This Week in Health Reform…
• NMA on Capitol Hill
• Senate Health Reform Bill
• Cardin Amendment

Office of Health Policy and Government Relations
NMA on Capitol Hill

NMA President, Dr. Willarda V. Edwards, used a meeting on Capitol Hill on Thursday to urge the Senate to pass an equivalent of H.R. 3961, the “Medicare Physician Payment Reform Act of 2009” passed in the House of Representatives, which repeals the Sustainable Growth Rate (SGR) formula and replaces it with an improved physician payment system.

NMA Supports H.R. 3961 because:

- The SGR system for reimbursing physicians who serve Medicare patients is broken and unsustainable, and the House has crafted a sensible response to this clear and present danger - commensurate action from the U.S. Senate is the most reasonable path forward;
- Unresolved reimbursement problems will continue to drive America’s ‘best and brightest’ away from primary care;
- With an aging and increasingly ethnically diverse population, the nation cannot afford a shortage in primary care practitioners;
- Increased coverage of the uninsured guarantees an escalation of the SGR crisis (if bold corrective measures are not taken);
- Lack of bold action on this front will not only impair seniors’ access to physicians, it will exacerbate health and health care disparities.
Senate Majority Leader Harry Reid appointed a team of five liberal and five moderate Democrats to work out the impasse over the ‘public option’ in the Senate health reform bill. The group came to a tentative agreement on Tuesday night and is awaiting a cost estimate from the Congressional Budget Office. Official details of the agreement have not been released, however the agreement could include provisions to:

• Replace the ‘public option’ with national insurance policies administered by private companies but negotiated by the Office of Personnel Management, which runs health plans for federal workers;

• Permit Americans age 55-64, who do not have access to employer sponsored insurance, to buy into Medicare;

• Require that private insurance companies spend at least 90 cents of every dollar they collect in premiums on medical services for beneficiaries.
Passed

- Mikulski Amendment to expand women’s preventive health care; 61-39
  - Bennet Amendment to guarantee Medicare benefits; 100-0
- Kerry Amendment to protect home health benefits; 96-0
  - Stabenow Amendment to guarantee Medicare Advantage benefits; 97-1

Failed

- Nelson Amendment to restrict federal funds for abortions; 45-54
- McCain Amendment to send health bill back to Senate Finance Committee; 42-57
- Gregg Amendment to protect Medicare Trust Funds; 43-56
  - Thune Amendment to eliminate new entitlement programs; 51-47
NMA Supports Cardin Amendment

The NMA Supports Senator Cardin’s (D-MD) Amendment (#2878) which elevates the Office of Minority Health to report directly to the HHS Secretary, creates offices of minority health at key health agencies, and elevates the National Center on Minority Health and Health Disparities to an NIH institute.

NMA Supports the Cardin Amendment because:

- The mission of the Office of Minority Health (OMH) remains critical to the reduction and eventual elimination of health and healthcare disparities based on race and ethnicity;
- Data collection by relevant categories is the best way to know how much progress we’re making in accomplishing these goals;
- Culturally and linguistically appropriate care requires proper training and commensurate financial commitment from the federal government;
- The growing shortage of primary care professionals will disproportionately impact these vulnerable populations;
- The elevation of the National Center on Minority Health and Health Disparities to ‘Institute’ status will increase the profile of disparities research. By one recent estimate, eliminating ethnic and racial health and healthcare disparities would have saved the nation over $1 trillion in direct and indirect healthcare costs over the last 5 years.
What You Can Do

• Call Senate Majority Leader Harry Reid and urge him to
  • **Support Senator Cardin’s (D-MD) Amendment (#2878)** to elevate the National Center on Minority Health and Health Disparities to ‘Institute’ status;
  • **Pass an equivalent of H.R. 3961**, the “Medicare Physician Payment Reform Act of 2009” in the Senate.

  **Contact Senator Reid’s Washington D.C. office at 202-224-3542.**

• Share your ideas with the NMA Health Policy Team. Contact us at [healthpolicy@nmanet.org](mailto:healthpolicy@nmanet.org).

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Work Cited


