Pennsylvania Orthopaedic Society

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Dear Editor:

Nearly every state legislator has said that the state needs to do more to help its citizens secure the key to the world's most advanced medical care right here in Pennsylvania – affordable health insurance.

Nearly every state legislator has also supported a state program that, since 2003, has provided countless specialist physicians the ability to continue their medical and surgical practices here in Pennsylvania. This program, Mcare Abatement, has contributed considerably to the stabilization of the physician supply in our state by helping to pay for medical liability insurance coverage and thereby making medical practice here more competitive with neighboring states. Indeed, the Mcare Abatement Program has kept Pennsylvania in the top tier of states with premier medical research and state-of-the-art medical care by supporting doctors in every community in the Commonwealth.

And nearly every state legislator has said that the Mcare Fund, which still carries a $1.8 billion unfunded liability, needs to be addressed substantively so that this major barrier to physician retention and recruitment is removed.

Governor Rendell's funding proposal to offer affordable healthcare coverage for some 800,000 uninsured adults also goes a long way toward assuring that there is a continued supply of talented physicians to treat our citizens by continuing the Mcare Abatement Program for the next ten years. So why is there legislative gridlock on a plan that wisely addresses both the funding of insurance for those most in need while continuing the most successful physician retention plan in recent memory?

The Pennsylvania Orthopaedic Society believes that the gridlock is being perpetuated by a struggle over the use of the surplus monies accumulating in the Mcare Abatement Program Fund. We understand the original intent of these monies was to fund the abatement program and to retire the $1.8 billion unfunded liability of the Fund, if possible. However, it has become apparent to our Society that this surplus, with some augmentation, can be used to accomplish these goals and the Governor's proposed Cover All Pennsylvanians (CAP) healthcare insurance program for the uninsured.

As we understand it, CAP is a voluntary program. Participating small businesses and individuals would seek basic coverage through Pennsylvania's current healthcare insurance market and would be required to contribute a portion of the premium costs. The state government would supplement the costs of the insurance coverage. CAP is ironically similar to the Mcare Abatement Program in that it provides assistance in acquiring necessary insurance coverage.

In November, Governor Rendell proposed four funding mechanisms to achieve these goals. The original CAP funding plan used an employer payroll tax. Understandably, this option was unfavorably received by employer groups and many legislators. An alternative mechanism currently gaining support uses a combination of so-called "sin taxes" and part of the Mcare surplus to raise the necessary funds. This proposal, which is supported by Democrats in the House and Senate, would increase the cigarette tax by 10 cents and bring Pennsylvania in line with most of its colleagues by imposing a tax on smokeless tobacco and cigars.

In 2003, the Governor and the General Assembly enacted a 25-cent tax on cigarettes to create the Mcare Abatement Program, which has been credited with stabilizing Pennsylvania's physician exodus after the height of the state's medical liability crisis in the early part of the decade. The proposed diversion of a portion of the growing surplus in the fund that

has helped doctors with their medical liability bills – commonly called the Mcare Abatement Fund, but officially known as the Healthcare Provider Retention Fund – may be bitter medicine for the doctors of our Commonwealth. Doctors and especially high-risk specialty surgeons, including orthopaedic surgeons, trauma surgeons, obstetricians, and emergency room physicians, continue to need support from the Mcare Abatement Program to continue practicing in Pennsylvania.

But Governor Rendell's current plan appears to be good medicine for the Commonwealth's citizens.

The Pennsylvania Orthopaedic Society (POS) recognizes that fixing Pennsylvania's fragile healthcare system is nearly as complicated as overhauling our national healthcare system. Here we face the challenge of providing excellent care to a growing demand for medical services while at the same time making sure those services are affordable and available to our population.

POS represents the 900 orthopaedic surgeons in Pennsylvania who treat patients with bone, joint and muscle injury or disease. Orthopaedic surgeons are critical members to the team of physicians in hospital emergency rooms and trauma centers.

Most people agree that a healthcare system without specialty doctors falls short of the quality of care we expect. Similarly, it is unacceptable to deny healthcare insurance for basic medical services to so many of our neighbors and families. It is an undeniable fact that health insurance has become so expensive that according to state data, 71% of Pennsylvania's uninsured adults are actually employed.

Governor Rendell's unique proposal addresses these two fundamental components of a strong healthcare system: quality doctors and health insurance for patients.

That's why orthopedic surgeons support the Governor's proposal to use a portion of surplus revenue in the Mcare Abatement Program to provide affordable health insurance for uninsured adults while at the same time guaranteeing doctors ten years of Mcare Abatement and retiring the Mcare Fund's $1.8 billion unfunded liability as the state's excess medical liability insurance program is shifted to the private sector.

Tens of thousands of Pennsylvania's doctors are waiting to see if they will be able to afford to practice medicine here after March 31st, the deadline the Governor has set for enacting the CAP program.

At the same time, hundreds of thousands of Pennsylvanians are waiting to see if they will be able to afford the healthcare insurance they need to access medical services outside of an emergency room.

As surgeons we do not spend time in the operating room debating how a patient broke his or her femur, we immediately get to work fixing the leg so the patient can be healthy again.

There are several competing plans currently in the General Assembly, offered by members from both sides of the aisle. It's time for our lawmakers to come together and work out the final details of a plan to keep doctors practicing here and to open their doors to more patients in need of care. Such a plan would benefit all who depend on high quality, affordable medical care in Pennsylvania.

Sincerely,

Jon B. Tucker, MD
President