



Position Statement
on
Patient Access to Specialized Medical Services
Under Health Care Reform
(Approved by the Board of Directors March 1994)

Background:

The US health care system currently provides prompt and direct access to medical and surgical specialists for the vast majority of the population. Health care reform may place limits on the access and patient freedom of choice. Some limits or controls may be appropriate, others may not.

Health care reform legislation, however, should not set barriers or impediments to appropriate specialized medical services. The patient's first point of contact should be encouraged to make all needed medical referrals and should not feel constrained financially from doing the best job for the patient. Patients should also be able to opt out of any closed system to seek the specialist of choice. The financial penalties that accrue to such an opt out, or "point of service" should be capped. This option is the ultimate consumer protection against poorly managed health care plans.

Direct access to specialty care is essential for patients in emergency and non-emergency situations, and for patients with chronic and temporary conditions, as well as those with unexpected acute care episodes. Specialty care must be available for the full duration of the occurrence, and not limited by time or number of visits.

Specialization, specialized training, and specialized care have produced the great leaps that have taken place in medicine, and have resulted in the development of life-saving and life-enhancing procedures.

Recommendations:

Health care reform legislation should encourage appropriate utilization of medical and surgical specialists by assuring that following elements are incorporated in the bill:

Financial incentives should not interfere with medical judgment. For instance, health plans should be prohibited from establishing arrangements in which the gatekeeper has a financial incentive to not refer patients. Laws should be enacted to protect patients from under-referral for financial gain.

Point of service options should be mandatory for all plans with limitations on out-of-pocket expenses to patients. A point of service option that is financially prohibitive is not an option.

All health plans must establish arrangements to provide the full range of specialized care for enrollees with rare, unusual, or highly complex conditions, and should provide all specialty services not generally regarded as experimental.

Medical and surgical specialty societies should be responsible for the development of guidelines on the appropriateness of referrals.

All health plans should be evaluated in a consumer “report card” in part on the basis of the timelines of access to specialty care and the quality of the care as established through the credentials of the physicians and the outcomes of their treatments.

Organizations Supporting
Patient Access to Specialized Medical Services Under Health Care Reform

(As of 03/23/1994)

American Academy of Allergy & Immunology	American Pain Society
American Academy of Dermatology	American Pediatric Medical Association
American Academy of Neurology	American Psychiatric Association
American Academy of Ophthalmology	American Sleep Disorders Association
American Academy of Orthopedic Surgeons	American Society for Dermatologic Surgery
American Academy of Otolaryngology - Head and Neck Surgery	American Society for Gastrointestinal Endoscopy
American Academy of Pain Medicine	American Society for Surgery of the Hand
American Academy of Physical Medicine & Rehabilitation	American Society of Anesthesiologists
American Association for the Study of Headache	American Society of Nephrology
American Association of Clinical Endocrinologist	American Society of Pediatric Nephrology
American Association of Clinical Urologists	American Society of Cataract and refractive Surgery
American Association of Hip & Knee Surgeons	American Society of Plastic & Reconstructive Surgeons Inc
American Association of Neurological Surgeons	American Society of Transplant Physicians
American College of Allergy and Immunology	American Society of Hematology
American College of Cardiology	American Society of Transplant Surgeons
American College of foot and ankle Surgeons	American State of the Art Prosthetic Ass

American College of Nuclear Physicians	American Urological Association Cystic Fibrosis Foundation
American College of Osteopathic Surgeons	Joint Council of Allergy and Immunology
American College of Radiology	Notional Association of Epilepsy Centers
American College of Rheumatology	National Foundation for Ectodermal Dysplasias
American College of Surgeons	Society for Vascular Surgery
American EEG Society	Society of Nuclear Medicine
American Gastroenterological Association	Society of Thoracic Surgeons
The Endocrine Society	

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