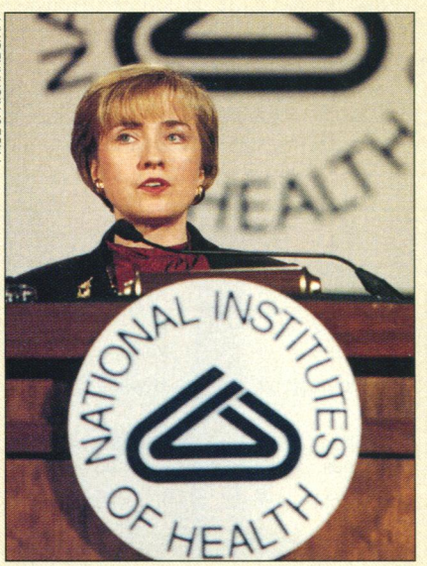
Academic Medicine's Stake in Health Care Reform

Biomedical researchers won't be casting any votes in the congressional debate on health care reform this year, but their opinions will make a difference. So said Hillary Clinton last week during a visit to the National Institutes of Health (NIH)—the first solo visit to the NIH campus by a president's wife. Her mission: to win support for the Administration's health care bill.

The event was meant to underscore the fact that biomedical researchers and the medical schools in which many of them work have a lot at stake in the health reform debate shaping up on Capitol Hill. Speaking on 17 February at the clinical center, she appealed first to the professional pride of the hundreds of scientists and research administrators in the packed auditorium. "We hope you will...take a stand on behalf of what you know and what you care about, and that is the commitment you have given your lives to, of improving health," she said. But she couldn't resist making a personal pitch as well. If scientists support the president's reform plan, she added, "your voices will be heard loudly," because "you have more credibility than many of the voices arrayed against the changes that we seek."



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A first. First Lady Hillary Clinton takes her message on health reform to NIH.

She began her defense of the president's Health Security Act, introduced in Congress last fall as Senate bill 1757, with some words designed to win over a community that has felt neglected by the Administration's emphasis on technology and on quick commercialization of research results. "For much of the past decade, biomedical research has been neglected and underfunded," she said, adding that "the president intends to fix that." Then came the hard sell: "Our bill is the only one that covers clinical trials in the basic benefits package," Clinton said. It would guarantee patients aren't excluded from experimental treatment merely because their insurance won't pay for it. In addition, she said, the proposal "helps strengthen academic health centers by requiring that all plans contract with academic health centers for the treatment of rare and specialized disease."

Meanwhile, a few miles away, leaders of the nation's top medical schools were planning their own strategy for health care reform at a conference sponsored by the Association of American Medical Colleges (AAMC). The academic chiefs were discussing what Herbert Pardes, dean of the Columbia University College of Physicians and Surgeons, calls the "financial underbelly" of reform, in particular, their fear that institutions could be hurt by new reimbursement formulas.

Five issues stand out as researchers and medical school administrators scrutinize the proposals now before Congress:

■ **Prevention research.** The Clinton bill authorizes but doesn't appropriate funds for basic research on disease prevention ($400 million in 1995 and $500 million thereafter) and for health services research (rising from $150 million in 1995 to $600 million in 1998). The money would be added to the regular NIH and Public Health Service budgets.

That may not be enough for Senators Tom Harkin (D–IA) and Mark Hatfield (R–OR). This week, the duo was expected to unveil details of their own, more generous plan for funding biomedical research. It asks the government to levy a 1% fee on all health alliances under the Clinton system and to deposit it in a fund earmarked for NIH. This account would also receive voluntary contributions from citizens through their income tax returns. Harkin says the combination would add $5 billion to $6 billion to the $11 billion NIH budget.

■ **Graduate Medical Education fund.** This is one of two unique provisions for academic centers in the president's bill designed to pay for the extra expense of training doctors. It would create a pool of money from Medicare and fees assessed on regional health care alliances totaling $5.8 billion by 1999, then rising annually at the rate of health-care inflation. This money would be redistributed directly to residency training programs that apply to the Health and Human Services (HHS) secretary. But Stuart Bondurant, dean of the University of North Carolina medical school and AAMC chair, judged this amount "not adequate," partly because it fails to cover overhead costs.

■ **Academic Health Centers (AHC) fund.** This second account was added to Clinton's bill after 12 leading medical deans visited the White House to argue for the importance of compensating institutions for the loss of educational subsidies now coming from private insurance and Medicare. The AHC fund would collect $3.8 billion by 2000, while ending a current subsidy known as Indirect Medical Education support. Bondurant has said the fund needs another $5 billion to $7 billion to make up for schools' expected losses.

■ **Access to academic medicine.** Section 3131 of the Clinton bill generally requires health care plans to "enter into sufficient contracts" with academic centers to ensure that patients "receive the specialized treatment expertise of such centers," specifically for "rare diseases...unusually severe conditions...and other specialized health care."

■ **Allocation of specialists.** The president's bill would create a National Council on Graduate Medical Education to limit the number of new physicians the government supports each year. It would also limit the number of specialists, allocate specialist and primary care residencies among qualified institutions, and steer federal aid accordingly. One goal is to nearly triple the percentage of graduates, now 19%, going into primary care by academic year 1998-1999. Bondurant believes that objective is "too aggressive."

The allocation board would be based at HHS and include members named by the secretary of HHS to represent "health care consumers," medical school faculties, health plan managers, and private physicians. Other health care proposals are not explicit about allocation. Some omit the council, and a popular alternative bill (HR 3222) introduced by Rep. Jim Cooper (D–TN) gives broad authority to an independent, presidentially appointed commission.

What are the chances that any of these proposals will be enacted? That's anyone's guess. But one thing is certain, according to Columbia's Pardes. "The medical schools are in jeopardy," he says, because people are "playing around" with their funding sources. And he predicts "an increasing drumbeat" from research administrators aimed at getting that message to Congress and the White House.

–Eliot Marshall