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Today's News for the National Association of Health Underwriters from Newspapers, TV, Radio and the Journals

Customized Briefing for Kimberly Barry-Curley

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## Leading the News

### Obama asks for doctors' support on healthcare overhaul push.

President Obama's White House [speech](#) to a group of doctors Monday received muted, but largely positive media coverage. On the network newscasts, only [ABC World News](#) (10/5, story 3, 00:20, Gibson) ran a brief mention of the event, "The doctors were in the house -- 150 of them in the White House [Monday], all in white lab coats. It was a show of support for...Obama's efforts at healthcare reform."

The [AP](#) (10/6, Babington) reports that the speech came "on the cusp of a key legislative push," and notes the doctors in attendance were "supportive" of the President's "healthcare overhaul." The appearance "gave him another chance to frame the debate on his terms as his top domestic priority enters its most critical phase with legislation moving toward floor debates in the Senate and the House."

[The Hill](#) (10/6, Youngman) notes that "the president received big applause from the doctors assembled from 'Red States, Blue States' and a number of different professional physicians' organizations, including the American Medical Association." The [Salt Lake Tribune](#) (10/6, Canham) reports that "the group...included at least one from each state, with many...affiliated with the pro-reform Doctors for America. They sat in the Rose Garden wearing their white coats and applauded repeatedly as Obama ticked off the ways he felt reform would improve the nation."

[AFP](#) (10/6) points out that "the healthcare push has far-reaching implications for Obama's political viability," and "Washington insiders say securing healthcare reform, which has confounded previous Democratic presidents, could bolster Obama's capacity to enact other areas of his sweeping domestic agenda."

The [Los Angeles Times](#) (10/6, Parsons) reports that in his remarks, Obama "didn't address the question of whether he will push for the creation of a public plan," but "in an attempt to fuel the moment, Obama invoked the critical support he has from doctors and from the American Medical Association, which has expressed qualified support for his reform agenda." The Times adds, "The President's remarks were televised on cable television, as are most such addresses from the Rose Garden. But, the White House is hoping to get the message conveyed in an even more important venue: the doctor's office."

## Legislation and Policy

### Democrats said to face tough choices in cutting costs, increasing coverage.

The [New York Times](#) (10/6, A12, Pear) reports the Democrats face "competing priorities" in reducing insurance costs and offering comprehensive health benefits. That "tension between keeping costs low and improving coverage is just one of many challenges facing Congress and the Obama Administration as they head toward the final stages of the effort to pass healthcare legislation."

**Health insurance industry wants individual mandate to include stronger penalties.** The [AP](#) (10/6, Werner) reports the health insurance industry "doesn't want Congress to let you off easy if you decide to ignore a proposed requirement that all Americans

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must have coverage." Lawmakers "first proposed fines of as much as \$3,800 per family for health insurance scofflaws," but "they have been steadily scaling back the penalties, with the Senate Finance Committee last week dropping them to \$1,500 maximum per family in their version of a healthcare bill." But the industry -- "counting on millions of more Americans buying insurance -- says the penalties are now so weak they practically beg to be ignored. The result, the companies warn, is that people would wait until they get sick to buy coverage." The [Wall Street Journal](#) (10/6, Adamy, Hitt, subscription required) also reports that hospitals and the insurance industry are seeking to strengthen the penalties for the individual mandate provision.

## **White House seeks GOP support outside Congress for healthcare bill.**

The [New York Times](#) (10/6, A22, Herszenhorn, Hulse) reports that in a "new front in the effort to promote its plans for an overhaul of the nation's healthcare system, the Obama Administration is courting support from Republicans and independents some distance from Capitol Hill, and aggressively publicizing the results." In a statement "distributed by the White House, Tommy G. Thompson, the former Republican presidential candidate, health and human services secretary and four-term governor of Wisconsin, offered strong praise Monday for the legislation nearing approval by the Senate Finance Committee." The effort "by the White House to win high-visibility support away from Congress is similar to one that was undertaken during debate on the administration's economic stimulus package."

## **Sen. Reid expected to back public option in move to final Senate bill.**

[The Hill](#) (10/6, Rushing) reports Senate Majority Leader Harry Reid (D-NV) and Finance Committee Chairman Max Baucus (D-MT) "once in polite disagreement over the idea of a public option component in healthcare legislation, are approaching a breaking point over the issue." Sens. Reid and Baucus "have staked out opposing positions on the central question of a government role in health reform -- Reid has consistently stood in favor, but Baucus has consistently said the idea doesn't have enough Senate support." After the Senate Finance Committee vote on Baucus' bill Tuesday, "decision time will loom for Reid, who has said he plans to merge the Finance Committee version with the one passed by the Health, Education, Labor and Pensions (HELP) Committee in July." But having "deferred the issue to Baucus this summer, Reid signaled on Thursday that he is prepared to join Sens. Charles Schumer (D-NY) and John Rockefeller (D-WV), who both pushed a public option amendment that failed in a committee vote last Tuesday."

**Public option advocates seek to mobilize minorities to pressure moderate Democrats.** The [Washington Times](#) (10/6, Haberkorn) reports that advocates "of creating government-run insurance plan for the masses have rolled out television campaigns to pressure moderate Democrats to support a so-called public option and mixed a garlic milkshake to convince Republicans they're serious." The "NAACP National Voter Fund, the National Council of La Raza, Campaign for Community Change, Leadership Conference on Civil Rights, Power PAC and the United States Student Association are running television ads calling healthcare reform, including a public plan, a civil rights issue." The ads "are running in states with moderate Democrats, such as Florida, North Carolina, Louisiana, and Arkansas."

**Public option seen as preferable to health insurance exchanges.** In a [New York Times](#) (10/6, A31) op-ed, Cappy McGarr, president of a private equity firm, writes that if Congress "now creates new exchanges" for healthcare insurance, in order to prevent their failure, it will need to set "two national rules: Insurers have to accept everyone and have to charge everyone the same rates regardless of health status." The rules "would force insurers to spread risk. But enforcement would also be difficult. Every aspect of health insurance -- from the rules for underwriting and setting premiums to the marketing of policies -- would need to be monitored stringently to prevent companies from steering all bad risks to the exchanges." It would "be smarter for Congress to revisit the idea of creating a public plan that could provide an attractive choice for consumers and real competition for private insurers, to give them the incentive to offer good coverage at affordable prices."

## **Finance Committee delays vote to consider CBO score.**

The [Washington Post](#) (10/6, Murray, Wilson) reports that Senators "learned Monday that" the Finance Committee "vote on healthcare reform will be pushed back to later this week, and perhaps into next week, as they await an estimate on how much the overhaul would cost." The panel "wrapped up work Friday on a reform bill, but committee Chairman Max Baucus (D-MT) promised his members that before voting they would have a 'reasonable' amount of time to review the bill's price tag, as assessed by the nonpartisan Congressional Budget Office. That report, committee aides said Monday, will arrive later than expected."

**Senate bill allocates \$5 billion for UAW healthcare trusts.** The [Detroit News](#) (10/6, Shepardson) reports that the Senate Finance Committee's healthcare reform bill "cut in half, to \$5 billion, the amount set aside to help the United Auto Workers' healthcare trusts and other similar programs." A bill "approved by a House committee in July included \$10 billion to defray the medical costs of union members and others in retiree group healthcare associations through a reinsurance program." Chairman Max Baucus "would have eliminated the provision completely. But Sen. John Kerry (D-MA) and Debbie Stabenow (D-MI) however, were able to get \$5 billion restored."

## **Expert argues health reform should discourage unnecessary treatment.**

The [Washington Post](#) (10/6) carries an excerpt from a Health Affairs essay written by Jack Coulehan, MD, MPH, of Stony Brook University. Coulehan describes a time when he visited an emergency department with a case of shingles only to be "caught in a web of excessive and unnecessary medical testing." He argues that "each new machine creates pressure to expand the ways it can be used." The "only way" to alleviate this is through "an approach to healthcare reform that encourages well-coordinated, standard-of-care practice and simultaneously discourages the irrational, shotgun approach to medicine."

## **Advocates say immigration insurance restrictions will drive up public healthcare costs.**

The [Orlando Sentinel](#) (10/6, Ramos) reports that "advocates worry that many Hispanics -- who have the highest rate of uninsured of all ethnic and racial groups -- could still be left without needed medical care" regardless of a healthcare overhaul. Many believe that "out-of-pocket expenses would keep many Hispanics from buying insurance. For others, their immigration status could affect whether they get any kind of coverage." Moreover, advocates "on all sides agree that illegal immigrants excluded from health benefits will end up using public resources through emergency rooms and government-funded clinics."

### **Public Health and Private Healthcare Systems**

## **Health insurance companies, Ohio doctors link up in single online portal.**

The [Washington Post](#) /AP (10/6, Smyth) reports doctors, hospitals, and health insurance companies in Ohio have announced membership beginning next month in a "single Web portal they believe will reduce duplication, miscommunication, and confusion between doctors and insurance companies." Karen Ignagni, president and chief executive of America's Health Insurance Plans, "said the program can do for healthcare what ATMs did for banks," adding that the streamlining effort could slow the growth of healthcare costs.

[CQ HealthBeat](#) (10/6, Reichard, subscription required) reports that the program in Ohio will allow doctors and insurance companies access to information on 91 percent of the state's residents, such as "whether a patient is covered by a particular insurer, how much the patient must pay in out-of-pocket charges and the status of insurance claims." The article sites Ignagni as saying a similar program will be piloted soon in New Jersey, and that the model will eventually spread nationally, pending its success. CQ HealthBeat points out insurance companies' claims that "the new system also will allow quicker referrals of patients to other doctors, online submission of health claims, and faster pre-authorization of services." [Modern Healthcare](#) (10/6, Lubell, subscription required) also covers that story.

## **States concerned about Medicaid's capacity to absorb increasing number of uninsured.**

[Modern Healthcare](#) (10/6, Vesely, subscription required) reports, "Medicaid rolls are at their highest in history, and states are struggling to keep up with the rapid rise in public healthcare spending as more Americans lose their jobs and employment-based coverage and household incomes slide." Looking ahead to "2011 and beyond, state Medicaid directors said they worry what will happen when federal stimulus dollars end next year. And they expressed concern about states' ability to pay their share of healthcare reform proposals that seek to expand Medicaid." Pressure on the Medicaid program "came to the fore last month" when the Census Bureau announced "new national figures" showing that the program "covered about 42.6 million people in 2008, up 7.6 percent from 39.6 million in 2007." Some estimates "put the number of people on Medicaid nationwide today at 60 million."

## **Demand already outpaced funding for Wisconsin's new state healthcare plan.**

The [AP](#) (10/6) reports that the demand for Wisconsin's new Medicaid-funded BadgerCare Plus Core Plan "is so strong that enrollment will be frozen at the end of the week and new applicants will go on a waiting list." The state plan, "which took effect July 15, makes health insurance available to childless adults who earn 200 percent of the federal poverty rate, or about \$21,000 a year for an individual or \$29,000 for a couple. Recipients have to pay a \$60 enrollment fee as well as small co-pays but no monthly premiums." However, the Legislature "only approved enough funding -- \$215 million over two years -- to cover about 54,000 adults"; and thus far, "60,000 applications have been received." Gov. Jim Doyle said that the demand "demonstrates the need for national healthcare reform."

### **Also in the News**

## **Hidden facility fees at outpatient centers discussed.**

The [Washington Post](#) (10/6, Boodman) reports on the emergence of "facility fees" charged to patients who visit hospital-owned physician practices and outpatient clinics. Richard Gundling, vice president of the Healthcare Financial Management Association, said the visibility of the trend is due to the fact that, while a decade-old change in Medicare regulations allowed for the fees, "it seems like a lot of people's insurance [plans] are no longer covering the facility fees' as they did previously and that hospital-owned practices have proliferated." The

article largely examines the difficulty most healthcare consumers are faced with in determining whether a visit to a doctor will entail a facility fee. Don May, vice president for policy at the American Hospital Association, said the organization has encouraged its members to "be transparent...to provide information when they can in advance of services."

## Number of doctors using e-prescriptions more than doubles in 2009.

[Healthcare IT News](#) (10/5, Monegain) reported, "The number of physicians using electronic prescribing will have more than doubled in 2009, executives of the e-prescribing network Surescripts said." The company said more than "140,000 -- 23 percent of all office-based physicians, nurse practitioners and physician assistants in the United States - are e-prescribing today," and at the "current pace, Surescripts projects that its active e-prescribers in 2009 will more than double the 74,000 that were e-prescribing at the end of 2008." In addition, with "a patient's consent, prescribers can also access prescription history and use the Surescripts network to send e-prescriptions to any of 51,000 (84 percent) retail pharmacies or six of the largest mail-order pharmacies."

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