North Coast Physician

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Cover Photo

"Trinidad Head's Cloudy Crown"
STEPHEN KAMELGARN, M.D.

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Protect Patients and Contain Health Care Costs
Oppose the New MICRA Measure
Protect Access to Quality Health Care – Oppose the Costly MICRA Measure

This fall, California voters will be asked to vote on a new ballot measure that would drive up health care costs, restrict access to care for low-income patients and decimate the protections afforded to patients across California as part of the Medical Injury Compensation Reform Act (MICRA). This initiative, bankrolled with millions of dollars from an Iowa-based trial attorney, would effectively eliminate the cap on non-medical damage awards in malpractice cases, substantially raising health care costs for all Californians, while allowing attorneys to collect unlimited fees from medical malpractice awards.

In short, this measure would provide new incentives for lawyers to file frivolous medical malpractice suits, creating a chilling effect on the practice of medicine and clearing the way for new financial windfalls for California's trial lawyers at taxpayer expense.

While current California law allows patients to recoup unlimited damages for medical expenses, lost wages and in cases of gross medical negligence, the law also caps non-economic damages in malpractice cases. The law was put in place to ensure injured patients receive fair compensation while also protecting doctors, hospitals and other health care providers from frivolous, punitive lawsuits that drive up health care costs.

This initiative would erase those protections and send taxpayers the bill. According to California's independent Legislative Analyst, this measure would lead to, "annual government costs likely ranging from the low tens of millions of dollars to the high hundreds of millions of dollars," and will reduce access for those who need is most, including those who use Medi-Cal, county programs, safety net providers and school-based health centers.

County and state hospitals have to pay medical malpractice awards out of the budgets they receive from taxpayers. This means that if medical malpractice awards increase, government costs will increase too. Somebody has to pay, and that will be taxpayers through higher taxes and California citizens through higher health care premiums. According to one economic analysis, this measure would increase the average annual cost of health care for a family of four by $1,100.

This push to eliminate MICRA is led by a rich trial attorney from Iowa, Nicholas Rowley, who has publicly said that he is willing to spend at least $20 million of his own money in support of the initiative. For Rowley, the investment makes sense. If he is successful, he and his law firm will be unshackled from current limits on attorneys' fees, and stand to make millions while sending California taxpayers the bill.

Physicians take an oath to protect patients – and this dangerous proposal would put patients at risk of losing access to quality medical care.

In 2014, voters were clear when they rejected Prop 46 and changes to MICRA that would have quadrupled the cap on non-economic damages because of the negative effects that it would have on their quality of care and pocketbooks at large. This measure goes well beyond what Prop 46 would have done, and the cost to taxpayers would be far greater.

The California Medical Association has joined a broad coalition including Californians to Protect Patients and Contain Health Care Costs, a coalition of physicians, dentists, nurses, hospitals, safety net clinics, and other health care providers, to oppose this initiative. Together, we are vigorously fighting this initiative in order to protect access to quality health care for Californian's across the state.

To join the campaign, please visit cmadocs.org/micra.

Med School Debt

Stephen Kamelgarn, MD

As the American population becomes ever more diverse and colorful, our profession is becoming increasingly monochromatic. More and more, medical students are looking more like their 1950's counterparts – white and upper class. American medical schools are the training grounds for a white-collar, high-income industry, but, unfortunately, they select their students from predominantly high-income, and typically white, households, also.

Unlike the 1950's, this is not a deliberate policy on the part of our medical schools, they are appropriately concerned about the lack of ethnic and socioeconomic diversity amongst their students. And many schools are looking for potential solutions, but the problem is multi-factorial and seemingly impossible to solve.

One of the major causes of this lack of diversity is economic – not just the annual tuition, that is often waived for low-income students, but also the hidden costs.

The costs imposed in the application process are enough to scare many qualified, but low-income students from even applying to med school. The amount of money prospective students must spend in merely applying to med school can be daunting and prohibitive: application fees ($170 for the first school and $40 for each additional one), and secondary application fees can be as high as $200, (in 2018 applicants submitted a median of 15 secondary applications). Then, there's the cost of the MCAT ($315), and approximately two-thirds of prospective students will also spend between $2,000 and $10,000 preparing for the MCAT. Finally, the prospective students have costs associated with travel and attire for interviews (on average more than $200 per school).[1]

So, before the student even enrolls in med school they may be on the hook for as much as $15-20,000. This is money that can be paid back if the student actually gets accepted somewhere and graduates as a physician. But if the student doesn't get accepted that's 20K that will have to be paid back by someone without a medical career. Since getting into med school is a sort-of-roulette-crap-shoot, it becomes understandable why many qualified students don't even bother to apply to medical school.

But the hidden costs don't end with application process. Once the student is in school they have to purchase both stethoscope and oto/ophthalmoscope as well as other equipment that cost almost $1,000. They then have to come up with $630 to register for the National Boards, Part 1 and $1290 for Part 2 Clinical Skills as well as another $630 for Part 2 Clinical Knowledge.

On top of those mandatory fees, many, if not most students, also purchase study-aid subscriptions that are considered essential: the test prep site UWorld ($499), the question bank SketchyMedical ($200), the exam review book First Aid ($40). All these tests, equipment and study aids amount to another $4,300, again on top of tuition.[2] Withall these extra fees it becomes understandable that in 2018 only 9% of applicants identified as black or African American, 10% as Hispanic, and less than 1% as American Indian or Alaska Native. Nearly a quarter of first-year medical students come from families earning $250,000 or more per year, whereas only 5% come from families in the lowest household-income quintile (with incomes of about $24,000 per year or less). [3]Ten years ago, a national study found that over 75 percent of medical school students came from the top 40 percent of family income in the United States, representing an annual income above $75,000. A study last year from the Association of American Medical Colleges re-examined medical school demographics and found that the numbers had barely budged. Between 1988 and 2017, more than three-quarters of American medical school students came from affluent households.[4]

This is a tragedy on so many levels. The United States is the most diverse, polyglot nation on Earth, yet our newly minted physicians are approximately 80% white. How many of these physicians are eventually going to practice in communities of color? How many people of color will trust their white, upper class physicians?

Not only are the hidden costs becoming prohibitive, but the amount of debt that most students assume is beyond daunting. Last year the average medical student debt rose to $200,000![5] This debt burden has an effect beyond dragging down the economy as students struggle to repay their loans, rather than using that money to purchase things like houses and cars, things that promote the economy.

Young physicians in training are assuming debt loads that are soaring to unimaginable heights. Just recently, I had coffee with a former student of mine who had just finished her DO Family Medicine training. She told me that she was $500,000 in debt. That is absolutely insane. Could you imagine some young Wall Street MBA walking into his first job half a million bucks in the hole? I don't think so.

This level of debt affects which specialty young physicians opt to go into. And this makes sense. Why should someone go into a low-paying specialty like Family Medicine or Pediatrics if they're

"Debt", Continued on Pg. 17

"Debt", Continued from Pg. 6

Family Medicine or Pediatrics if they're facing hundreds of thousands of dollars of educational debt? Unless one is absolutely "called" to primary care, they will follow the salary, if only to pay off the huge debt. It turns out that, in the real world, students who accumulate less than $100,000 of debt are more likely to go into primary care than their peers who carry a larger debt load.

In 2010, while Congress was debating one of the iterations of the Affordable Care Act, the Association of American Medical Colleges (AAMC) released a study that showed that by the year 2025, the United States would be short 70,000 primary care physicians: family physicians, general internists and pediatricians.

This problem is only worsening as costs and the level of debt rises. Many low-income or non-white students who do apply to medical school do so with the intention of going back into their communities to practice. They wish to "give something back." Yet, when they face the reality of two or three hundred thousand dollars of debt those idealistic plans get derailed, as the students decide to go into more lucrative specialties, such as cardiology, plastic surgery or orthopedics, if only to pay off the astronomical debt.

Since medical school student bodies are already disproportionately white due to the bottleneck of associated application costs, the number of people of color entering primary care specialties will be further narrowed by the reality of debt repayment. What does this portend for the communities that these students come from, as they become further starved of primary care physicians?

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