

State: Calif.

Robert Weinmann M.D. : AB 3087 Is a Step Backwards: [2018-04-17]

If Assembly Bill 3087 becomes law, California will be obliged to appoint a commission to set prices and ration care. Access to care will become increasingly unavailable as costs are shifted to out-of-pocket expense. How's that for a step backwards?

AB 3087 is still in flux, but here's what we know so far:

- An appointed commission (nine members) will have the authority to set prices for medical and surgical services that are not already under government control. The idea is to squelch commercial health care such as insurance companies that have earned their way into the public's wrath. It would also put a huge crimp into Kaiser and similar plans. It is rationing by government edict.
- Like the flawed single-payer plan, Senate Bill 562, it would exclude the very persons most knowledgeable about health care from participating in its governance. None of the nine appointees need be physicians.
- True to the principles of hypocrisy in government, the bill makes provision for lawyers and even for lobbyists to be reimbursed.

According to the Legislative Counsel's Digest, "Existing law, the Health Data and Advisory Council Consolidation Act, requires certain health facilities and freestanding ambulatory surgery clinics to file specified reports with various patient and health data information with the Office of Statewide Health Planning and Development ... *this bill would require a health facility to report specified reimbursement information for each procedure performed including Medicare reimbursement on a fee-for-service basis (italics added).*"

The bill is intended to establish "caps" and puts the power to do so in the hands of political appointees (much as was the case in the recently repealed section of the Independent Payment Advisory Board under the Affordable Care Act).

The broad power of this bill is that it establishes fixed fees for hospitals, health care plans and providers, and socks the difference to out-of-pocket payments by the patients themselves. The bill in its current form allows payments at 100% of Medicare — but tomorrow's 100% could be substantially less.

Proponents include SEIU, CAL Labor Fed, Unite Here, Teamsters, and Health Access. That the bill could harm their members, akin to how SB 863 did, does not seem to be an issue with Big Labor.

Expected opposition is likely from the California Medical Association, the California Neurology Society and others representing the organizations that are about to be stepped on.

Insiders to the politics of health care have asked me how the Union of American Physicians and Dentists who belong to AFSCME and the AFL-CIO will deal with this issue. The UAPD is a part of organized labor and at the same time represents a few thousand state and county employed physicians, some clinics and private practice.

Has any group — SEIU, CA Fed, Teamsters et al. — or the CMA consulted with the UAPD, which has interests on both sides (physicians who are labor union members) of this issue?

We'll let you know as soon as we know. Stay tuned.

To have your own say on the matter, here's a tip: This bill is scheduled to be heard by the Assembly Health Committee on April 24.

Update

AB 3087 is probably beyond amending. It's likely that proponents will amend suggested amendments to keep this blunderbuss approach to corrective legislation as untouched as possible. My recommendation is to oppose.

I also recommend that readers write their representatives prior to hearing and not wait for organizational replies, but copy the organizations to which you pay dues and take note of what they do and to whom they listen.

Dr. Robert Weinmann writes the [Politics of Healthcare blog](#), from which this entry was taken with permission.