

them have been reclassified into higher-paying areas, according to *The New York Times*. A 2007 report by the Government Accountability Office said physicians in many urban areas were likely to be underpaid and some physicians in rural areas were overpaid.

Dex Pramipexole ALS Trial Underway

A Global phase III trial of dex pramipexole for ALS is underway, with enrollment of the first patient, Biogen Idec and Knopp Biosciences Announce. The EMPOWER study will evaluate the efficacy, safety, and pharmacokinetics of dex pramipexole 150mg twice daily compared to placebo. A total of 804 patients will be enrolled in the trial and randomized.

Vest Assists Mobility

A poncho-style vest designed with handles to assist in the transfer of the minimally- to non-ambulatory patient, the new SDS Transfer & Rehab Vest, is now available. It is available for use in any health-care setting-hospitals, surgery centers, nursing homes, assisted living centers-as well as in-home use. For information: www.ChooseTheVest.com.

Online Vision Test Available

People concerned they may be visually impaired may log on to a free web service from NovaVision. The Online Neurological Vision Loss Test (www.helpforvisionloss.com/NVisionTest.html) is

an interactive online test that provides immediate results, that patients are encouraged to discuss with their neurologist, ophthalmologist, optometrist, or physiatrist who can prescribe appropriate therapy, including possibly NovaVision's Vision Restoration Therapy or VRT.

AMA Presses for Healthcare Liability Reform

The Help Efficient, Accessible, Low Cost, Timely Healthcare (HEALTH) Act of 2011 has been introduced in the House of Representatives, and the AMA is campaigning for lawmakers to pass the bill (the comparable Senate bill S.218 is in committee). The bill "sets conditions for lawsuits arising from health care liability claims regarding health care goods or services or any medical product affecting interstate commerce." Among provisions in the bill are a statute of limitations of three years after the date of manifestation of injury or one year after the claimant discovers the injury, with certain exceptions. Noneconomic damages would be capped at \$250,000.

In support of the bill, the AMA cites a Harvard study showing that 40 percent of medical liability claims lack any evidence of either a medical error or patient injury. They also report that, even though 64 percent of claims against physicians that closed in 2009 were dropped, withdrawn or dismissed, each case cost an average of \$26,000 to defend. For more information: www.ama-assn.org/ama/pub/advocacy/get-involved.page. ■

Letter to the Editor

Reader Advocates Opting Out of Medicare

I disagree with your premise that "neurologists don't have numerous options to implement a fee-for-service model..." (Editor's Message, March/April 2011). Four years ago I opted out of Medicare (as well as most other insurance plans). I also lowered my fees, 40 percent to everyone with Medicare and 30 percent to everyone else, with a few exceptions. In addition, my fees for testing were reduced 50-60 percent. For example, I charge one fee for an EMG and do not charge for NCTs at the same time. This allows me to spend 30 minutes with each patient,

give the patients free service if I am more than 20 minutes behind, have far fewer staff, and enjoy my neurological practice. Everyone saves!

If all neurologists followed my plan, many millions would be saved in healthcare costs and the doctors would have a far less stressful, almost enjoyable practice again, with about the same income.

—Harold Friend, MD
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