



**Cavarocchi-Ruscio-Dennis Associates**

# **Health Policy Report**

**September 1, 2009**

- **CONGRESS TO RETURN AFTER A LONG, HOT AUGUST RECESS**
- **PRESSURE BUILDS ON ADMINISTRATION TO BECOME MORE ENGAGED ON HEALTH CARE REFORM**

## **Overview**

### **The August of our Discontent**

Health care reform has remained front and center throughout the month of August as members of Congress returned home to find angry constituents showing up at town hall meetings – often objecting to provisions that were not in any health care bill being considered by the Congress!

With Congress unable to complete any bill in either house prior to the August recess, opponents took advantage of the uncertainty to ascribe all sorts of evil motives and provisions to the non-bills.

- A provision to reimburse physicians for counseling on end of life care became the creation of “death panels” which then morphed into “pulling the plug on granny.”
- A provision to give doctors and patients information about which treatments work and which do not was characterized as “rationing of healthcare.”

- A government option to compete with private insurers – which have no competition in many areas of the country – is portrayed as a “government takeover of healthcare” and “socialized medicine.”

In the House, the three committees of jurisdiction – Ways and Means, Education & Labor, and Energy & Commerce – have been working on a single bill. All three committees have now completed their work, although Energy & Commerce will be returning in September to consider 60 proposed amendments that were not addressed prior to releasing the bill. If any of those are adopted, they will be added to the bill when it is finalized in the Rules Committee prior to consideration on the House floor.

In the Senate, the situation is equally complicated. The Senate HELP Committee completed its work. The passing of the committee’s chairman, Senator Edward Kennedy (D-MA) has clearly had an impact on the product produced and has affected the chances for compromise with the Republicans in that committee.

The Senate Finance Committee continues to work behind the scenes – and behind closed doors – to develop a proposal that will receive bipartisan support. Three Democrats and three Republicans had been negotiating in secret but the negotiations became increasingly public as two of the three Republicans – Charles Grassley of Iowa and Mike Enzi of Wyoming – have essentially declared the negotiations dead. This leaves only Senator Olympia Snowe of Maine as a possible Republican vote for the bill in the Senate.

Meanwhile, there is a growing chorus among commentators of the left and the right that for healthcare reform to be enacted, the President is going to have to take a more personal and direct role in negotiating the provisions of the legislation. While the President has traveled the country holding town hall meetings, some are suggesting that he needs to write the bill, essentially.

Students of health policy will recognize the irony in this position, as the last time health care reform was such a major issue (1993-4), the Clinton administration was criticized because it wrote the bill and did not create an environment in which Congress felt that it had any “ownership” of the legislation.

Much remains to be done to determine whether or not healthcare reform can be enacted in the coming weeks and months. SGIM, acting through its Health Policy Committee will continue to work closely with supporters in and out of the Congress to seek the provisions that most significantly benefit general internal medicine.

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With the Congress out of session until after Labor Day, there are no updates to our sections on Education, Research and Clinical Practice Policy. This section will return in our next edition.

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To volunteer to serve on the HPC and its subcommittees, please contact anyone listed above.