

ORLANDO Medical News



U.S. Representative Pete Sessions (R-TX) with Marni Jameson Carey on Capitol Hill

Promoting The Doctor's Law

AID lobbies for physician freedom.

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WINTER PARK — Doctors are ticked off, tired of straddling the abyss between independence or signing on as a hospital employee. Many physicians exhausted by the fight are retiring early, even a decade or two sooner than the traditional retirement mark.

As one doctor asked recently: "How did we go from being at the top to the food chain to being the food?"

That's why the national Association of Independent Doctors (AID), headquartered in Winter Park, is promoting The Doctors' Law on Capitol Hill. Marni Jameson Carey presented the proposed legislation to the National Physicians Council on Healthcare Policy last month in Washington, DC.

"Voices are merging to speak out against government encroachment, hospital takeovers, and insurer tyranny," said Carey, executive director of AID. The association collaborates with other groups fighting for physician freedom, including the Association of American Physicians and Surgeons (AAPS) and American College of Private Physicians (ACPP). "Word is getting out. Together, we're speaking out about national trends driving up costs, driving out physicians, and compromising care."

Case in point: "Hospital Job May Hold Rude Shocks for Physicians," was the headline for a *Medscape Medical News* article last October.

"Headlines like these weren't common a few years ago," said Carey. "Today, we see stories like this daily. This is progress. We need to get consumers informed."

The Doctor's Law aims to:

1. Bolster anti-trust laws by forbidding hospitals from acquiring physician practices, or at least compromising on capping all hospitals in an area from owning a maximum of 40 percent of any one specialty in its community.
2. Promote parity by requiring third-party payors to reimburse doctors the same amount for the same procedure, whether the doctor is independent or hospital-employed. "This is a recommendation Medpac has long advised, but lawmakers have ignored," noted Carey.
3. Advance transparency by abolishing facility fees, or at a minimum revealing them. In Connecticut, all hospital-owned medical practices and facilities are required to disclose their facility fees to patients *before* their appointments, disclose the amount of the fee, and inform patients that if they choose an independent doctor or facility, a facility fee will not be incurred. "This should be the law in every state," she said.
4. Stop nonprofit hospitals' abuse of their tax-exempt status by requiring the institutions that behave like for-profit hospitals to pay taxes. "Tax-exempt criteria for nonprofit hospitals allows them to justify their exemption by providing charitable care for the community equal or greater to the taxes they're not paying. However, they should be required to measure charitable contributions based on Medicare reimbursement rates, not Charge Master prices, which are inflated five to 10 times of actual costs," explained Carey. "They're ripping off taxpayers and communities."

Just as an example, according to data from the *Florida Bar Journals* February edition, comparisons for the average Charge Master (CDM) price versus total Medicare allowable charges for eight diagnoses are:

- Transient ischemia: \$30,192 v. \$4,724.
- Simple pneumonia and pleurisy: \$52,865 v. \$9,380.
- Major cardiovascular procedures: \$118,169 v. \$21,269.
- Permanent cardiac pacemaker implant: \$86,717 v. \$16,268.
- Chest pain: \$25,559 v. \$3,626.
- Laparoscopic cholecystectomy: \$70,545 v. \$10,699.
- Back and neck procedure excluding fusion: \$51,584 v. \$6,881.
- Infectious and parasitic diseases with operating room procedure: \$180,708 v. \$35,452.

"How do we get to a place where there's parity among doctors, whether independent or hospital-employed? Get our lawmakers on board with a bill. Talk to the media. Educate consumers and businesses. Join forces with AID," said Carey. "We have to get big and loud to give doctors a voice and patients a choice."

The fact that hospitals can charge a lot more for the same procedure is what makes it possible for them to afford to buy doctors, noted Carey.

"Hospitals love owning doctors because they get more money, and capture patient share/referrals," she explained. "The fact that the nonprofits don't pay any property, sales or income tax also gives the hospitals more money to buy doctors. So if we enforce parity, and get hospitals to be honest about what they really give back in terms of charitable care, their appetite for buying doctors would be curtailed. Meanwhile, informing patients about extra fees helps steer them toward independent doctors."

For more information, visit www.aid-us.org/conference.

LINKS:

[Association of Independent Doctors](#)

[Association of American Physicians and Specialists](#)

[American College of Private Physicians](#)

Save the Date

On Saturday, Nov. 5, the Association of Independent Doctors (AID) will host "Independence in Action," at the Walt Disney World Swan & Dolphin Resort in Orlando. The annual conference will feature Richard Gunderman, MD, PhD, a radiologist who will present "The Case for Autonomy." Michael Reilly, MD, an orthopedic surgeon and whistleblower behind the second largest hospital false claims settlement in U.S. history – a \$69.5 million penalty for Broward Health – will talk about "Games Hospitals Play."



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