

There are few issues that affect each and every one of us so intimately as health care. The price of care and coverage has been increasing, placing both personal and federal finances in peril. As most people know, Congress passed a health insurance reform bill in 2010 that combats rising costs and premiums and provides access to affordable care. When this new law is fully implemented (it is being phased-in; some portions won't come on line until 2018) everyone in America should have health insurance. In addition, the reforms to public health and health insurance regulation will control the cost of health care to most people and reduce government spending by \$1.2 Trillion by 2020.

Affordable Care Act

The best place to learn all about this new health care law and how it affects you is to go to www.healthcare.gov. This is the government website that not only lays out the law, but will help you find insurance plans in your area that fit your needs. Check it out!

Among the information you'll find on this website are those portions of the law that have already taken effect. For example, did you know you that now even if you have a pre-existing condition that would otherwise disqualify you for insurance coverage, that there is a plan that will? www.healthcare.gov

will help you find options. Or, did you know that children up to their 26th

birthday can be kept on their parents' insurance policies? Or, did you know that health insurance companies can no longer rescind your coverage? All these are part of the new law – and already in effect.

www.healthcare.gov

will explain more about the many provisions of the law that are already on the books and working for you.

Doctor Payments

Sustained Growth Rate

I know that many are concerned about the problem of Medicare reimbursements to doctors. So, I wanted to share with you the latest developments on this issue.

One of the major problems relating to the Medicare formula is called the Sustained Growth Rate (SGR). In 2010 during the Lame Duck session, the then-Majority Democrats crafted a deal to waive the SGR until December 31, 2011, forestalling a 23% decrease in doctor reimbursements. However, with the new Republican Leadership coming to Congress in 2011, the SGR problem was put on the back burner and the issue of permanent reform to the SGR

was shelved. The SGR deadline is fast approaching and the issue now is in a crisis state: if it is not corrected before the end of the year Medicare doctors will face a 27.3% cut in payments. That is just not tenable and will cause doctors to flee the system, leaving seniors with limited access to health care. This is an unacceptable outcome and I am working with others in my caucus to do away with the SGR system entirely and construct new formulae by which doctors will be paid in the Medicare program.

In the meantime, the Democrats (who are now in the minority) proposed a deal to waive the SGR for two years (until January 1, 2014) and provide doctors with a 1% update in 2012 and again 2013. This would be paid for (so it didn't increase the deficit) with a small tax increase on persons who earn \$1 million or more. The Majority Leadership accepted the proposal for the two-year SGR fix but changed the tax on millionaires to cuts in other Medicare programs, essentially shifting payments from therapists and hospitals to pay for doctor payments. Their version of the bill also increased Medicare premiums on certain beneficiaries. "Robbing Peter to pay Paul" never works and though this bill (HR 3630) passed the House it did so primarily with Republican votes.

When the bill went to the Senate for approval they amended it to make the bill more temporary in nature so Congress could spend more time on real, permanent solution. When it finished, the Senate had changed HR 3630 so that the SGR "fix" was limited to 2 months. It also changed the payer from other Medicare programs to new FHA fees. Upon passing HR 3630, the Senate recessed until January 16, 2012.

That left the House with a Hobson's choice: accept the Senate version of HR 3630 with only a 2 month reprieve from SGR cuts, or insist on the 2-year SGR fix in House version knowing that, with the Senate gone, passage of the 2-year version would be meaningless.

As much as I would like to give doctors certainty on their fee schedule, I felt it was important to vote for the 2 month bill and send it to the president, thus ensuring the SGR cut of 27.3% would be forestalled at least until February 29, 2012.

Unfortunately, the Republicans had other ideas. They insisted on the 2-year version of the bill and recessed the House. That means there is no agreement with the Senate and no bill will go to the president before the current SGR waiver expires. It also means the 27.3% cuts will take affect January 1, 2012.

CMS believes it can hold off on processing payments under the reduced fee for about a month. If Congress acts before then and passes a waiver that is retroactive there will be no cuts to doctors. That is the best we can hope for at this point and I will work hard to make sure there is no gap in payments to Medicare doctors.

I am deep into this issue. The political wrangling over it has been intense but rest assured that I will continue to fight to get fair and accurate payment to our Medicare physicians.

Geographic Practice Cost Index (GPCI)

You may have also heard talk about doctors in Monterey, Santa Cruz and San Benito counties being paid less for their Medicare services than other doctors. It is true, unfortunately. In fact, San Benito doctors are the most underpaid doctors in the state, compared to the cost of conducting medical business in the area.

This anomaly in Medicare payments is due to a convoluted factor in the payment formula called the GPCI – geographic practice cost index. This GPCI factor is applied by the Centers for Medicare and Medicaid Services (CMS) to geographic localities designated as long ago as 1966 in order to determine local doctor payments. I have introduced legislation – either as language in a bigger bill, or as a free-standing bill – that has passed the House of Representatives at least 4 times. Unfortunately, it has not been possible to get this legislation passed in the Senate so the problem remains unfixed.

One piece of good news in this regard is that the Institute of Medicine (IOM), a non-profit, non-government think tank of highest regard, issued a report on June 1 validating the GPCI problem and calling for its overhaul. Indeed, the reform the IOM suggested tracked a bill I introduced in 2009 (HR 2820) to fix the GPCI.

I am contemplating next steps on how to address the GPCI issue again this year. Since this Congress is so very different than the previous Congress there is a lot of groundwork to be re-laid. But I am still committed to doing the right thing by our doctors and our Medicare patients and will continue to chip away at this until it gets done.

Bills I Cosponsored in the 112th Congress:

- [H.R. 111](#) – the Breast Cancer Patient Protection Act of 2011 amends the Employee Retirement Income Security Act of 1974 (ERISA), the Public Health Service Act, and the Internal Revenue Code to require an individual or group plan to include medical and surgical benefits to ensure patient coverage and radiation is provided for breast cancer treatment.
- [H.R. 416](#) – the Health Insurance Rate Review Act amends the Public Health Service Act allows the Secretary of Health and Human Services (HHS) to review any unreasonable premium increases in health care coverage and make sure any unfair rates are corrected prior to implementation. The provisions also are maintained under the Patient Protection and Affordable Care Act
- [H.R. 432](#) – the Ban Poisonous Additives Act of 2011 which labels foods as adulterated if the container is composed of bisphenol A or can release bisphenol A into the food. Furthermore, this allows the Secretary of Health and Human Services (HHS) to review substances to determine whether or not these exposures will effect the population and to what extent.
- [H.R. 451](#) – the Healthcare Truth and Transparency Act of 2011 prohibits any person from being untruthful about their education, training, degree, or holding a state health care license.

All misrepresentations will be studied by the Federal Trade Commission (FTC) and reported to Congress.

- [H.R. 676](#) – the Expanded & Improved Medicare for All Act creates the Medicare for All Program that provides all residents of the United States and territories with free health care while setting up options for the individual including: choice and location of physician, how insurance is paid for, and creates a confidential record system.
- [H.R. 733](#) – the Pancreatic Cancer Research and Education Act amends the Public Health Service Act to create the Pancreatic Cancer Initiative, led by the Secretary of Health and Human Services (HHS). This Committee would give advice on research on pancreatic research, update this plan ever five years to raise research awareness, and provide evaluations and recommendations to HHS, NIH, and National Cancer Institute (NCI).
- [H.R. 883](#) – the Adult Day Achievement Center Enhancement Act requires the Assistant Secretary for Aging to create a comprehensive survey that is completed by all adult day programs and requires the Assistant Secretary to identify all successful programs. Furthermore, the Secretary will develop a set of best practices skills to help other programs as well as replicate these skills for new adult day programs.
- [H.R. 894](#) – the Maternal Health Accountability Act of 2011 amends the Maternal and Child Health Service section of the Social Security Act to allow the Secretary of Health and Human Services (HHS) to give awards to states that track and report pregnancy-related deaths as well as provide the research and findings through an annual public disclosure. This will help the Secretary direct the NIH to create research plans to help identify and monitor severe maternal morbidity.
- [H.R. 949](#) – the Obstetric Fistula Prevention, Treatment, Hope, and Dignity Restoration Act of 2011 allows the President to provide assistance through all levels of government, both national and international, to address the social and health issues that cause obstetric fistula as well as support the treatment of this disease.
- [H.R. 999](#) – the Medicare Prescription Drug Savings and Choice Act of 2011 amends part D of the Medicare section of the Social Security Act to allow the creation of one of more Medicare prescription drug plan options as well as creating an appeals process for those who are denied benefits under this program.
- [H.R. 1044](#) – the Medicare Access to Rural Anesthesiology Act of 2011 amends the Medicare section of the Social Security Act to create a standard for payment for anesthesia services under the Medicare part A (Hospital Insurance).
- [H.R. 1085](#) – the Repealing Ineffective and Incomplete Abstinence-Only Program Funding Act of 2011 amends the Maternal and Child Health Services section of the Social Security Act to eliminate and remove unnecessary funding from abstinence-only programs and reallocates these funds to personal responsibility education programs (PREP) for FY2012-FY2014.

- [H.R. 1187](#) – the Fix HIT Act of 2011 amends the Medicaid section of the Social Security Act to direct Medicaid electronic health record (EHR) incentive payments to federally qualified rural health clinics as well as health centers.
- [H.R. 1195](#) – the National Health Service Corps Improvement Act of 2011 amends the Public Health Service Act changing the definition of "primary health services" to include optometry health services.
- [H.R. 1200](#) – the American Health Security Act of 2011 creates an American Health Security Program at the state level to provide every U.S. citizen with health care services as

well as create a state health security program. All previous provisions under different government programs are excluded when implementing this program.

- [H.R. 1319](#) – the Global Sexual and Reproductive Health Act of 2011 allows the President to provide assistance to developing countries in relation to: universal access to sexual and reproductive health information including the number of children, when, and the time period of their children, reduce the amount of unsafe abortions with an emphasis on women suffering injury or illness, and ensure young people access to reproductive and sexual health care.

- [H.R. 1654](#) – the Medicare Enrollment Protection Act of 2011 amends the Medicare section of the Social Security Act to create a special Medicare part B enrollment period for those enrolled in the Consolidated Omnibus Budget Reconciliation Act (COBRA), requires a continuous and open enrollment for Medicare part B, and creates special enrollment periods to help correct errors, misrepresentations, or the inaction of those involved in the Medicare part B process.

- [H.R. 1692](#) – the Asthma Management Plans in School Act amends the Elementary and Secondary Education Act of 1965 to allow the Secretary of Education to give grants to schools who receiving improvement funds under this program in areas with an increased risk of asthma to be able to create an asthma management plan as well as purchase the required medical devices needed to provide relief and treatment for affected students.

- [H.R. 1880](#) – the Status Report on the 30th Anniversary of HIV/AIDS Act requires the National HIV/AIDS Strategy and the U.S. to report on their efforts in achieving their goal of universal access to HIV/AIDS treatment.

- [H. Res 214](#) – Expresses support for the designation of Mental Health Month, the President's Commission on Mental Health finding that recovering from a mental illness is possible and things can be done to improve the lives of those who suffer from this illness, and applauds the work of national and community organizations that work to promote and improve the awareness of mental health.

- [H. Res 234](#) – Expresses the views of the House of Representatives that the federal government should continue to show its commitment to ensuring patients access to breast cancer screenings as well as other devices that may help medically underserved women; encouraging the improvement and development of screening tools at lower costs and cures; and finally increases awareness through educational programs about breast cancer.