

**Health Care Solutions Group**

**M. Todd Williamson, M.D.**

**May 27, 2010**

Good afternoon. My name is Todd Williamson, and I am a neurologist who cares for patients in Lawrenceville, Georgia – which is northeast of Atlanta.

I would like to express my sincere thanks to Chairman Blunt and the members of this committee for the opportunity to express the mainstream views of American physicians.

I am the immediate past president of the Medical Association of Georgia, which has more than 6,000 members and is the leading voice for the medical profession in the state.

I also serve as the spokesman for the Coalition of State Medical and National Specialty Societies<sup>1</sup>, which includes 14 associations representing more than 80,000 physicians from across the country.

Our Coalition is deeply concerned about the future of the practice of medicine in this country. We are united in our efforts to preserve our profession, as well as to promote and protect the patient-physician relationship.

With that in mind, our Coalition is founded on three core principles.

We believe that the right of patients and physicians to privately contract without third party interference or

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<sup>1</sup> Medical Association of the State of Alabama, Medical Society of Delaware, Medical Society of the District of Columbia, Florida Medical Association, Medical Association of Georgia, Kansas Medical Society, Louisiana State Medical Society, Medical Society of New Jersey, South Carolina Medical Association, Tennessee Medical Association, American Academy of Facial Plastic and Reconstructive Surgery, American Association of Neurological Surgeons, American Society of General Surgeons, Congress of Neurological Surgeons as well as three Past Presidents of the AMA: Daniel H. Johnson, Jr., M.D., AMA President 1996-1997; Donald J. Palmisano, M.D., JD, FACS, AMA President 2003-2004; William G. Plested III, M.D., FACS AMA President 2006-2007

penalty is a touchstone of American freedom and liberty and is integral to the patient-physician relationship.

We believe that patients are best served when the determination of quality of medical care is made by the profession of medicine – not by the government or other third party payers.

And we believe that enacting medical liability reform based on proven policies is essential if we hope to restrain rising costs without restricting our patients' access to quality health care.

The recently-enacted health reform law fails to adhere to these fundamental principles, despite the fact that they would significantly lower our federal government's expenditures for medical care.

As you consider the financial “costs” of the new health reform law, we would also encourage you to consider the “costs” to our patients in terms of their access to care and the quality of care they can expect to receive in the future.

We all agree that the health care system desperately needs reform. However, we do not believe that the new health reform law – which spends more than \$1.2 trillion<sup>2</sup> – represents a practical or effective solution. In fact, we believe the new law has made matters worse. It has further empowered a government that already had too much power in the context of our medical decisions. Furthermore, it is outrageous that this massive health care overhaul failed to address the single most acute problem facing America’s seniors today by not fixing the broken Medicare payment system.

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<sup>2</sup> Includes both mandatory and discretionary spending and does not include revenue enhancements or savings.

Instead of dealing with the Medicare payment issue, lawmakers actually removed the SGR fix from the bill as a political illusion to make the overall price tag appear lower. Just weeks after the health reform law was enacted – and for the third time already this year – Medicare patients are facing a tremendous loss of access to care because of a staggering 21 percent cut in Medicare payments. With the government controlling prices and no relief in site, doctors are having to drop out of the Medicare system in unprecedented numbers.

Patients who have Medicare as their only option are having difficulty finding a doctor. Every day in my practice, I experience the difficult task of finding primary care and specialty physicians to care for my Medicare patients who need referrals.

In my home county of Gwinnett, the population has nearly doubled during my practice tenure, but the number of full-

time practicing neurologists has remained nearly constant. The number of primary care physicians has not kept pace with the population, and the number of general surgeons has actually declined. This is a direct result of government setting the price of medicine and limiting the patient's right to privately contract for those services. If physicians and patients were able to do this, it would be easier for these patients to find a physician.

Government bureaucrats and third party administrators tell Medicare patients what drugs they can take, what physical therapy is best and how long they should stay in the hospital. However, perhaps most troubling is the fact that these same seniors are restricted in their right to pay for that care on their own if they so choose. Just last week, a patient of mine with a brain tumor was denied hospital admission because she didn't meet Medicare's criteria.

Given woefully inadequate resources and an unsustainable mountain of regulatory and administrative burdens, we face the prospect of fewer physicians to care for a growing patient population. Simply put, doctors are effectively being “price-fixed” out of existence. Compared to fifteen years ago when I entered practice, my office has three times the amount of staff dedicated to regulatory and Medicare requirements. How can we possibly continue to expect bright young men and women to enter the medical profession given this scenario?

The most significant cost of this legislation will be to our patients: they will suffer decreased access to the doctors and care they need. My sickest and most vulnerable patients will suffer the most because of a depleted pool of physicians, while the government continues to expand eligibility for its underfunded programs.

Government control of prices, heavy-handed payment reductions through the newly-created Independent Medicare Payment Advisory Board, short-term bonus payments for some, and increased reporting to the government for all will eventually lead to long-term cuts, loss of access to care, and the loss of professional autonomy for physicians.

While a revised payment formula is an important step in the right direction, that alone will fall short as the ultimate solution. Instead, we believe we can close the gap between government programs and the real cost of health care by restoring the patient's right to privately contract with his or her physician using the patient's individual circumstances as the baseline for that discussion. We believe that this is an essential element of a comprehensive, long-term solution we so desperately need. Individual patients should always be free to spend their own money on their own medical care as they see fit



– without being penalized by Medicare or any other third party payer.

The new law also inappropriately expands the federal government's role in determining quality of care. It heaps mountains of new reporting requirements on physicians and creates a complex structure that allows the government to mandate payment incentives based on its definition of quality, effective and efficient care. Our patients are best served when quality determinations are made by physicians and professional organizations and when doctors are free to practice the art of medicine by applying science to each patient's unique circumstances.

Finally, there is broad agreement that we can reduce health care costs by instituting proven medical liability reform measures such as those in California, Georgia and Texas. The Congressional Budget Office has determined that tort reform would save the federal government \$54

billion over 10 years. Others have estimated the annual cost of our current medical litigation system exceeds \$200 billion due to the effects of defensive medicine.

Our Coalition believes that the ultimate and optimum solution for reforming our health care system is minimizing—not maximizing—government’s involvement in the practice of medicine and placing more control over medical decisions in the hands of patients. Restoring the rights of patients and physicians to privately contract without penalty would go a long way to achieve this goal.

Please accept my sincere thanks for the privilege to testify before you today on behalf of my patients and my colleagues.