was prominent in reform discussions, and HMO lobbies were working Capitol Hill. Although the Clinton plan used the concept of "managed competition," readily lending itself to HMO-type service, the bills that emerged from Congress tended more toward the "any willing provider" or fee-for-service concept.

An AMA poll released in April showed that about three-quarters of Americans would prefer to pay more and select their physician and hospital and get immediate care than to pay less and lose the flexibility. Beginning soon after the Clinton plan's release last fall, the AMA, without particularly backing or completely lambasting any plan, has been campaigning for freedom of choice. Its December 1993 publication, "Preserving Choice in Medicare for the American People," while condoning President Clinton's proposal for universal coverage and for controlling health care costs by "putting consumers in the driver's seat," took issue with managed competition: "the range of choice would ultimately be limited... The AMA feels that the President's plan can be enhanced and strengthened by *expanding* the fee-for-service health plan choices that his plan gives consumers."

Not every medical professional society took up the AMA's position. The National Medical Society and the American Medical Women's Association endorsed Rep. McDermott's plan, and the American College of Surgeons (ACS) stated that a single-payer system appeared to be the best method to preserve consumer choice. "Moreover, single-payer approached can probably be made more simple and more workable administratively," ACS board of regents chair David G. Murray, MD, testified before the House Committee on Education and Labor. (The AMA has strongly opposed single-payer systems.) The American Urological Association endorsed Rep. Stark's bill. And even a controversial JAMA editorial by editor George D. Lundberg, MD, using "expert assessments" to grade the Congressional health reform proposals, using an 11-item evaluation ("Provide access for all to basic care? Produce real cost control? Promote continuing quality?"), found that Rep Stark's proposal scored the highest.

The AMA's single-minded and persistent lobbying may have affected the direction Congressional bills have taken through this summer. "It's clear that forces like the AMA must be glad that HMO's have not come out well in the Congressional proposals," said Henry N. Wagner, MD, chair of SNM's Health Care Reform Committee. "The AMA has done a thorough job and has managed to have a significant impact on Congress."

Where Nuclear Medicine Fits In

Ever since President Clinton's September 22 presentation, the SNM has been investigating what role it may play it health care reform and how may best assert its interests(see *Newsline*, November 1993, p. 32N). J. Michael Hall, director of legislative affairs at the SNM/ACNP Joint Government Relations Office, said that the two issues that his office has been working for in legislation, in the interests of nuclear medicine, have been: "the Graduate Medical Education issue—[and thus] how many nuclear medicine physicians are trained; and point-of-service, to permit the patient to go out-of-plan for specialty care,

Reform in the States: The Hawaiian Example

Whatever Federal bill is finally worked out, much of its execution will happen—as with Medicare and Medicaid—at the state level. But many states have already enacted some form of health care reform, and one in particular, Hawaii, has adopted many of the measures that appear in several Federal reform proposals: the goal of universal health insurance coverage, employer mandate, subsidies for low-income residents, and reductions in cost-shifting. Some proponents of similar, Federal measures have proffered the Hawaii example, but critics point out that Hawaii is a special case that the rest of the country cannot emulate and besides the system is not working as well as proponents contend.

A February 1994 General Accounting Office report, "Health Care in Hawaii: Implications for National Reform," laid out the pros and cons. Uninsured Hawaiians number 3.75-7.0%, the lowest of any state in the union. Yet the states' government insurance programs still do not ensure universal coverage, and some insured citizens, particularly Medicaid patients, do not have access to all health services. Two unique factors laid the groundwork for Hawaii's health program: a history of "planation medicine," in which a plantation employed doctors to provide free care for its workers; this led to a tradition of employer-provided health benefits. Also, Hawaii's special exemption from the 1974 federal Employee Retirement Income Act allowed the state authority to regulate employer health plans. In 1974, Hawaii extended health insurance coverage with the Prepared Health Care Act, the "employer mandate," under which employers and employees share premium payments. Residents without such insurance may qualify for Medicaid or for the State Health Insurance Program, established in 1989 to cover the "gap group."

Despite the mandate, certain kinds of workers—part-timers, government employees, the self-employed—who are given the option, may choose not to purchase insurance. Also, due to waiting periods, or to an individual's recent unemployment, some Hawaii residents go without coverage. Others who are covered may not have access to certain treatments, like that from comprehensive trauma facilities, because of the remoteness of some islands and the difficulty of travel between them. Although the state has a higher than average per capita physician ratio, some private care providers limit the number of Medicaid patients because of Medicaid's low reimbursement rates. On the other hand, Hawaii has lower insurance premiums than other states, although per capita health care expenditures are average.

Critics are not satisfied by even other gaps in coverage. "The state of Hawaii is under a U.S. Department of Justice injunction to comply with national standards relative to the care of children and adolescents.... Hawaii's mental health system is rated last in the nation," write one physician, Alfred M. Arensdorf, MD, of Hawaii, to JAMA. Another physician wrote to the same journal, "The assumption that the Hawaiian program has led to better health indexes is not documented."

Still, supporters of the Hawaiian system contend that the state's experience provides a model or forum for anyone developing federal health care reform policy.

—Lantz Miller