Health Bill Headaches in the Senate

From “A Squeaker in the House Becomes Headache for the Senate: 5 Things to Watch” by Julie Rovner in KHN News, May 4, 2017:

House passage of the American Health Care Act is just a first step. As this measure moves to the Senate, it will face a new set of political and policy challenges. Among them: Medicaid, Uninsured Rates, Tax Credits and Planned Parenthood.

“After weeks of will-they-or-won’t-they tensions, the House managed to pass its GOP replacement for the Affordable Care Act by a razor-thin margin. The vote was 217-213.”

“Democrats who lost the battle are still convinced they may win the political war. As the Republicans reached a majority for the bill, Democrats on the House floor began chanting, ‘Na, na, na, na … Hey, hey, hey … Goodbye.’ They claim Republicans could lose their seats for supporting a bill that could cause so much disruption in voters’ health care.”

“Now the bill—and the multitude of questions surrounding it—moves across the Capitol to the Senate. And the job doesn’t get any easier. With only a two-vote Republican majority and no likely Democratic support, it would take only three GOP ‘no’ votes to sink the bill.”

“‘Democrats have made clear they will unanimously oppose the bill. ‘Trumpcare’ is just a breathtakingly irresponsible piece of legislation that would endanger the health of tens of millions of Americans and break the bank for millions more,’ said Senate Minority Leader Chuck Schumer (D-N.Y.).”

“And Republicans in the Senate have their own internal disagreements, too. Here are five of the biggest flashpoints that could make trouble for the bill in the upper chamber.”

**Medicaid**—“House leaders correctly point out that their bill represents the biggest changes to the federal-state health program for the poor since its inception in 1965—a point that appeared to be drowned out during the most recent debate that focused on coverage for people with preexisting health conditions.”

“Federal funding for low-income people on Medicaid would be limited, resulting in what House Speaker Paul Ryan described recently as ‘sending it back to the states, capping its growth rates.’ It’s a longtime goal for many conservatives. Said Ryan, ‘We’ve been dreaming of this since I’ve been around.’”

“But it is not a consensus position in the party. Some moderates support the current program, especially for children and people with disabilities. In addition, many GOP governors took the federal government’s offer in the ACA of near-complete federal funding to expand Medicaid to non-disabled, working-age adults, and

“In a world of change, the learners shall inherit the earth, while the learned shall find themselves perfectly suited for a world that no longer exists.” - Eric Hoffer

RWHC Eye On Health, 5/16/17
they are worried about the impact on their residents and their budgets if the expansion goes away and the program’s funding is restricted.”

“The House bill, wrote the Republican governors of Ohio, Michigan, Arkansas and Nevada in a letter to House and Senate leaders, ‘provides almost no new flexibility for states, does not ensure the resources necessary to make sure no one is left out, and shifts significant new costs to states.’”

“That pushback has also created doubts in the minds of some GOP senators. Sens. Rob Portman (R-Ohio), Bill Cassidy (R-La.) and Shelley Moore Capito (R-W.Va.) are among those who have expressed concerns about the House bill, as has Dean Heller (R-Nev.) It’s not clear if any of the House changes have satisfied those senators.”

Increase in Number of Uninsured People—“The Congressional Budget Office’s initial estimate that the bill could lead to 24 million more Americans without health insurance within a decade sparked many lawmakers in the upper chamber. ‘You can’t sugarcoat it,’ Cassidy told Fox News when explaining that ‘it’s an awful score.’ The final House bill passed without the score being updated, although most outside analysts said the changes were likely to increase the number who would lose insurance.”

“And Democrats have been using those initial numbers to score rhetorical points, even if they lack the votes in either the House or Senate to stop the bill or change it.

‘The CBO’s estimate makes clear that Trumpcare will cause serious harm to millions of American families,’ said Schumer. ‘Tens of millions will lose their coverage, and millions more, particularly seniors, will have to pay more for health care.’”

Tax Credits—“On one hand, even with the additional $85 billion added by House leaders to help older people pay for their insurance premiums, many moderates feel the age-based tax credits in the bill replacing those in the Affordable Care Act are too small, particularly for people in their 50s and early 60s. The CBO estimated that under the original version of the House bill, premiums for a 64 year-old with an income of $26,000 a year could rise from $1,700 currently to more than $14,000.”

“That brought a strong rebuke from the powerful AARP, which was an outspoken ACA supporter. ‘Although no one believes the current health care system is perfect, this harmful legislation would make health care less secure and less affordable,’ said a statement from the group.”

“Sen. Susan Collins (R-Maine) has said she could not support the House bill in its original form because of concerns about the effects on older constituents.”

“On the other hand, some conservatives in the Senate are ideologically opposed to offering any tax credits. Sens. Ted Cruz (R-Texas), Mike Lee (R-Utah) and Rand Paul (R-Ky.) have all expressed concerns about the bill being too much like the ACA, with Paul referring to it as ‘Obamacare Lite.’ They worry that the tax credits amount to a new entitlement.”

‘For me, it’s a big stumbling block still that there’s taxpayer money that’s being given to insurance companies,’ Paul told reporters in late April. ‘And I’m just not in favor of taxpayer money going to insurance companies.’”

Planned Parenthood—“As Republicans have been vowing for years, the House-passed bill would defund Planned Parenthood, although only for a year. That’s likely because a permanent defunding would actually cost the federal government more money, according to the CBO, as some women who lose access to birth control would become pregnant, have
babies and qualify for Medicaid. Birth control is vastly cheaper than health care for mothers and babies. But while cutting funding for Planned Parenthood is overwhelmingly popular in the House, there are a handful of GOP senators, including Collins and Lisa Murkowski (R-Alaska), who have said they are likely to oppose a bill carrying this provision.”

Procedural Problems—“The budget process Republicans are using to avoid a Democratic filibuster in the Senate, called reconciliation, has very strict rules that require every piece of the bill to be directly related to the federal budget. It will be up to the Senate parliamentarian, a Republican appointee, to make those determinations.”

“That’s why the bill does not wipe away all the ACA’s private insurance regulations, including the requirement that insurers not discriminate against customers who have preexisting health conditions.”

“Some analysts have suggested that the House amendment sought by conservatives to allow states to waive some of the health law’s regulations might run afoul of Senate’s ‘Byrd Rule,’ which limits what can be included in a budget reconciliation measure.”

“‘It could be argued that any budgetary effects of the waiver are ‘merely incidental,’ said the Committee for a Responsible Federal Budget in a blog post.”

“Even Rep. Mark Meadows, R-N.C., who negotiated that amendment with conservatives to allow states to waive some of the health law’s regulations might run afoul of Senate’s ‘Byrd Rule,’ which limits what can be included in a budget reconciliation measure.”

“Democrats say it is one of several provisions in the House bill that might not pass parliamentary muster in the Senate.”

“For example, analysts have suggested that the GOP replacement for the much-disliked ‘individual mandate’ requiring most people to have insurance or pay a fine might not pass Byrd Rule scrutiny either. That’s because the 30 percent premium penalty that people with a lapse in insurance would have to pay under the bill would go to the insurance company, not the federal government, so it would have no budget impact.”

“A third potentially problematic element of the original House bill would allow insurers to charge older adults five times more in premiums than younger adults—up from a ratio of 3-to-1 under the Affordable Care Act. That provision could be viewed as not directly affecting federal spending, some analysts predict.”

America’s Nurses Oppose AHCA

Editors Note: Gallup’s annual “Who Do You Trust” Polls has rated nursing as the most respected profession for the last fifteen years—“Americans say nurses have the highest honesty and ethical standards. Members of Congress and car salespeople were given the worst ratings among the 11 professions included in their most recent report.”

I thought it would be interesting to see what the nursing profession said about the American Health Care Act. Below is from the American Nurses Association (ANA) May 4th Press Release: “American Nurses Association Disappointed with the Passage of the American Health Care Act”:

“The American Nurses Association (ANA) strongly opposed the American Health Care Act (AHCA) and is deeply disappointed with the passage of this legislation by the United States House of Representatives.”
“ANA, which represents the interests of more than 3.6 million registered nurses, has expressed serious concerns throughout negotiations about the critical impact the AHCA would have on the 24 million people who stand to lose insurance coverage.”

“Over the past several weeks, nurses from across the country expressed their strong disapproval of this bill which would negatively impact the health of the nation,” said ANA President Pamela F. Cipriano. “Today, Congress not only ignored the voice of the nation’s most honest and ethical profession and largest group of health care professionals, it also ignored 15 million people in the United States with pre-existing conditions who will now have no protection from insurer discrimination.’”

“As it is currently written, the AHCA would cut Medicaid funding by $880 billion over 10 years, dramatically increase premiums on seniors, restrict millions of women from access to health care, weaken the sustainability of Medicare, and repeal income-based subsidies that have made it possible for millions of families to buy health insurance. In addition, states would have the option to waive essential health benefit protections that prevent insurance companies from charging individuals with pre-existing conditions significantly more for coverage. Even worse, insurers could decline coverage for substance abuse treatment, maternity care, and preventive services. Late efforts to stabilize the bill’s risk pools for more than 15 million people with pre-existing conditions were wholly inadequate and will leave the nation’s sickest vulnerable.”

“As the legislation moves to the U.S. Senate, ANA urges the Senate to allow for opportunities for thoughtful, public feedback of reforms that would have such a far-reaching and personal impact.

“ANA asks the Senate to oppose AHCA in its current form, and stands ready to work with Senators to protect and improve health care access, quality and affordability for all.”

The American Nurses Association (ANA) is the premier organization representing the interests of the nation’s 3.6 million registered nurses. ANA advances the nursing profession by fostering high standards of nursing practice, promoting a safe and ethical work environment, bolstering the health and wellness of nurses, and advocating on health care issues that affect nurses and the public. ANA is at the forefront of improving the quality of health care for all. For more information, visit www.nursingworld.org.

Disagreeing without Being Disagreeable

From “Working to end incivility” by Matt Sedensky, Associated Press, 3/12/17:

“In state capitals, lawmakers attend workshops on how to avoid demonizing their opponents. On a college campus, students re-enact hard fought debates that led to great compromises at the country’s founding. Even a summer camp is aiming to give children the tools to show respect in the face of disagreement.”

“Americans who are alarmed and disheartened by a coarsened culture and incivility in politics—especially following a brutal presidential campaign season that bared new lows in both—are fighting back with a range of initiatives around the U.S. to restore some semblance of decorum.”
“It’s incumbent on us to be the adults who push back against what we’re getting in the popular culture and the political rhetoric,” said Mary Evins, who directs the American Democracy Project for Civil Learning at Middle Tennessee State University.

“That’s where students have staged classroom roleplays of compromises from the 1787 Constitutional Convention, assuming the parts of the Founding Fathers to act out the give-and-take required to reach agreement on crucial but difficult decisions, such as how large and small states would share power.”

“The school is training faculty to incorporate civic learning across disciplines, holding a lecture series on rhetoric, and hosting former members of Congress to talk about respectful dialogue. Evins says it’s all part of addressing not just college and career, but citizenship.”

“Even as polls find Americans say a civil tone in candidates is an important factor in how they vote, surveys have also shown people more accepting of personal attacks in politics. A poll by Zogby commissioned by Allegheny College in October found in the six years since its previous survey, significantly more people viewed it as acceptable to interrupt, shout over, belittle, insult, personally attack, or question the patriotism of those with differing opinions. Respondents also have grown more accepting of commenting on another’s sexual orientation, race or ethnicity.”

“Fewer people even believe elected officials should pursue friendships with members of other parties: 56 percent in the more recent survey compared with 85 percent in 2010. ‘If this incivility continues, we’re going to lose a generation to politics,’ said Jim Mullen, president of Allegheny, in Meadville, Pennsylvania. ‘And that’s a very dangerous thing for our democracy.’ Interest has surged in programs offered by the National Institute for Civil Discourse, which was founded at the University of Arizona after the 2011 shooting that left six dead and then-Rep. Gabby Giffords and others badly injured.”

“Its civility-boosting efforts around the country include sessions in state legislatures that bring lawmakers from opposing parties together in hopes they see one another as people and try to understand what has shaped their opinions.”


The Rural Health Information Hub has just added to www.ruralhealthinfo.org a “Rural Health Networks and Coalitions Toolkit” to their already enormously useful compendium of resources. The toolkit was produced by the University of Minnesota Rural Health Research Center in collaboration with the NORC Walsh Center for Rural Health Analysis and the Rural Health Information Hub.

The purpose of this toolkit is “to provide resources, strategies and examples to communities who are considering developing a new or expanding an existing health network or coalition.”

“The toolkit consists of seven modules. Each module contains useful information and links that connect you to resources and materials that can help in creating or expanding your program:

1. Networks Introduction
2. Program Models
3. Program Clearinghouse
4. Implementation Considerations
5. Evaluation Considerations
6. Sustainability
7. Dissemination”

“Rural communities have long recognized the value of gathering stakeholders to address community needs. Belonging to such a group provides members the opportunity to share resources, enhance quality of
services, develop new leaders, and increase access to care, resilience, and power.”

“A rural health coalition is a term that refers to a collaboration between diverse organizations or constituencies that agree to work on a specified action-oriented opportunity, typically at the policy, system, and environmental level. Some coalitions are grassroots, short-term collaborations that convene to address an immediate, resolvable concern and then part ways when the goal is accomplished. Other coalitions are more formal, long-term, and take on multiple concerns.”

“A rural health network sometimes come together in response to an identified need, networks may organize to avert a potential crisis. Or their purpose may be broader and may evolve over time as the community’s needs shift. Network members may include a variety of participants, including (but not limited to) healthcare providers, nonprofit organizations, government agencies, public health professionals, educational providers, and private organizations.”

“There are a number of common types of rural health networks and coalitions that represent a variety of topics and stakeholders. Some networks include members from safety net programs who come together to address healthcare quality and delivery concerns. Others are cross-sector collaborations who are opting to address concerns from multiple perspectives. All networks, however, recognize the value of social capital and its role in addressing community-level social and public health concerns.”

The development of this toolkit was supported by the Federal Office of Rural Health Policy, Health Resources and Services Administration and the U.S. Department of Health and Human Services Department.

Rural Social Isolation & Public Health

From “They’re out there—if we can find them,” Politico, 4/12/17:

“A vanguard of health care workers are tackling what researchers say is a growing health risk: social isolation. Researchers increasingly are convinced that living alone and losing contact with family and friends can be as much a threat to people's health as more physiological factors, like high blood pressure or obesity.”

“And the problem is set to get worse in coming decades. Baby boomers, who had fewer children than previous generations, are living longer, often with chronic diseases that can reduce their mobility. Family networks that traditionally cared for older generations are more dispersed. The trend is already acute in rural regions like those in Maine hard hit by the collapse of the paper industry and other manufacturing losses, where young people continue to leave for jobs to the South.”
“Social isolation is not only unpleasant; it can be deadly. Someone who lacks social relationships has the same risk for early death as someone who is severely obese, according to a 2015 analysis by researchers at Brigham Young University. The feeling of loneliness, or a person’s perception of being isolated, has been linked to higher blood pressure and cognitive decline. Taken together, social isolation and loneliness were associated with a 29 percent increased risk for coronary heart disease and a 32 percent increased risk for stroke, according to another large-scale analysis led by researchers at the University of York in Great Britain.”

The whole article is at: http://ow.ly/mg0D30bHkMO

**Insights:** “Abe Lincoln-Project Manager”

The Leadership Insights series is by Jo Anne Preston, RWHC Workforce & Organizational Development Senior Manager. Back issues at www.RWHC.com.

“A recent visit to the amazing Abraham Lincoln Presidential Library and Museum revealed things about the man that I didn’t know even after living the first half of my life right in the heart of Illinois’ land of Lincoln. First, it was Abraham Lincoln’s stepmother who nurtured his love of reading and learning. He did not go to college, but that love for reading resulted in him becoming a lawyer which led to other career ‘highlights.’ So, a shout out to sisters in stepmotherhood, and others behind the scenes who may not get a lot of credit for influencing people. You never know what impact your encouragement can have.”

“No matter who taught Abe his work habits, the second ‘a-ha’ I had about him is that in today’s world he might have ended up being a project manager instead of POTUS. Here are two of his quotes that lead to my theory:

‘Give me six hours to chop down the tree and I will spend the first four sharpening the axe.’

‘I’m a slow walker, but I never walk back.’”

“Abraham Lincoln was just a human being, though in history he has become more of a legend. His leadership legacy is far reaching, but not everyone he worked with appreciated his methodical and contemplative style. Think of the people who put the brakes onto your good ideas. It can be frustrating to have someone slow you down to spend more time on the frontend planning, or ‘sharpening the axe.’ Example: Instead of running to your friend in IT to have them set up something unique for you, now there is a process you have to follow where you get put in the queue with everyone else’s IT requests. Maddening, isn’t it?”

“Abe’s two bits of wisdom are clues as to why so many leaders struggle with project management. They are hard for the mover and shaker to adhere to, wanting to jump into action to see results. The world does reward results, but no one has time for the unintended consequences, unnecessary duplication of efforts, and rework that come from rushing the planning phase. Most of us have had the experience of jumping into a project or work team only to have it fizzle, or said yes to something before realizing the amount of time it was going to take. We find ourselves ‘walking back’ from the land of unintended consequences.”

“You don’t have to be an expert in project management to use the basics. If you are leading or participating in a project, work through these three key components of project management before starting (or even saying yes):

**Scope**–What is the desired result in a nutshell? What’s in? What’s NOT in? Projects have a way of ballooning when we are not clear. Example: Your team is already working on re-
Reducing readmissions, so how about you just add on another quality indicator project? Just because work falls under the same heading doesn’t mean that it can simply be added on without a plan for the following two components.

**Schedule**—What are the significant dates: start, end and major milestone dates along the way to completion? Identify the dates that are critical. A recent grant writing experience made this very clear. Grant deadlines are non-negotiable, so working backwards from the deadline to turn it in, all the key milestone dates were put on the plan. This led to some members saying no to participating - and that is ok! We should not say yes to something without knowing the time expectations. If we do, then we may put a lot of hours in on something that ends up not being possible at all. No one has that kind of time to give away.

**Resources**—What are the people, time, financial and other resources that will go into the work? For example, creating your department FTE budget for the year is a project. I’ve seen managers stressed out and working extra shifts because of failing to plan the resources for allowing for people to take vacation time. If it is a required resource, plan for it realistically.”

“Project management won’t make all work come in on time and budget, or anticipate every change that will arise. But thinking like a project manager will increase your chances of getting the results you want and reduce wasted time. Want more? This stepmother recommends reading Project Management For Dummies by Stanley Portney and/or bringing RWHC’s Workshop, ‘Primary Project Management for the Busy Manager’ to your organization!”

Contact Jo Anne Preston for individual or group coaching at jpreston@RWHC.com or 608-644-3261. For info re the RWHC Leadership Series go to www.RWHC.com/Services.aspx or contact Carrie Ballweg at cballweg@RWHC.com or 608-643-2343.

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