

United States Senate

WASHINGTON, DC 20510

December 11, 2009

Mr. Bob Seligson
P.O. Box 27167
Raleigh, North Carolina 27611

Dear Bob:

Although the health care bill currently being debated on the Senate floor is receiving a great deal of attention in today's 24 hour news cycle, not everything going on in Washington is making it back to the American people. We all know this bill will expand coverage to uninsured Americans, and we all know in order for this to happen, the bill proposes drastic changes to our health care system and the role of the federal government. However, there are countless proposals being floated, discussions being had, deals being made, and votes taking place that will significantly impact both the lives of American citizens as well as the way doctors and hospitals provide care to their patients. To that end, I wanted to take this opportunity to fill you in on what is really going on in Washington, and how it could affect you and your membership.

On one side of the health care debate, there are Senators who are willing to expand coverage no matter what the cost. On the other side, there are Senators who want to provide coverage for the uninsured, but are concerned with how to do it so it does not bankrupt our nation and jeopardize our economy for future generations. Numerous amendments have been offered by members from both sides of the aisle in an effort to either improve the bill, or change it in a manner to gain support for its provisions.

Senator John McCain (R-AZ) offered a motion to send the health reform bill back to the Senate Finance Committee in order to remove language that cuts around \$450 billion from Medicare. It failed by a vote of 42 to 58. Senator Orrin Hatch (R-UT) offered a similar amendment to remove the Medicare Advantage cuts, which failed by a vote 41 to 57. Senator Mike Johanns (R-NE) also offered a similar motion to remove the cuts to home health agencies - some estimates have indicated that North Carolina will be hit with over \$1 billion of these cuts. However, this motion also failed by a vote of 41 to 53. As you would assume, these votes fell largely along party lines.

Two other amendments voted on thus far included language regarding women's health. An amendment introduced by Senator Lisa Murkowski (R-AK) addressed mammography screenings and relied on the recommendations of respected doctors' organizations specializing in preventive services. The amendment also included broad protections to prevent bureaucrats at HHS from denying care to patients based on the use of comparative effectiveness research. However, the Murkowski amendment failed to pass, while a similar motion introduced by Senator Barbara Mikulski (D-MD) that did not include such protections passed.

Mr. Bob Seligson
Page 2
December 11, 2009

This bill also falls short in addressing medical malpractice reform and physician reimbursement, but you don't hear much about this from the media. These two issues could have a drastic impact on our national health care system and, out of the 2,074 pages of text, less than one full page is devoted to a discussion of medical malpractice reform. These issues deserve strong consideration in order for serious health care reform to take place.

The Senate Majority Leader is continuing to offer proposals in order to garner support for this bill and secure the 60 votes he needs for this legislation to pass. One of the recent proposals that is currently being scored by the Congressional Budget Office is to weaken the public option and expand Medicare instead. The proposal would allow Americans between the ages of 55 and 64 to buy into Medicare for coverage. This sounds okay on its face, but in reality, adding up to 30 million people to Medicare would accelerate the insolvency of the program and would drastically restructure the patient mix of every doctor and every hospital by increasing the percentage of public-pay patients. Currently, Medicare only reimburses hospitals 91 cents out of every dollar. This move would put the pressure on health care providers to get more money out of the private-pay side in order to compensate for lower reimbursement rates from their new Medicare patients, or eliminating Medicare patients from the physician's practice. Ultimately, expanding Medicare in this manner would be a bigger step towards a single-payer system than the public option would be.

Next week, we will continue to offer amendments if Senator Reid allows it. He continues to try new angles to attract sixty votes to pass this bill out of the Senate. I feel certain this will continue into Christmas week. I will update you as things unfold.

Sincerely,

A handwritten signature in black ink, appearing to read 'Richard Burr', written over a horizontal line.

Richard Burr
United States Senator