (25-40%)
- 35% were large (40-60%) or extra-large (over 60%)

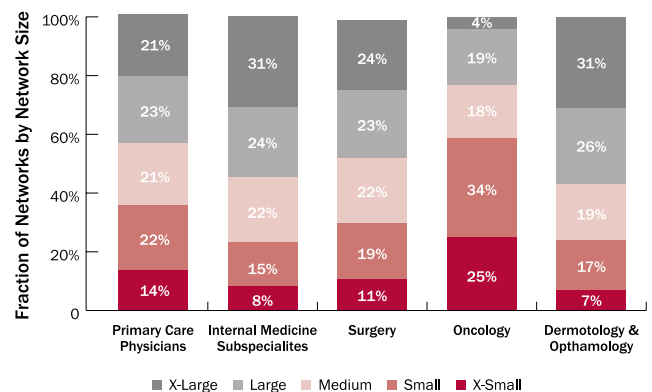
The report expressed concern: “Surveys and other anecdotal reports suggest that many consumers who selected narrow network plans on the basis of lower premiums were unaware of the network size of the plan they selected.”

Cimasi described how insurers use narrow networks to lower premiums: “Narrow networks allow insurers to negotiate

The Size of Physician Networks for Health Insurance Marketplace Plans: Overall and by Plan Types



The Size of Physician Networks for Selected Specialty Groups



Source: The Skinny on Narrow Networks in Health Insurance Marketplace Plans. University of Pennsylvania and the Robert Wood Johnson Foundation.

for lower prices from health care providers by: (1) providing insurers with a credible threat to exclude a provider from the insurer’s plan, thus forcing the provider to reduce its prices or risk losing a large number of patients; and, (2) allowing insurers to pursue a discount from providers who are included in the network, in exchange for the larger volume of customers that these providers can reasonably expect to receive.”

The impact of narrow networks on physicians depends on the individual, Reitz said. “Physicians should stay current on what is happening with the networks. If he or she is excluded from a plan, an effort should be made to find out the reason for the exclusion, and if there is a way to get it reversed.”

Shrinking ACA Options

Earlier this year, UnitedHealthcare announced it was exiting the individual ACA market. More recently, Aetna declared its exit, although critics believe it is a strategic move to increase pressure to approve its proposed merger. Aetna’s plans in the St. Louis area are marketed under the Coventry name.

continued on next page

Changes in Insurance Marketplace — continued

An August study by the Henry J. Kaiser Family Foundation estimates that 2.3 million marketplace enrollees, or 19% of all enrollees, could have a choice of a single insurer in 2017, which is an increase of two million people compared to 2016. On a county basis, 31% of counties nationwide will have only one insurer to choose from, the study said.

In Missouri, consumers in 98 of the state's 115 counties will have the choice of just a single insurer. Most of these are in rural areas. In the St. Louis area, the number of available insurers would drop from four to two. Metro-East counties would have only one insurance choice.

Looking Ahead

The health insurance marketplace is likely to continue its trend toward consolidation, although the degree is dependent on regulatory approval of the proposed mergers, and what type of changes any settlement may impose, Cimasi said.

Other possible developments he noted are provider-sponsored plans (PSHPs) and private exchanges. "Through greater network control, health systems are utilizing PSHPs to achieve many of the value-based reimbursement goals of recent health care reform efforts, including the ACA and the Medicare Access and CHIP Reauthorization Act," he said.

Private exchanges are slowly growing in popularity, particularly in the employer-sponsored market, according to Cimasi. Thirty-three percent of employers in a 2014 Aon Hewitt survey noted that offering group-based health benefits to employees through private health exchanges will be their preferred approach from 2016 to 2018.

Also on the horizon, the idea of a public payer option could resurrect depending on the outcome of this year's presidential election, he added.

Both Reitz and Cimasi believe physicians are in a stronger negotiating position with insurance companies when they are part of a larger physician group or health system. "Integration with other providers may strengthen physician leverage by increasing supplier power," Cimasi said.

Reitz advises, "To cope through this time of transition, physicians should monitor development and educate themselves about the market. While change is terrifying, knowledge is the best tool for preparing for change and regaining a sense of control."

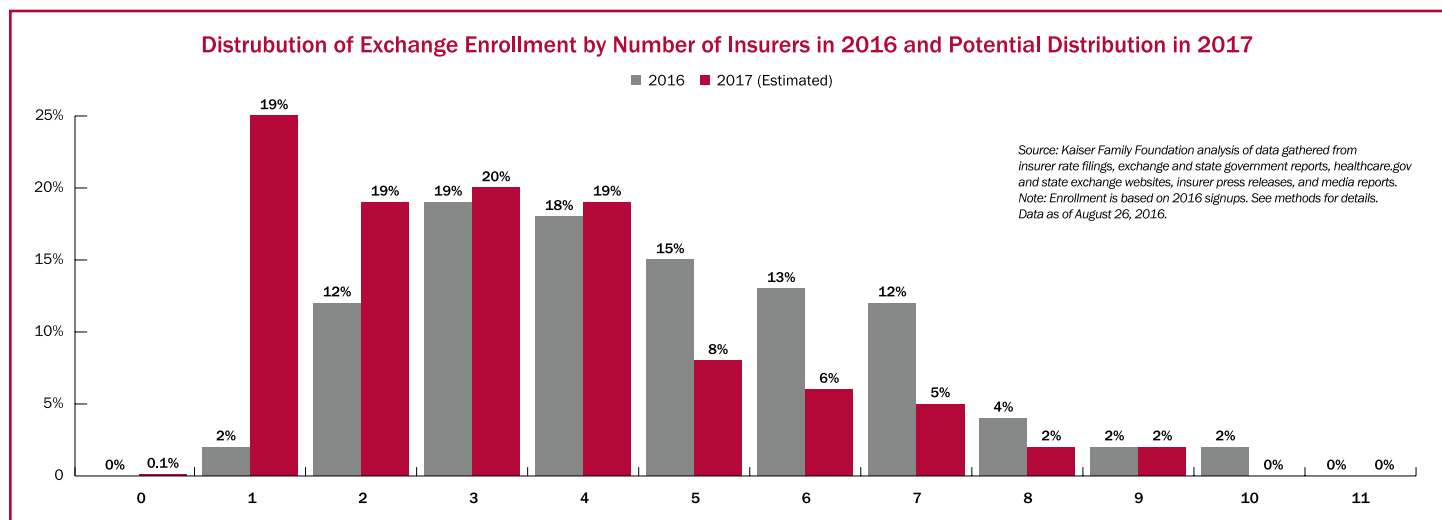
For More Information

Missouri State Medical Association Statement to the Missouri Department of Insurance, http://www.msma.org/uploads/6/2/5/3/62530417/msma_comments_to_doi_re_aetna-humana_merger_5-16.pdf.

Competition in Health Insurance: A Comprehensive Study of U.S. Markets. American Medical Association. Available free to AMA members.

The Skinny on Narrow Networks in Health Insurance Marketplace Plans. University of Pennsylvania Leonard Davis Institute of Health Economics and the Robert Wood Johnson Foundation. http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2015/rwjf421027.

Preliminary Data on Insurer Exits and Entrants in 2017 Affordable Care Act Marketplaces. Henry J. Kaiser Family Foundation. <http://kff.org/health-reform/issue-brief/preliminary-data-on-insurer-exits-and-entrants-in-2017-affordable-care-act-marketplaces/>. —



SAVE THE DATE
SLMMS 2017 INSTALLATION BANQUET
AND ANNUAL MEETING



Saturday, January 28, 2017

Join us as we celebrate 180 years of organized medicine in St. Louis, plus the installation of the 2017 SLMMS officers and councilors, and the presentation of SLMMS awards.



6:00 p.m. Reception & 7:00 p.m. Dinner
Kemoll's Top of the Met
211 North Broadway, St. Louis

Information

Liz Webb ☎ 314-989-1014, ext. 108 ✉ lizw@slmms.org

CALENDAR

OCTOBER

- 18** SLMMS Council, 7 p.m.
- 15-16** MSMA Council Meeting, Jefferson City
- 27** Hippocrates Lecture, 6 p.m., Spazio Westport; speaker: Jay Want, MD, Center for Improving Value in Health

NOVEMBER

- 15** SLMMS Council, 7 p.m.
- 12-15** AMA Interim Meeting, Orlando, Fla.
- 23-25** Thanksgiving Holiday, SLMMS office closed

DECEMBER

- 13** SLMMS Council, 7 p.m.
- 23-26** Christmas Holiday, SLMMS office closed

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Alliance Fall Season Begins Strong

By Gill Waltman, SLMMS Alliance

FASHION WITH FUNDRAISING

Alliance members Angela Zylka and Kelly O'Leary organized CAbi fundraisers on Aug. 25 and 27 at the home of CAbi associate Carrie Kreutz. CAbi (Carol Anderson by design) is a fashion line of versatile and moderately-priced clothing. A percentage of the sales generated supports local Alliance community health projects. ➔

VOICES OF EXCELLENCE

Alliance volunteers during September worked with students in grades 6-8 at Loyola Academy of St. Louis to prepare their essays and oral presentations in the annual Voices of Excellence. This educational program was developed by the Alliance and is spearheaded by member Claire Applewhite. Weekly coaching sessions, with Alliance members assisting, were held at the school during September, culminating with judging on Oct. 19. The top winners in each grade are invited to a luncheon on Oct. 25 at the Missouri Athletic Club downtown where they will give their prize-winning presentations before an audience made up of family, teachers, Alliance members and representatives from the MAC. ➔

MEMBERSHIP APPRECIATION EVENING AND PROGRAM

Thursday Oct. 6, 6:00 p.m.

Sapora Italian Cafe, Woodbine Center
451 S. Kirkwood Rd, 63122

PROGRAM:

Opioid Misuse, Reform and Recovery

INVITED SPEAKERS:

Chad Sabora, Co-founder of the Missouri Network for Opiate Reform and Recovery. Alliance member Kelly O'Leary will share her own family's tragedy.

SCHEDULE:

6:00 p.m. Hors d'oeuvres and cash bar

6:30 p.m. Program; 7:15 p.m. Dutch treat dinner (optional)

The program is free and open to all but reservations are limited.

RSVP to Kelly O'Leary at 314-966-8662 or
kellyoleary20@gmail.com.

Holiday Sharing Card Supports AMA, MSMA Foundations

This holiday season, please join the Alliance in supporting the AMA Foundation and Missouri State Medical Foundation with its annual Holiday Sharing Card project. Donors to the annual appeal are listed in the electronic holiday sharing cards and in the December issue of *St. Louis Metropolitan Medicine* and *Missouri Medicine*. Help support the foundations that work to strengthen the patient-physician relationship and improve the health of our communities.

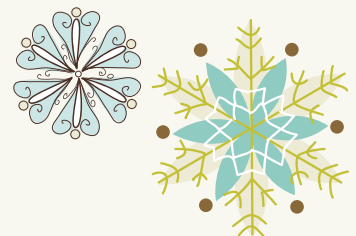
Please complete this form and return it with your check payable to the **AMA Foundation** or the **MSM Foundation** by November 15 to:

Gill Waltman
35 Frontenac Estates Dr.
St. Louis, MO 63131



For further information, grh@slu.edu. ➔

➔ **Yes, I would like to contribute to the Holiday Sharing Card**



Contributor's Name

Address

City, State, Zip

Email

Amount enclosed:

☐ \$50 ☐ \$75 ☐ \$100 ☐ \$150 ☐ \$200
☐ Other \$

Please direct your donation to one of the following funds:

☐ AMA Foundation
☐ Missouri State Medical Foundation
☐ General Fund ☐ Alliance Scholarship Fund

Jessie L. Ternberg, MD, PhD



Jessie L. Ternberg, MD, PhD, board-certified pediatric surgeon, died July 9, 2016, at the age of 92.

Dr. Ternberg was born in Corning, Calif.

She received her undergraduate degree from Grinnell College, Iowa, and her medical degree from Washington University School of Medicine. She completed her internship at Boston City Hospital and her residency at Barnes Hospital, and a research fellowship at Washington University. Between undergraduate and medical school, she obtained a doctorate in biochemistry from the University of Texas, where she and Robert Eakin, PhD, reported their discovery of the mechanism by which vitamin B-12 is absorbed in the intestine (B-12 deficiency leads to pernicious anemia).

In 1954, Dr. Ternberg became the first female surgical resident at Barnes Hospital and in 1958 was selected as chief resident. She joined the Washington University faculty in 1959 as an instructor in the Department of Surgery, the school's first female surgeon. Progressing to professor of surgery by 1971, she was instrumental in establishing the Division of Pediatric Surgery and was named its chief in 1972. The next year, she became the first female to chair the medical school Faculty Council. She wrote *A Handbook for Pediatric Surgery*, a standard reference work. She was named a fellow of the American Association for the Advancement of Science.

Dr. Ternberg joined the St. Louis Metropolitan Medical Society in 1958 and became a Life Member in 1998.

SLMMS extends its condolences to her nieces and nephews. —

Anthony J. Rejent, MD



Anthony J. Rejent, MD, a board-certified pediatrician specializing in pulmonology, died Aug. 5, 2016, at the age of 77.

Born in Toledo, Ohio, Dr. Rejent received his undergraduate degree from Saint Louis

University, and his medical degree from Creighton University in Omaha, Neb. He completed his internship at St. Vincent's Hospital, Toledo, Ohio, and his residency at SSM Health Cardinal Glennon Children's Hospital.

He served in the U.S. Air Force from 1967 to 1969. While maintaining a private practice, Dr. Rejent also was an associate clinical professor of pediatric and adolescent medicine at Saint Louis University School of Medicine. He founded the Cystic Fibrosis Center at SSM Health Cardinal Glennon Children's Hospital and served as its director for over 40 years. He also served as medical director at Ranken Jordan Pediatric Bridge

Hospital, and director of pediatrics at Shriner's Hospital. He authored numerous journal publications on cystic fibrosis.

Dr. Rejent joined the St. Louis Metropolitan Medical Society in 1969 and became a Life Member in 2013.

Dr. Rejent was preceded in death by his wife, Theresa Spellman Rejent. SLMMS extends its condolences to his children, Michele Avery, Denise Lee, Lisa Mullen, Christine Rejent, Anthony Rejent, Renee Bowser, Molly Rejent, Kevin Rejent, and his 16 grandchildren. —

Horst Zekert, MD



Horst Zekert, MD, an internist, died Sept. 3, 2016, at the age of 88.

Born in Steinschoenau, Czechoslovakia, Dr. Zekert received his medical degree from the University of Munich, Germany, and later studied

at Columbia University College of Physicians and Surgeons. He completed his internship at St. Joseph's Hospital in Patterson, N.J., and his residency at Saint Louis University Hospital.

Dr. Zekert was a senior instructor in the Department of Internal Medicine at Saint Louis University School of Medicine. He was also on staff at the former Incarnate Word Hospital, the former Lutheran Hospital and St. Anthony's Medical Center. Following retirement, he served as an associate medical director for General American Life Insurance Co.

He joined the St. Louis Metropolitan Medical Society in 1965 and became a Life Member in 2009.

Dr. Zekert was preceded in death by his first wife, Rosemary Zekert. SLMMS extends its condolences to his wife, Charlesta Zekert; his children, Peter, Paul, Steven, David and Susan; stepchildren, Merrick, Keith, Jennifer and Steven; and his grandchildren. —

BECOME AN ALLIANCE MEMBER!

You and your spouse are eligible to belong to the SLMMS Alliance! Spouses of physicians are invited to join as regular members. Friends and Family members of physicians may also join in a special category and may support programs and attend meetings. Certain members are eligible for Life Membership. For membership information, contact Membership VP Angela Zylka, angelazylka@gmail.com. —

Matthew C. Bayes, MD

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Born 1962, Licensed 1994 — Active
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Child & Adolescent Psychiatry

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Oral & Maxillofacial Surgery

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Internal Medicine

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Gastroenterology, Internal Medicine

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Interventional Cardiology

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Occupational Medicine

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Obstetrics & Gynecology

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Surgery

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Cert: *General Vascular Surgery*

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Cardiovascular Disease

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Born 1970, Licensed 1997 — Active
Cert: *Psychiatry*

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SLMMS Supports “80% by 2018” Screening Initiative

On Sept. 13, the SLMMS Council signed the “80 by 2018” pledge as a supporting organization to help increase colorectal cancer screening rates over the next two years. The national community health initiative is led by the American Cancer Society (ACS), the Centers for Disease Control and Prevention (CDC) and the National Colorectal Cancer Roundtable. SLMMS has committed to supporting the initiative by distributing information to its members to increase education, partnership and awareness of the medical professional’s critical role in increasing colon cancer screening rates in the St. Louis area.

Colon cancer is the second leading cause of cancer death in the U.S., though highly preventable and treatable through screening. Local screening rates are currently around 65%. The goal of the campaign is to reach 80% by the year 2018. Physicians play an important role in helping reach that objective through conversations with their patients.

Adults age 50 and older should be regularly screened, but many are not tested because they don’t believe they are at risk, don’t understand that there are testing options, or don’t think they can afford it. Colorectal cancer in its early stages usually has no symptoms, magnifying the importance of early screening. There are several screening options—even take home options—



Signing the “80 by 2018” pledge are, from left, SLMMS Vice President Christopher Swingle, DO; President Samer Cabbabe, MD; and Katie Wrenn and April Dzubic from the American Cancer Society.

available. Many insurance plans cover screenings, and there are local resources available to help those that are uninsured.

Patient education materials are available to help initiate conversations with your patients. For information, SLMMS physicians and office staffs are encouraged to contact Katie Wrenn in the local ACS office at katie.wrenn@cancer.org. —

PHYSICIANS MUST POST NONDISCRIMINATION STATEMENTS

The Department of Health and Human Services (HHS) has issued a final rule implementing Section 1557 of the Affordable Care Act of 2010. The law and the rule prohibit health care providers from refusing to treat or otherwise discriminate against any individual based on race, color, national origin, sex, age or disability. The rule applies to any entity that provides or administers health-related services and receives funding or financial assistance from HHS. This includes Medicare (payments from Medicare Part B are excluded), Medicaid, CHIP, meaningful use payments,

and insurance plans issued through federal Health Insurance Marketplaces (most physicians are included). The new rule imposes several significant obligations on physician practices and other covered entities. By Oct. 16, 2016, all covered entities, no matter how large or small, must post information in a conspicuous place notifying individuals that the entity/practice does not discriminate on the basis of race, color, national origin, sex, age or disability. For more information, visit www.slmms.org/medical-news.

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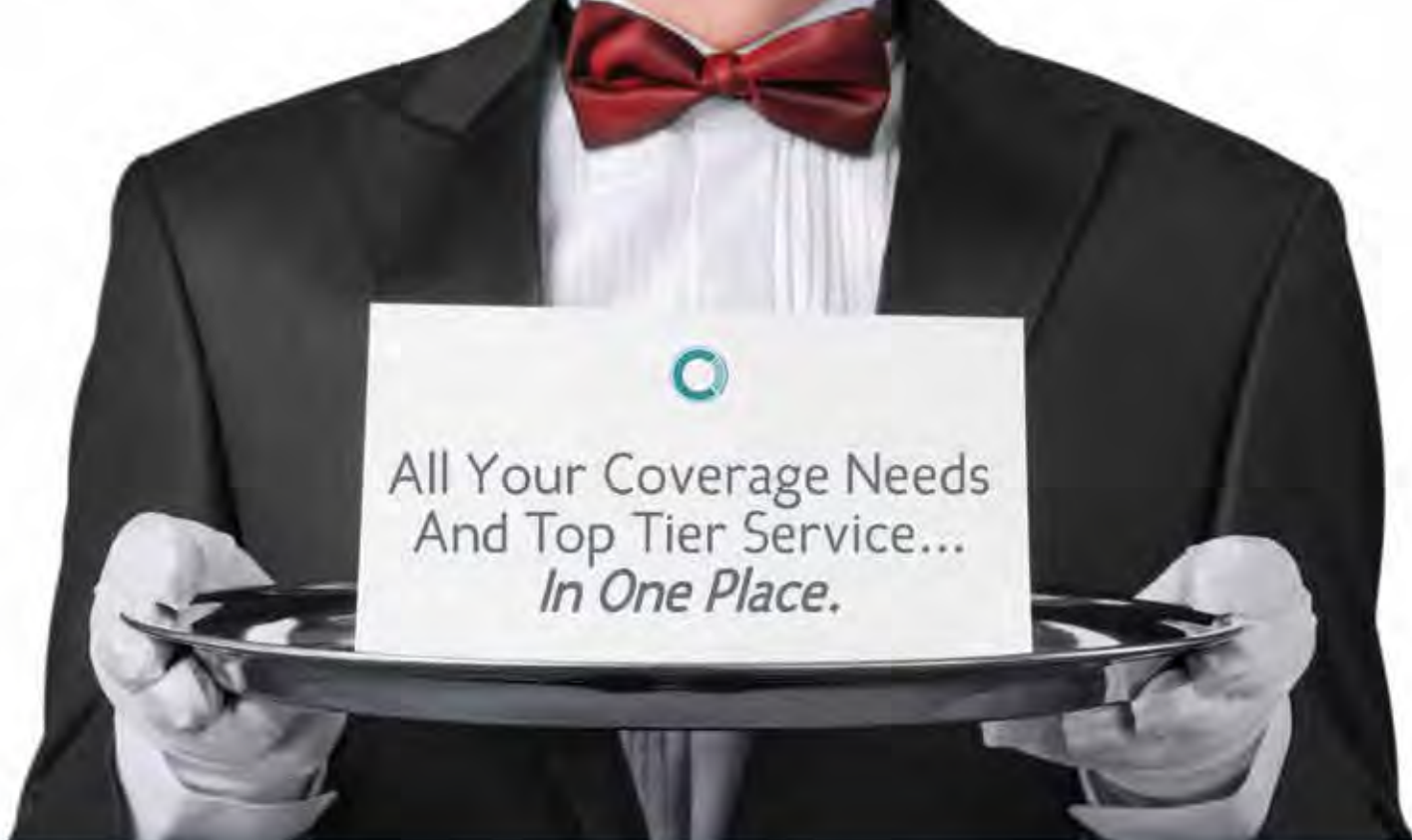
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