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NEXT WEEK IN WASHINGTON...

- * If the House finishes work on the health reform legislation, the Representatives will be home for the week, in honor of Veterans' Day.
- * The Senate will be in session on Monday and Tuesday, but recess for the rest of the week.

1. HOUSE PREPARES TO VOTE ON HEALTH REFORM

Democratic leaders are steering the House toward a weekend debate and Saturday vote on health care legislation. They do not claim to have the votes to pass the bill, but they are working hard on finding the stray votes needed to reach the 218 necessary for passage. The leaders continued to meet with groups of lawmakers Thursday in an effort to resolve differences within the majority caucus over abortion and immigration issues. Dissatisfaction among anti-abortion Democrats posed the greatest threat to the health care overhaul bill.

Any last-minute changes in the bill will be offered as part of the resolution governing floor debate that the House is expected to consider Saturday morning. Rep. Louise M. Slaughter (D-NY), who chairs the Rules Committee, said members will not be permitted to offer amendments to the bill, except for a Republican substitute amendment.

The immigration issue appeared to be resolved Thursday evening. Hispanic lawmakers visited the White House to talk about immigration with President Obama, who will come to the House Saturday morning to address the Democratic Caucus and rally support for the bill.

2. ABORTION ISSUES REMAIN THE MAJOR OBSTACLE

The issue of abortion in the health reform bill is the most serious problem for the leadership. Rep. Bart Stupak (D-MI), a leading abortion opponent, has warned that up to 40 Democrats might vote against the bill unless stronger language is added to restrict federal funding of insurance plans that cover abortion. With the majority now 258 members strong — once a

newly elected Democrat from New York is sworn in on Friday — Democratic leaders can afford to lose up to 40 votes from their party's ranks.

Anti-abortion groups led by the National Right to Life Committee back an amendment Rep. Stupak proposed that would prevent insurance plans receiving federal subsidies, including a government-run plan, from covering elective abortions. Women wanting coverage for the procedure would have to buy unsubsidized policies.

Supporters of abortion rights consider Rep. Stupak's idea unacceptable and say the bill goes far enough to ensure tax dollars are not spent on abortion. The bill would neither require insurance plans to cover abortion nor forbid it, but those that cover elective abortion would have to pay for the procedure from premiums.

The bill would require the government-run "public option" plan to cover abortions in the event of rape, incest or when the pregnancy could be fatal. The administration would be empowered to decide whether the public option also would cover elective abortion. It, too, would have to use funds collected as premiums to pay for the procedure.

Abortion opponents say the House bill would for the first time authorize federal funding of abortion, because any money collected by the public option — whether subsidies or premiums — is by definition federal funding.

Democratic leaders said again Thursday that they expect an amendment proposed by Rep. Brad Ellsworth (D-IN) to be added to the bill on the floor when the House adopts the rule for debate. Under this proposal, no federal funding would be allowed for abortion services under any insurance plan, and all Americans would be guaranteed access to at least one plan that does not cover abortion. The public option would be allowed to cover the procedure, but Ellsworth's amendment would require the government to hire a contractor to receive premiums paid to the plan and pay for elective abortions, if the plan covers them.

3. AAFP LEADERS MEET WITH KEY LEGISLATORS IN WASHINGTON

- Kelly Hall, Senior Advisor for Health Policy, Office of **Rep. Allyson Schwartz (D-PA)** — Dr. Lori Heim was invited to meet with Ms. Hall to discuss, among other topics, the AAFP request for an amendment to the health reform legislation authorizing the GME pilot program for primary care residencies.
- **Rep. Mario Diaz-Balart (R-FL)** — This meeting with Dr. Heim was at the request of the Representative who wanted to discuss the GOP health reform proposal. He insisted that the GOP proposal was not focused on better availability of health care but rather on reducing insurance premiums so that health care could be more affordable. However, he acknowledged that it did not include provisions to help change the health care system become one more based on primary care.
- Staff from the office of **Sen. Joe Lieberman (I-CT)** — Drs. Heim and Stacy Taylor (AAFP Key Contact for Sen. Lieberman) discussed the issues of the medical home, GME and our support for health care reform in general. Not surprisingly, they were told that Sen. Lieberman no longer was included in discussions re: the Senate bill, or its timing. Staff also reiterated the Senator's opposition to a public plan but revealed no new information.
- Monica Feit, PhD, MPH, a public health fellow in **Sen. Chris Dodd's (D-CT)** office — After thanking her for the HELP bill's focus on primary care, they discussed the medical home and GME (acknowledging it was not in HELP's jurisdiction). Monica suggested speaking to Sen. Barbara Mikulski's (D-MD) office regarding broadening the medical home, and Sen. Jeff Bingaman (D-NM) regarding GME. Monica said she had heard

from the subspecialists who opposed the CMS rule, but said Sen. Dodd "gets it" on primary care.

- Staff from her Representative and Ways and Means Committee member **Rep. John Larson (D-CT)** – Dr. Taylor thanked him for the emphasis on primary care in the House bill and staff told her of Rep. Larson's support for primary care and potential interest in our GME proposal.
- Staff for **Rep. Chris Murphy (D-CT)**, a member of the Energy and Commerce Subcommittee on Health – Dr. Taylor reiterated our support for the health reform bill. She also was asked to put together a meeting with Rep. Murphy and physicians in Connecticut on health care reform.
- Bentley Graves, Legislative Director to **Rep. Steve King (R-IA)**. Dr. Carlyle explained the GME Modernization Primary Care Training Pilot and described the benefits as well as the good possibility of bipartisan support for this single provision. Mr. Graves was appreciative of the information and expressed interest in it as a single provision.
- Mike Goodman, Deputy COS and Legislative Director to **Rep. Bruce Braley (D-IA)** – Rep. Braley is a member of the Energy and Commerce Health Subcommittee. His district includes the family medicine residency program in Cedar Rapids which is interested in and supportive of Family Medicine's proposal to pilot test funding to primary care residency programs. Mr. Goodman understands the GME Pilot, articulated the winners and losers and said he believed the pilot is a proposal the congressman would seriously consider and may be able to support. They also discussed the public option with negotiated rates in the major health reform bill. Rep. Braley will be visiting Dr. Carlyle's clinic next Thursday in Ames, Iowa. Dr. Carlyle also offered to demonstrate for the congressman the electronic medical record system installed by the McFarland Clinic last year.
- **Rep. Tom Latham (R-IA)** – Dr. Carlyle and Rep. Latham discussed health reform in general and specific provisions important to Iowa family physicians and their patients, including the PCMH Demo (broad cross-section of patients versus high-needs beneficiaries) and the GME Pilot. Rep. Latham was interested in the GME demo and said it is a provision he could probably support. Dr. Carlyle encouraged the Rep. Latham to communicate with Rep. John Fleming (R-LA) who is a family physician and who has expressed support for the GME pilot.
- **Senator Tom Harkin (D)** – Dr. Lori Heim accompanied Dr. Carlyle in a this meeting with Sen. Harkin, who said that he thought that Family Medicine's GME pilot proposal was something he could support. He was aware that Sen. Tester may be the lead Democrat on such an effort. He encouraged Dr. Carlyle to meet with Sen. Grassley. Dr. Heim raised the Medical Home demonstration issue, with which the senator agreed, and she also discussed the CMS Final Rule which improved payment for primary care by virtue of practice expense adjustments. She explained the opposition from the cardiologists. It was clear the senator's office had heard from the cardiologists.
- Michael Park in the Finance Committee office of **Senator Charles Grassley (R-IA)**. Mr. Park was vaguely familiar with the GME Pilot and suggested he had already heard from AAMC. Drs Carlyle and Heim explained the need for the pilot, the modest funding that would be required, the fact that it is budget neutral and the support within Iowa. We made it clear that we were hopeful Sens Grassley and Harkin could work together on this amendment. Mr. Park indicated he would further study and discuss internally

4. LATE ENDORSEMENTS FROM AMA, AARP AND CANCER

Several large interest groups announced Thursday their endorsement of the House health reform bill. Those signing on included AARP, the American Medical Association, the American Cancer Society's Cancer Action Network and the Association for Community Affiliated Plans, which represents nonprofit insurers who provide managed-care services in public health

programs. The AAFP sent a letter of support on Monday (a copy is posted on AAFP's federal advocacy website).

5. FamMedPAC FOCUSES ON LOCAL LEGISLATOR; KEY MEMBERS

FamMedPAC enjoyed its most successful fundraising month of the year in October, receiving over \$70,000 in donations. In 2009, the PAC has received over \$318,000 in donations. The PAC has contributed \$301,000 to 99 candidates and committees in 2009.

Dr. Heim attended a PAC breakfast meeting with **Rep. Dennis Moore (D-KS)**, whose district includes Leawood where AAFP headquarters are located. The discussion quickly centered on the pending health reform legislation in the House. Dr. Heim made the case for looking at the health care legislation as an attempt to begin to turn the health care system to one based on primary care rather than on partial specialization. She noted the provisions in the House bill to support primary care and to expand the availability of health coverage. She also explained that the disparity in payment between specialists and primary care needed to be addressed.

AAFP Staff attended a general fundraiser for House Energy and Commerce Subcommittee on health member **Rep. Zack Space (D-OH)**. The Academy was the only medical representative. As a result, staff were able to speak to Rep. Space individually about our support for the House health reform bill and the Academy's letter, and he thanked AAFP profusely then and at the conclusion of the fundraiser. He said there were no subspecialists in his district and said, unprompted, that focusing on primary care would save money.

FamMedPAC organized a meeting for Energy and Commerce Health Subcommittee member **Rep. Betty Sutton (D-OH)** and representatives from 15 medical specialty societies. Rep. Sutton is in her second term in Congress and is new to the health subcommittee. She is reaching out to the physician community. She expressed strong support for primary care, particularly on the issues of increased reimbursement for primary care physicians and loan forgiveness programs for medical students who choose primary care.

6. AAFP MEMBERS INVOLVED IN THE HEALTH REFORM PROCESS

This week, Connect for Reform called on AAFP members to contact their Representative in Congress in support of health care reform. Since October 1, family physicians have sent over 1,800 emails.

7. HEALTH CARE IN THE STATES

- *Kentucky Increases Children's Health Coverage:* Kentucky officials announced that they anticipate meeting their target of enrolling 35,000 children in Medicaid and CHIP by the end of 2009, six months ahead of schedule. The state estimates its cost of covering the new enrollees is \$19 million. They credited the increase to better training for health care professionals and community groups who work with the uninsured, the new availability of applications online and the elimination of a face-to-face interview before enrollment. The increase in coverage comes at a time when unemployment has spiked in Kentucky due to the recession.
- *Louisiana Juggling Medicaid Benefits to Address Shortfall:* To address a mid-year shortfall in its Medicaid budget, the Louisiana Department of Health and Hospitals is aiming to implement a few one-time fixes and service cuts. The \$6.5 billion program serves nearly 1.2 million Louisianans and is facing a deficit of \$308 million this fiscal year. The state aims to make reductions in its mental health and public health programs to avoid further cuts to Medicaid provider rates, having done so twice already in the past two years.