

## Health Care Reform – Next on the Agenda

In the March 5 Summit on Health Reform, President Obama kicked off the first serious effort to overhaul the nation's health care system in 15 years with a pledge to include Republicans and consider opposing views – and a vow to get it done this year.

Obama is not offering a specific plan, but rather is outlining general principles to guide the Democratic-controlled Congress as it writes the measure. The House and Senate will be left to do the heavy lifting. As written into the budget delivered to Congress in late February, the eight principles are:

- **Protect families' financial health.** The plan must reduce the growing premiums and other costs American citizens and businesses pay for health care. People must be protected from bankruptcy due to catastrophic illness.
- **Make health coverage affordable.** The plan must reduce high administrative costs, unnecessary tests and services, waste and other inefficiencies that consume money with no added health benefits.
- **Aim for universality.** The plan must put the United States on a clear path to cover all Americans.
- **Provide portability of coverage.** People should not be locked into their job just to secure health coverage, and no American should be denied coverage because of pre-existing conditions.

- **Guarantee choice.** The plan should provide Americans a choice of health plans and physicians. They should have the option of keeping their employer-based health plan.
- **Invest in prevention and wellness.** The plan must invest in public health measures proven to reduce cost drivers in our system – such as obesity, sedentary lifestyles and smoking – as well as guarantee access to proven preventive treatments.
- **Improve patient safety and quality care.** The plan must ensure the implementation of proven patient safety measures and provide incentives for changes in the delivery system to reduce unnecessary variability in patient care. It must support the widespread use of health information technology and the development of data on the effectiveness of medical interventions to improve the quality of care delivered.
- **Maintain long-term fiscal sustainability.** The plan must pay for itself by reducing the level of cost growth, improving productivity and dedicating additional sources of revenue.

### THE SENATE

On March 3, Senate Finance Committee Chairman Max Baucus (D-MT) announced that he would push for a bipartisan, fully paid health reform bill by mid-summer, but acknowledged that the timeline, political cooperation, and overall cost makes it “an ambitious goal.” Baucus told reporters that “It’s clearly time to move. The administration is committed, the Congress is ready, and I’m really ready.”

Despite his enthusiasm, Baucus acknowledged that attempts to change the misaligned payments, sketchy quality, and complex inefficiencies that are inherent in the current system will be challenging. This was borne out by some Republican members of Congress who the

#### In this issue . . .

Health Care Reform – Next on the Agenda . . . . .	1
From the States . . . . .	2
Sign up for e-mail alerts . . . . .	3
Legislative Action Center . . . . .	3

## Health Care Reform – Next on the Agenda (Cont'd from page 1)

week before hammered parts of the Obama budget that contained a \$634 billion healthcare reserve fund as well as several provisions meant to trim spending under Medicare and Medicaid.

Baucus' goal is to produce a bill that both parties can support. Baucus might "move in tandem" with Senate HELP Committee Chair Edward Kennedy (D-Mass.), whose aides have met twice weekly with stakeholders to seek a consensus on the issue. Chuck Grassley (R-IA), the senior Republican on the committee, has met with Baucus on a weekly basis in part to discuss the reform effort.

### THE HOUSE

The three Democratic committee chairmen responsible for shepherding health care reform through the House are promising a bill by summer. Representatives Henry Waxman (CA), George Miller (CA), and Charlie Rangel (NY) made the pledge in a letter they sent President Barack Obama on March 11. Waxman chairs the Energy and Commerce Committee, Miller the Education and Labor Committee and Rangel the Ways and Means Committee. The lawmakers said they would time their

work to bring legislation to the House floor before Congress leaves town for its annual August recess.

Representative Joe Barton (R-TX), the top Republican on Energy and Commerce, said Republicans are prepared to work with Obama and congressional Democrats on health reform. Barton said Republicans want reform to be market-based, and said he agrees with the eight principles for reform put forward by Obama in his fiscal year 2010 budget blueprint.

### WHAT'S AHEAD?

The five chairmen – Baucus, Kennedy, Miller, Rangel, and Waxman – agree that everyone must carry insurance and that employers should be required to help pay for it. They also agree that the government should offer a public health insurance plan as an alternative to private insurance. But, they have not yet tackled one of the biggest questions – how to pay for coverage of the uninsured – nor have they wrestled with the Republican objections to the idea of a new government-run insurance plan, competing directly with private insurers. Both of these items could delay or derail the process.

## From the States . . .

### AZ Legislator Reintroduces Malpractice Bill

**Arizona** Senator Carolyn Allen (R-Scottsdale) once again introduced legislation – SB 1018 – that would require a patient to prove malpractice by “clear and convincing evidence” to win a lawsuit. That condition is a heavier burden than the state's current law, which says jurors can decide in favor of the patient if they believe it is more likely than not that the doctor committed malpractice. Allen, who is chair of the Committee on Healthcare and Liability Reform, cited the unwillingness of doctors to work in EDs, and that unwillingness, she insisted, is due to the fear of lawsuits.

But JoJene Mills, a member of the **Arizona** Trial Lawyers Association, disputed Allen's contention that throwing new legal roadblocks in the path of patients will lead to more doctors willing to work in

hospital EDs. Mills said Allen is missing the point of why people sue in the first place: they get injured. What Allen wants, Mills said, is for patients to give up their rights in exchange for some unproven claim that it will reduce malpractice-insurance premiums.

According to Allen, however, evidence from other states that have curbed lawsuits and jury verdicts indicates that costs go down. Allen did acknowledge that her bill alone might not make any difference, but she believes absolute limits on how much juries can award injured patients would. That issue, though, is off the table because **Arizona** is one of a handful of states with constitutional language barring lawmakers from imposing limits on jury awards. And voters repeatedly have rejected efforts by doctors and the insurance industry to repeal those provisions.

### Utah ED Malpractice Bill Signed by Governor

On March 11, 2009, **Utah** Governor Jon Huntsman (R) signed into law a bill – SB 79 – that amends the standard of proof necessary for a malpractice claim in an emergency room. This bill defines terms and establishes a standard of proof of clear and convincing evidence for malpractice actions based on emergency care received in an emergency room. SB79 increases the burden of proof from a "preponderance of the evidence," which is 51 percent, to the significantly higher standard of "clear and convincing evidence."

While only about 20 emergency room malpractice lawsuits were filed in 2008, according to the bill's sponsor

Representative Sheryl Allen (R), their high costs are enough to keep specialists from being on call in emergency rooms, said.

### Utah Bill Would Create ED Task Force

**Utah** Senator Chris Butters is hoping to create a task force – SB 119 – to solve what he believes is a crisis facing hospital EDs in his state. He told the **Utah** Senate Health and Human Services Committee that 60% or more of ED patients in hospitals along the Wasatch Front are there for non-emergencies. Butters also related that hospitals frequently are not paid for these visits. If passed, the task force would consist of 12 legislators, five from the Senate and seven from the House.

## SIGN UP FOR E-MAIL ALERTS

**AAEM E-mail Alerts** notify you when an important issue or piece of legislation arises. To receive future **Alerts**, sign onto the **Action E-List** on the homepage of AAEM's **Legislative Action Center**, <http://capwiz.com/aaem/home>.

## Legislative Action Center

AAEM's Legislative Action Center located at <http://capwiz.com/aaem/home> is "one-stop" shopping for federal legislative and regulatory information. It contains the important issues that AAEM is tracking for you, recent votes, current bills, and other relevant items. You can search the congressional database by name, state, committee, or leadership, and send messages to your congressional delegation directly from the site.

Additional features include:

- A "Vote Scorecard" listing every Member of Congress and how they voted on bills of interest to AAEM;
- "Megavote" provides you with a weekly e-mail on the voting patterns of your Representative and Senators;
- A searchable "Guide on National and Local Media" including newspapers, magazines, and TV networks and stations; users can send e-mails, faxes or printed letters to newspaper journalists, radio talk show hosts, and television commentators; and
- Detailed "Campaign Contribution Data."