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Customized Briefing for Kimberly Barry-Curley

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Leading the News

Poll finds majority of Americans want Congress to scrap current health reform bills.

The [Washington Times](#) (2/17, Haberkorn) reports that a "Zogby International poll released Tuesday shows that 57 percent of Americans do not like either of the competing healthcare bills produced by the Senate and House and say Congress should start over, as a group of bipartisan lawmakers head to a healthcare summit with President Obama next week." Still, a majority of those polled said "they are more supportive of congressional reform of the healthcare system than they were a year ago." The Times notes that an "ABC News/Washington Post poll released last week has similar findings. It showed that 63 percent of Americans want Congress to pursue a way to reform the healthcare system."

[The Hill](#) (2/17, Young) calls the Zogby poll "a brutal assessment of the Democratically authored healthcare reform bills pending in Congress and the party's approach to healthcare." In the poll, "56.4 percent of people indicated they would prefer Congress to tackle healthcare reform on a step-by-step basis."

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An advertisement for the Corporate Angel Network (CAN) featuring a blue background with a white airplane silhouette. The text reads: "CAN CORPORATE ANGEL NETWORK. Donate an empty seat on your corporate aircraft to give a cancer patient a lift to life-saving cancer treatment at no cost or inconvenience to you. (914) 328.1313".

From NAHU

We know many of you have been extremely active with legislative issues and we want to thank you for your hard work and assure you it is making a difference. We are seeing some inroads on the legislative front and continue to work diligently with Congress to keep things on the right track.

The next few months will be the most intensive of times for our association's government affairs efforts. We have every reason to believe that health system reform legislation will move forward, and we need to preserve the role of agents and brokers and ensure continuance of the private market. It is for these reasons that we have decided to reinstate our Grass Roots Initiative Program. GRIP is a voluntary donation program created some years ago for our legislative expenses at the national level. We are now soliciting both individual and chapter contributions to GRIP, and would greatly appreciate any additional help as there is still much to be done on the legislative and regulatory front. Please click [here](#) to make a donation to GRIP today.

Legislation and Policy

Sebelius says current bills to be basis of reform summit.

[CNN](#) (2/17) reports that HHS Secretary Sebelius said in an interview with CNN Chief Medical Correspondent Dr. Sanjay Gupta on Tuesday

that "President Obama plans to use the already-passed House and Senate bills as a starting point for next week's healthcare summit with Republican leaders." She noted that "the House and Senate bills already incorporate many GOP ideas," citing "provisions to create special pools to make it easier for people with pre-existing illness to purchase insurance, the offering of low-cost insurance plans for young and healthy people, and regulations letting people purchase insurance across state lines." She said, "There are a lot of good Republican ideas in both the House and Senate bills. ... I hope the Republicans come ready to roll up their sleeves and get to work."

Healthcare PACs increased giving in 2009, data show.

[USA Today](#) (2/17, Schouten) reports that, according to its analysis of 2009 data, "donations by the top 15 healthcare political action committees rose to \$11.7 million in 2009, a nearly 14% increase from 2007, the most recent non-election year." USA Today found an increase in spending by PACs representing "pharmacists, optometrists," and dentists in particular. The American Optometric Association PAC, for instance, "donated nearly \$800,000 last year," increasing "its giving during the last three months of 2009 as the healthcare debate intensified."

Oregon insurance rule makes rate filings public beginning April 1.

[The Oregonian](#) (2/17, Graves) reports Oregon Health Division Administrator Teresa Miller "says new rules give her agency new tools to prevent rate increases that are excessively high." Insurers in the past have been "able to keep what they deem proprietary information confidential." But under rules announced by the state's Insurance Division yesterday, beginning April 1, insurers must make public "all information they submit to support their rate increase requests," Miller explained. In addition, the new regulations provide "a 30-day public comment period on requests. They also give the division authority to consider what insurers spend on salaries, broker commissions, advertising, other administrative costs and overall profitability as it reviews rate requests." Still, Miller emphasized that medical costs, which are not regulated by the Insurance Division, "are the main driver of health insurance costs."

Healthcare bill for legal immigrants stalls in Utah Senate panel.

The [Salt Lake Tribune](#) (2/17, Villaseñor) reports, "A bill that would remove a five-year waiting period for eligible, low-income legal immigrant children to receive health care has stalled before reaching the Senate floor." State Sen. Luz Robles (D), lead sponsor of the bill (SB44), said it isn't "dead. It's waiting," because of a lack of votes to pass it out of the six-member Senate Health and Human Services Committee. Complicating matters is a projected state budget shortfall of about \$50 million. Still, Robles would fund his bill's estimated \$468,600 cost to bring an estimated 800 children onto Medicaid and CHIP from the state tobacco tax, arguing that early preventive care will save money.

California budget proposal would end assistance for most new legal immigrants.

The [Los Angeles Times](#) (2/17, Zavis, Gorman) reports that under proposals by Gov. Arnold Schwarzenegger (R) "to close California's budget shortfall," public assistance would end "for most new legal immigrants," thereby "eliminating emergency cash, food, and medical aid for those who don't yet qualify for federal welfare." While the governor's "plan would save \$304 million," it would "leave tens of thousands of elderly, disabled and impoverished people with no safety net in a deep recession." Meanwhile, "the California Immigrant Policy Center argues in a new report that the savings from the proposed cuts would be offset by increased homelessness and costly emergency room use."

Missouri House approves bill mandating insurance coverage for autism.

The [Missourian](#) (2/17, Schmitz) reports that the Missouri House "approved a measure that would mandate insurance coverage for autism spectrum disorders." The measure, sponsored by Rep. Dwight Scharnhorst (R-St. Louis County), "would designate up to \$36,000 annually from insurance providers for children ages 18 and under diagnosed with autism spectrum disorders."

The [Kansas City Star](#) (2/17, Noble) reports that the bill, which "passed on a voice vote," now "must be approved once more in the House before moving on to the Senate." It contains "a \$36,000 annual cap on behavioral therapy for children with autism," as well as "an opt-out for small business that can prove an increase in premiums due to the mandate."

Nebraska motion would restore prenatal coverage.

The [Omaha World-Herald](#) (2/17) reports that on Feb. 17, Nebraska legislators "will take up a motion" that could restore "prenatal coverage for more than 1,000 expectant mothers." On Feb. 16, State Sen. Kathy Campbell of Lincoln "filed a motion...seeking to suspend legislative rules and allow her to introduce a bill late" in order to "create a special children's health insurance program covering unborn children, including the children of undocumented immigrants." Specifically, her "proposal states that unborn children do not have immigration status and are not affected by a state law barring public benefits to illegal immigrants."

Georgia said to be seeking urgent solution for Medicaid Gap.

The [Atlanta Journal-Constitution](#) (2/17) reports, "Several key lawmakers say Gov. Sonny Perdue's (R) plan for a hospital 'bed' tax -- to help fund a \$608 million shortfall in Medicaid -- is going nowhere fast." However, the proposal is only one of several, including "a higher tax on tobacco, a Medicaid rate cut, and good old-fashioned spending cuts." With the economy only worsening Georgia's need for Medicaid, state lawmakers "say they expect a solution to the Medicaid issue to emerge within weeks."

Arkansas legislators seek more influence over Medicaid budget cuts.

The [AP](#) (2/17, DeMillo) reports that on Tuesday, Feb. 16, Arkansas legislators "told the state's Human Services chief they want more influence over how the state will reduce the cost of Medicaid programs by \$400 million." Arkansas Department of Human Services Director John Selig "told lawmakers the department plans to keep next year's budget for the program at the same level as this year," but "that means cutting \$400 million in the program." However, Sen. Randy Laverty (D-Jasper) "said he's worried that the Legislature won't have a role in deciding where the cuts would be made," a concern shared by Sen. Percy Malone (D-Arkadelphia), who stated, "We know that in rules and regs, we've got absolutely zero power."

WellPoint postpones investor meeting to prepare for congressional subcommittee hearing.

The [Los Angeles Times](#) (2/17, Helfand) reports that WellPoint, the parent company of Anthem BlueCross, [announced](#) it has "canceled a meeting next week with investors to review its 2010 financial outlook so that executives" can prepare for a congressional hearing regarding its individual plan rate hikes. As covered in previous briefings, the House Committee on Energy and Commerce Subcommittee on Oversight and Investigations has called on WellPoint CEO Angela F. Braly to "testify Feb. 24 about planned premium increases of as much as 39 percent for many of Anthem's 800,000 individual policyholders in California." WellPoint's investor meeting was scheduled for Feb. 23, but the company said it will instead "speak with investors in a March 17 conference call."

In wake of Medicare fraud crackdown, some seniors may lose coverage.

The [South Florida Sun-Sentinel](#) (2/17, LaMendola) reports that Miami is taking advantage of a new rule to combat Medicare fraud which "caps how much home-care companies can make from Medicare patients who need more than one visit a day." While most businesses are said to favor the change, others "worry that some seniors are being affected." The new rule has caused some firms to drop several of their costly patients," and as a result, "a few of the 96,700 South Florida seniors who rely on home care are struggling to find new providers."

Los Angeles County cuts reimbursement rate for ED physicians, on-call specialists.

The [Los Angeles Times](#) (2/17, Hennessy-Fiske, Lin) reports that emergency department [ED] physicians "and on-call specialists treating poor, uninsured patients at private hospitals in Los Angeles County saw their reimbursement rate slashed by county supervisors Tuesday." The move could prompt "private hospitals to close [EDs] and send more patients to crowded county hospitals, officials said." The county "reimburses doctors 27 percent of estimated fees for patients' first three days of care at private hospitals under the Physician Services for Indigents Program," but "supervisors voted unanimously Tuesday to reduce the rate to 18 percent as of July 1." Physicians "would receive 43 percent of what Medi-Cal pays for the same services" under the new rate.

Also in the News

Prevalence of chronic conditions among US children increasing.

The [Los Angeles Times](#) (2/17, Roan) reported, "More than a quarter of all US children have a chronic health condition, new [research](#)" in the Journal of the American Medical Association "suggests, a significant increase from the rate seen in earlier decades." Children are not "less healthy," however. In fact, "fewer children today are affected by congenital defects, infectious diseases, and accidents than they were 50 years ago."

In other words, "doctors can now save many children who might once have died very young," [USA Today](#) (2/17, Szabo) reports. But, while "such children survive, they often face serious health problems." And, "in the last three decades, chronic health problems including obesity, asthma and behavioral and learning problems have been steadily increasing among children," [Time](#) (2/16, O'Callaghan) reported in its "Wellness" blog.

Report compares counties' health across the US.

[USA Today](#) (2/17, Marcus) reports on a [study](#) by the Robert Wood Johnson Foundation and the University of Wisconsin's Population Health Institute, which offers "a health report card for almost every one of the nation's more than 3,000 counties." In the study, "researchers cobbled together federal and state health-related data on 3,016 counties," ranking "each county in two ways: 'Health Outcomes' and 'Health Factors.' Health outcomes are derived from a county's disease and death rates." The [AP](#) (2/17, Neergaard) notes, "Looking at each state's best and worst further illuminates a well-known trend: The least healthy counties tend to be poor and rural, and the healthiest ones tend to be urban or suburban and upper-income."

FDA unveils risk-management plan for anti-anemia drugs.

The [Los Angeles Times](#) (2/17, Zajac) reports, "Physicians who want to prescribe Amgen Inc.'s anti-anemia drugs for cancer patients will have to register and undergo special training under a risk-management plan unveiled" by the FDA. The drugmaker "also will require physicians to collect signed statements from patients attesting that they have been informed about the dangers of the drugs." Richard Pazdur, director of the FDA's Office of Oncology Products, "said the agency hoped the added burden on physicians would be offset by fewer adverse events."

The [AP](#) (2/16) reported, "The plan applies to Amgen's Aranesp [darbepoetin alfa] and Epogen [epoetin alfa] and Johnson & Johnson's Procrit." Studies have linked the class of drugs, called erythropoiesis-stimulating agents, or ESAs, "to faster tumor growth or earlier death in cancer patients, among other risks, and have raised deep concern during the past few years at the FDA," [CQ HealthBeat](#) (2/17, Norman) reports. Still, Pazdur said the new plan is not aimed at making it more difficult for physicians to administer the drugs.

He explained that the program is intended to "make absolutely certain that patients are fully informed related to the use of these drugs before they begin treatment," [HealthDay](#) (2/16, Gardner) reported. The drugs "are FDA-approved for people battling cancer, those infected with HIV, people with kidney failure and certain patients undergoing surgery, and all three carry with them an elevated risk of blood clots, stroke, heart failure, tumor promotion and death." [MedPage Today](#) (2/16, Walker), [Medscape](#) (2/16, Lowes), and [Reuters](#) (2/17) also covered the story.

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