CCM-101

City of Cambridge

SUBSTITUTED MOTION
Calendar Item # 25

IN CITY COUNCIL

March 4, 1991

COUNCILLOR DUEHAY

ORDERED: That the City Manager be and hereby is requested to provide this City Council with a recommendation relative to what he believes to appropriate guidelines for municipal employees to follow regarding lobbying activities.

In City Council March 4, 1991.
Adopted as amended by the affirmative vote of nine member.
Attest:- Joseph E. Connarton, City Clerk.

A true copy;

ATTEST:- Joseph E. Connarton

Joseph E. Connarton
City Clerk

City of Cambridge

ORIGINAL ORDER
CALENDAR ITEM # 25
IN CITY COUNCIL

COUNCILLOR WALSH

~~February 25, 1991~~
March 4,1991

WHEREAS: Continuing increases in the cost of quality medical services, medical insurance and the guaranteed provision of adequate access to such services were given attention in a recent article (copy attached) which, inter alia, noted the role of some staff members at The Cambridge Hospital as activists in a lobbying group known as Physicians for a National Health Program (PNHP); and

WHEREAS: While a way must be developed in which access to quality medical services does not bring about financial meltdown to those who seek them nor permit a financial freebie for all without regard to a patient's ability to pay for some of the services, it appears that PNHP, as a lobbying entity, promotes the latter view; and

WHEREAS: Over and above the long range and national caution which must be exercised when policy focuses on the involvement of government in the inner workings of the delivery of medical services, there is a specifically Cambridge dimension in the present instant which is a matter of immediate concern. Given the good efforts which have and continue to be made in strengthening the fiscal fiber of The Cambridge Hospital, there must be a guarantee that the hospital's staff physicians, whose salaries are paid by the City, are providing full time service to the people of Cambridge and that neither the hospital as a physical facility not its staff are permitted to become props in the parade of any lobbying group; now therefore be it

ORDERED: That the City Manger request the Administrator of the Cambridge Hospital to respond to the specifics of this inquiry and provide his finding to the Council; and be it further

ORDERED: That the Administrator provide a synthesis of what hospital policy is or is not for determining where the practice of medicine salaried by the City begins and ends and where lobbying activity may begin with legitimacy, it staff physicians be so inclined; and be it further

ORDERED: That the City Manager report back to this Council with these findings by March 18, 1991.

T.G.I.W.

ALEX BEAM

Doctors' Rx for doctors

WRITING ABOUT HEALTH-care reform evokes author John Gunther's famous maxim about South America: Americans will do anything for improved health care, except read about it – or care about it. But now health-care costs are making house calls, with a vengeance. Every employer in America is trying to pare back health-care spending, most often by forcing employees to pay ever-larger portions of their insurance costs. Increasing unemployment will swell the ranks of the uninsured, pushing up medical bills for all consumers.

PNHP

Now the nation's two largest and richest age groups – senior citizens and the creaky-boned Baby Boomers – are firmly entrenched in the Medical Zone, consuming huge quantities of health services and paying larger and larger bills. "The average American's health insurance is beginning to worsen," says Dr. David Himmelstein, a co-founder of Physicians for a National Health Program. "Everyone agrees there will have to be some significant change."

Just a few years ago, the notion of several thousand doctors lobbying for a nationalized health program would have seemed outlandish. But now, four years after taking its first baby steps at Cambridge Hospital, PNHP is gaining an audience among the medical establishment. Increasingly alienated by government and private-sector cost-control bureaucracies, doctors are more willing to entertain reform than in the past. With both salaries and medical school applications declining, "mainstream doctors are worried about the future," says PNHP chairwoman Dr. Carolyn Clancy. She acknowledges that while most doctors are wary of government meddling in health care, they have resigned themselves to reforms. "The center is rapidly moving."

The center has not yet moved so far as to meet up with PNHP, which first presented its agenda for medical reform in a January 1989 New England Journal of Medicine article. Proceeding from one memorable, unsplit infinitive – "It is time to change fundamentally the trajectory of American medicine" – Himmelstein and co-founder Dr. Steffie Woolhandler inveighed against the duplicative and inequitable health insurance industry that gobbles up $65 billion in administrative fees each year. In their article, endorsed by more than 400 physicians, the authors urged the creation of a so-called "one-payer system," a tax-funded national health-care program similar to that of Canada. Existing for-profit hospitals and nursing homes would compete for government funding with other health care institutions, becoming regulated enterprises, not unlike public utilities. In theory, consumers would be free to choose their own doctors and pay no medical bills; all costs would be reimbursed to the physicians by the state.

The NEJM article exudes naivete. The authors blithely allude to the "politically thorny" problem of putting the country's 1,500 private insurance companies out of business. Elsewhere they admit that "vigilance would be needed" to prevent the emergence of a governmental billing bureaucracy. The authors do indeed leave "many vexing problems unsolved" – but the polemical gaps don't detract from the article's impact. Because of who they are, the authors benefit from the inbred snobbishness of the medical profession. These, after all, aren't the usual public policy flapjaws pushing another socialized health-care scheme; Himmelstein and Woolhandler are doctors.

In the two years since the publication of the NEJM article, PNHP is still relatively unknown. It has 3,000 members; the American Medical Association has more than 270,000. But its cause is gaining adherents. Several labor unions have endorsed Canadian-style payment plans, and PNHP, in conjunction with Ralph Nader's Public Citizen Health Research Group, is now corralling sponsors to introduce a national health-care bill in Congress. And PNHP's detractors have made themselves heard as well. After the NEJM article appeared, the AMA placed full-page ads in many newspapers alerting its members to the "dangers" of a "Canadian-type" health-care system. "This is an issue where more doctors line up with us than with the AMA," says Dr. Jeffrey Scavron, a PNHP activist in Springfield, "and most doctors won't line up at all."

But sooner or later, this is an issue that both doctors, and the public, will have to care about.

CAMBRIDGE CITY COUNCIL

CITY HALL, CAMBRIDGE, MASSACHUSETTS 02139

(617) 498-9094

February 12, 1991

MEMORANDUM:
TO: Joseph E. Connarton
City Clerk

FROM: David Noonan, for DN
Councillor Walsh

RE: Council Order (NON-CONSENT AGENDA) for February 25, 1991

Councillor Walsh requests that the enclosed Council Order regarding the Cambridge Hospital and its relation to some physicians involved in Physicians for a National Health Program be included in the NON-CONSENT AGENDA for the Council Session on Monday, February 25, 1991.

Thank you for your usual courtesy and cooperation.

(ENCLOSURE)

CCM-101

City of Cambridge

NC 07

IN CITY COUNCIL

Councillor Walsh February 25, 1991

WHEREAS: Continuing increases in the cost of quality medical services, medical insurance and the guaranteed provision of adequate access to such services were given attention in a recent article (copy attached) which, inter alia, noted the role of some staff members at The Cambridge Hospital as activists in a lobbying group known as Physicians for a National Health Program (PNHP); and

WHEREAS: While a way must be developed in which access to quality medical services does not bring about financial meltdown to those who seek them nor permit a financial freebie for all without regard to a patient's ability to pay for some of the services, it appears that PNHP , as a lobbying entity, promotes the latter view; and

WHEREAS: Over and above the long range and national caution which must be exercised when policy focuses on the involvement of government in the inner workings of the delivery of medical services, there is a specifically Cambridge dimension in the present instant which is a matter of immediate concern. Given the good efforts which have and continue to be made in strengthening the fiscal fiber of The Cambridge Hospital, there must be a guarantee that the hospital's staff physicians, whose salaries are paid by the city, are providing full time service to the people of Cambridge and that neither the hospital as a physical facility nor its staff are permitted to become props in the parade of any lobbying group; now therefore be it

ORDERED: That the City Manager request the Administrator of The Cambridge Hospital to respond to the specifics of this inquiry and provide his finding to the Council. Further, that he provide a synthesis of what hospital policy is or is not for determining where the practice of medicine salaried by the city begins and ends and where lobbying activity may begin with legitimacy, if staff physicians be so inclined; and be it further

ORDERED: That the City Manager report back to this Council with these findings by March 18, 1991.

(ATTACHMENT)

CCM-101

City of Cambridge

7.

IN CITY COUNCIL

COUNCILLOR WALSH

February 25, 1991

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Order # 7

Cal # 25
F-149

NON CONSENT

Councillor Walsh re: hospital policy re: Lobbying activity.

In City Council,

February 25, 1991

Charter Right Exercised
by Councillor Dudley.

See substituted
motion

Substituted motion
Adopted.