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

Customized Briefing for Brett Houston

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## Leading the News

### Hispanic groups working to ensure immigrants are given coverage.

The [Washington Post](#) (11/12, Thompson) reports, "The nation's Hispanic lawmakers and largest advocacy groups are scrambling to develop a strategy to counter what they see as efforts to shortchange immigrants in health bills on Capitol Hill. ... With the current bills excluding more than a million Hispanics -- mostly legal immigrants -- the debate runs into the issue of immigrants' rights." According to the Post, "Under the health bill passed in the House on Saturday, illegal immigrants would be allowed to buy insurance on a newly created exchange with their own money and without government subsidies," but "the bill expected in the Senate would bar illegal immigrants from the exchange altogether. In both the Senate and House, all legal immigrants are eligible for government subsidies to buy insurance on the exchange, but immigrants who have been in the country for less than five years would remain barred by existing law from enrolling in Medicaid and Medicare."

**USA Today debates including undocumented immigrants in health overhaul.** [USA Today](#) (11/12) editorializes that uninsured, undocumented immigrants "will continue to get sick" and continue to receive hospital and clinic care -- "both of which are supported directly or indirectly by taxpayers, the insured population, or both." Hence, it is illogical to exclude them when doing so could help "defray the costs" of insurance premiums and taxes. Moreover, [data](#) from the Migration Policy Institute show that "of the estimated 12 million unauthorized people in this country, about 3.7 million have insurance through an employer"; approximately 7 million are uninsured; and about 362,000 buy individual insurance. "Only the last group, plus the small segment of uninsured who have the means to buy insurance, would be" affected by health reform.

In an "Opposing View" column in [USA Today](#) (11/12), Dan Stein, president of the Federation for American Immigration Reform, argues that extending insurance to unauthorized immigrants would make healthcare "even more expensive." According to Stein, "uncompensated care for illegal aliens already costs taxpayers \$11 billion" annually. He cites a CBO [analysis](#), which concluded that "expanded utilization" often leads to higher medical spending; and adds that greater utilization by undocumented immigrants would also "impact healthcare quality," by increasing physician wait times and reducing "access to services." Stein also contends that allowing unauthorized immigrants to purchase insurance under exchanges would create a "powerful magnet" for increased "illegal immigration."

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## 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

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

### Obama's reference to \$900 billion price tag said to have complicated reform efforts.

In his [Washington Post](#) (11/12) blog, Ezra Klein writes that Obama "has not given much in the way of specifics for healthcare reform," but "the exception is a number that was neither nonnegotiable nor dictated, but was received on the Hill as if it was both, and has come to dominate the healthcare reform process: \$900 billion," which "sprang from Obama's September speech laying out his own plan on healthcare reform." Rep. George Miller (D-CA) is quoted as saying, "It made things complicated. We were working off of one track and then we had to switch." According to Klein, Senate Majority Leader Harry Reid's (D-NV) office is waiting for the CBO "to return an official score of their healthcare reform bill" and "if it's under \$900 billion, they will move forward with it," but "if it's over \$900 billion, they will revise it, and send it back to CBO for a new, and hopefully lower, score." Klein wonders "how the Obama administration came up with the \$900 billion estimate...why they included it in their speech, after so relentlessly avoiding specifics until that moment" and "why the Hill embraced it as a hard limit rather than a general proposal."

**Reid may raise payroll taxes for wealthy to help finance health reform.** The [AP](#) (11/12, Espo) reports that Senate Majority Leader Harry Reid (D-NV) "is considering a plan for higher payroll taxes on the upper-income earners to help finance healthcare legislation he intends to introduce in the Senate in the next several days, numerous Democratic officials said Wednesday." One of the options Sen. Reid is considering "would raise the payroll tax that goes to Medicare, but only on income above \$250,000 a year. Current law sets the tax at 1.45 percent of income, an amount matched by employers." Still, "it was not known how large an increase Reid...was considering, or whether it would also apply to a company's portion of the tax."

**New House schedule could allow for final passage of health reform bill this year.** [The Hill](#) (11/12, Fabian, Swanson) reports that House Majority Leader Steny Hoyer (D-MD) "outlined the new schedule on Wednesday, saying he is prepared to keep the House working until Dec. 22 in order to pass the keystone issue of President Barack Obama's first year in office." The Hill notes that "Hoyer's move follows" Senate Majority Leader Harry Reid's (D-NV) "decision late Tuesday night to file a motion that could allow the Senate to begin debate on healthcare next week. The actions by Reid and Hoyer appear designed to meet a goal of sending a healthcare bill to Obama's desk by the end of the year, though that task will be difficult given divisions among Democrats in both chambers." White House chief of staff Rahm Emanuel, Vice President Biden, and President Obama "have recently touted the year-end deadline." Hoyer "said the House would be in session for the first three weeks of December, but that could be extended to the week of Christmas. 'The House could also be in session on Monday, Dec. 21, and Tuesday, Dec. 22, if needed,' Hoyer said in a statement."

### Bill Clinton says US companies struggle due to health costs.

[Bloomberg News](#) (11/12, McCormick) reports that at a fundraiser on Wednesday, "former President Bill Clinton said American companies such as General Motors Corp. will struggle to compete globally until healthcare costs are controlled." He said that the country "is losing \$800 billion to \$900 billion a year in economic strength because of medical care," adding, "We just give that advantage to our competitors because of the delivery system and financing system we have for healthcare. ... This is not sustainable."

### Rep. Connolly hopes for hearings on insurance premium increases for federal employees.

In his Federal Diary column in the [Washington Post](#) (11/12), Joe Davidson interviews Rep. Gerry Connolly (D-VA) on issues before the House Oversight and Government Reform subcommittee on the federal workforce, Postal Service, and the District of Columbia, of which Connolly is a member. Asked if the subcommittee will "hold hearings on the unexpected long-term-care insurance premium increases (of up to 25 percent) that federal employees have complained about," Connolly says he's "hopeful that they will happen." He adds, "We're not just talking about a trivial increase. We can't just let that go by without explanation and without investigation as to what happened. The Office of Personnel Management has to be accountable to the federal employees."

## Public Health and Private Healthcare Systems

### US News, NCQA rank US health insurance plans.

[US News & World Report](#) (11/12, Comarow) provides the results of the fifth annual "America's Best Health Insurance Plans" rankings, which was conducted collaboratively by US News and the National Committee for Quality Assurance. NCQA "analyzed quality-related information from 730" commercial, Medicare, and Medicaid HMO and POS plans. Each was "evaluated on dozens of measures "in three encompassing areas -- member satisfaction, prevention, and treatment. Member satisfaction "made up 25 percent of the score, prevention and treatment together 60 percent, and NCQA accreditation 15 percent." Of the 730 plans, 490 were ranked; "120 were listed but not ranked because of insufficient data"; and the remaining [plans declined](#) to participate.

According to [US News & World Report](#) (11/12, Comarow), plans received one to five stars and five-star plans were listed as Honor Roll plans. "Harvard Pilgrim Health Care" in Massachusetts and Maine was number-one of the [Best Commercial Plans](#), followed by "Harvard Pilgrim Health Care of New England" in New Hampshire. Of the [Best Medicare Plans](#), "Kaiser Foundation Health Plan of Colorado" was number-one followed by the "Fallon Community Health Plan" in Massachusetts. In the [Best Medicaid Plans](#) category, "Kaiser Foundation Health Plan of Hawaii" was named number-one followed by the "Boston Medical Center HealthNet Plan" in Massachusetts. Additionally, [US News and World Report](#) (11/12, Johnson) provides a 12-step guide to help consumers choose plans.

### Kentucky gets \$250,000 in federal stimulus funds for children's health program.

The [Louisville Courier-Journal](#) (11/11, Quay) reported that Kentucky Gov. Steve Beshear announced at a press conference Tuesday that the state will receive \$250,000 in stimulus funds under the American Recovery and Investment Act that will help eligible children enroll in the Kentucky Children's Health Insurance Program, KCHIP. The program "provides health insurance to children whose family income falls 200 percent below the federal poverty level, or about \$44,000 a year for a family of four." Gov. Beshear noted that some eligible families "have not taken advantage of" the program. [Business First of Louisville](#) (11/10) ran a similar story on the grant.

## Senior Market News

### Hospice care said to be underutilized.

The [AP](#) (11/12, Sedensky) reports, "The health overhaul bill that narrowly passed the House on Saturday includes a provision to...pay for end-of-life counseling for Medicare patients." Critics argue that the provision "could lead to government 'death panels.'" Even "with the support of the...AARP," such "suspicion has lingered." But, "counseling could lead more people to choose less intensive care...and ultimately trim government-funded health bills." Nevertheless, one option for elderly patients "who have a prognosis of no more than six months" is hospice care, which "does nothing to artificially lengthen or shorten life, focusing mostly on a patient's comfort." Research has shown that "among Medicare patient deaths, those who used hospice saved taxpayers an average \$2,309 over their last year." But, "only about 39 percent of Americans who died last year were in hospice."

### Long-term care seen as marginalized in healthcare reform debate.

In the [CNN Money](#) (11/11) "More Money" blog, Lisa Gibbs writes on the Community Living Assistance Services and Supports (CLASS) Act, which is "more or less buried" in the healthcare reform debate. The act "would allow people to pay an average \$65 a month and, after five years, be eligible for between \$50 to \$100 a day in benefits." According to Gibbs, \$100 "doesn't cover very much." She writes, "Whether through private long-term care insurance or a public plan, it's clear this country needs to do a better job thinking about how we're going to care for ourselves (and our parents) as we get older and frailer."

## Consumer Directed Healthcare News

### Physician experiments with membership fees.

The [Minneapolis Star Tribune](#) (11/12, Tillotson) reports on a trend in primary care medicine in which doctors charge patients monthly membership fees in order to provide attentive, insurance-free care. Dr. Sam Willis in Minneapolis "offers monthly memberships priced at \$60, much lower than the average comprehensive paid-through-employer insurance benefits." Dr. Garrison Bliss, founder of Seattle's Qliance Medical Group, which runs on a similar model, said Willis can expect his practice to be profitable within three to five years. Bliss said the model makes sense for primary care: "What if your homeowners' policy paid for your gardening and window-washing? It would be silly for an insurance company to manage things that would be easier and less costly for you to take care of yourself." So far though, only six of Willis' patients are subscribing members.

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