



WHITE HOUSE FORUM ON HEALTH REFORM

Washington, DC

MARCH 5, 2009

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Introduction *Remarks of President Barack Obama*

We are here today to discuss one of the greatest threats not just to the well-being of our families and the prosperity of our businesses, but to the very foundation of our economy—and that is the exploding cost of health care in America today.

In the last eight years, premiums have grown four times faster than wages, and an additional nine million Americans have joined the ranks of the uninsured. The cost of health care now causes a bankruptcy in America every thirty seconds. By the end of the year, it could cause 1.5 million Americans to lose their homes. And even for folks who are weathering this economic storm, and have health care now, all it takes is one stroke of bad luck—an accident or illness; a divorce or lost job—to become one of the nearly 46 million uninsured or the millions who have health care, but can't afford it.

We did not get here by accident. The problems we face today are a direct consequence of actions we failed to take yesterday. Since Teddy Roosevelt first called for reform nearly a century ago, we have talked and tinkered. We have tried and fallen short, stalled time and again by failures of will, or Washington politics, or industry lobbying.

And today, there are those who say we should defer health care reform once again—that at a time of economic crisis, we simply cannot afford to fix our health care system as well.

Well, let's be clear: the same soaring costs that are straining our families' budgets are sinking our businesses and eating up our government's budget too. Too many small businesses can't insure their employees. Major American corporations are struggling to compete with their foreign counterparts. And companies of all sizes are shipping their jobs overseas or shutting their doors for good.

Medicare costs are consuming our federal budget. Medicaid is overwhelming our state budgets.

And at the Fiscal Summit we held here last week, the one thing on which everyone agreed was that the greatest threat to America's fiscal health is not Social Security, though that is a significant challenge; and it is not the investments we've made to rescue our economy; it is the skyrocketing cost of health care.

That is why we cannot delay this discussion any longer. And that is why today's forum is so important. Because health care reform is no longer just a moral imperative, it is a fiscal imperative. If we want to create jobs and

rebuild our economy, then we must address the crushing cost of health care this year, in this Administration. Making investments in reform now, investments that will dramatically lower costs, won't add to our budget deficits in the long-term—rather, it is one of the best ways to reduce them.

Now I know people are skeptical about whether Washington can bring about this change. Our inability to reform health care in the past is just one example of how special interests have had their way, and the public interest has fallen by the wayside. And I know people are afraid we'll draw the same old lines in the sand, give in to the same entrenched interests, and arrive back at the same stalemate we've been stuck in for decades.

But I am here today because I believe that this time is different. This time, the call for reform is coming from the bottom up, from all across the spectrum—from doctors, nurses and patients; unions and businesses; hospitals, health care providers and community groups. It's coming from mayors, governors and legislatures—Democrats and Republicans—who are racing ahead of Washington to pass bold health care initiatives on their own. This time, there is no debate about *whether* all Americans should have quality, affordable health care—the only question is, *how*?

The purpose of this forum is to start answering that question—to determine how we lower costs for everyone, improve quality for everyone, and expand coverage to all Americans. And our goal will be to enact comprehensive health care reform by the end of this year.

In the past month alone, we have done more to advance that goal than we have in the past decade. We've provided and protected coverage for eleven million children from working families, and for seven million Americans who've lost their jobs in this downturn. We've made the largest investment in history in preventive care; invested in electronic medical records that will save money, ensure privacy, and save lives; and launched a new effort to find a cure for cancer in our time. We have also set aside in our budget a health care reserve fund to finance comprehensive reform. I know that more will be required, but this is a significant down-payment that is fully paid for and does not add one penny to our deficit. And I look forward to working with Congress and the American people to get this budget passed.

Now, as we work to determine the details of health care reform, we won't always see eye to eye. We may disagree—and disagree strongly—about particular measures. But we know that there are plenty of areas of agreement as well, and those will serve as the starting point for our work.

We can agree that if we want to bring down skyrocketing costs, we'll need to modernize our system and invest in prevention. We can agree that if we want greater accountability and responsibility, we must ensure that people aren't overcharged for prescription drugs, or discriminated against for pre-existing conditions—and we need to eliminate fraud, waste and abuse in government programs. We can agree that if we want to cover all Americans, we cannot make the mistake of trying to fix what isn't broken. So if you have insurance you like, you'll be able to keep that insurance. If you have a doctor you like, you can keep that doctor. You'll just pay less for the care that you receive.

Finally, we can all agree that if we want to translate these goals into policies, we need a process that is as transparent and inclusive as possible. That is why I have asked all of you—representatives of organizations,

interests, and parties from across the spectrum—to join us here today. And that is why we asked concerned citizens like the folks on this stage to organize open meetings across America where people could air their views. More than 3,000 meetings were held in all 50 states and DC, and more than 30,000 people attended. I thank them for their input and ideas, and I look forward to reading the report that Travis has presented to me.

In this effort, every voice must be heard. Every idea must be considered. Every option must be on the table. There will be no sacred cows in this discussion. Each of us must accept that none of us will get everything we want, and no proposal for reform will be perfect. But when it comes to addressing our health care challenge, we can no longer let the perfect be the enemy of the essential.

Finally, I want to be very clear at the outset that while everyone has a right to take part in this discussion, no one has the right to take it over. The status quo is the one option that is not on the table. And those who seek to block any reform at any cost will not prevail this time around.

I did not come here to Washington to work for those interests. I came to work for the American people—the folks I met on the campaign trail, and who I hear from every day in the White House. Folks who work hard and make all the right decisions, but still face choices that no one in this country should have to make: how long to put off that doctor's appointment; whether to fill that prescription; when to give up and head to the emergency room because there are no other options.

I have read some of the many letters they've sent asking me for help. They're usually not looking for much. They don't want a handout or a free ride. Some are embarrassed about their situation and start by saying they've never written a letter like this before. Some end by apologizing—saying they've written to me because they have nowhere else to turn; asking me not to forget about them and their families.

Today, I want them, and people like them across this country, to know that I have not forgotten them. They are why we are here today—to start delivering the change they demanded at the polls in November. And if we are successful, if we can pass comprehensive reform, these folks will see their costs come down and get the care they need, and we'll help our businesses create jobs again so our economy can grow again.

It will not be easy. There will be false starts and set-backs and mistakes along the way. But I am confident that if we come together, and work together, we will finally achieve what generations of Americans have fought for and fulfill the promise of health care in our time.

WHITE HOUSE FORUM ON HEALTH REFORM

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Introduction *Remarks of Melody Barnes*

Good afternoon, I'm pleased to welcome you to the White House Forum on Health Reform.

Many months ago, President Obama promised the country that once in the White House, he would take the steps necessary to reform our health care system. Not just because we should, but because we must. Today the President begins to fulfill that promise joined by engaged Americans, Democratic and Republican Members of Congress, doctors and nurses, business and labor, insurers and hospital associations.

One undeniable truth brings everyone around the table: the continuing, sharp escalation of health care costs for families, businesses and government is simply unsustainable. Reform is needed to bring costs under control, to improve the quality of health care you are receiving and to help those who are losing their insurance.

In fact at the end of last year, motivated by that imperative, thousands upon thousands of men and women gathered at Health Care Community Discussions around the country. No longer willing to let the status quo survive, they decided to engage with their neighbors, co-workers and fellow parishioners to bring truth to power.

Today, seven of those men and women are here with us, and I'm pleased to introduce Travis Ulerick of Dublin, Indiana who will tell us what they discussed and what they believe must happen next.

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Introduction

Remarks of Travis Ulerick

Hi, my name is Travis Ulerick, and I am a Firefighter EMT from Dublin, Indiana. Every day on the job, I meet people who do not have health insurance—people who are left out of the current health system. People in my town cannot afford health costs, they can't afford doctors' visits, and they can't afford ambulance rides.

When I saw on Change.gov that President Obama was encouraging people to host health care community discussions, I realized I might be able to do something to help.

In fact, it was my mother—who has heard me complain one too many times about the health system—who told me this was my chance to bring people in Dublin together to tackle the problem. So I signed up to host a discussion, and invited other first responders, doctors and members of our community to the bay of my fire station in December.

Apparently, a few other people signed up to host discussions too. Over 30,000 Americans participated in health care community discussions over the holidays. Joining me today is Julia Denton, a military wife and Republican who passionately supports the President's effort to reform the health system, Siavash Sarlati, a third year medical student at the University of Wisconsin, Yvonne Rubie, who held a discussion at her Church in Brooklyn, James Stoffer, a small business owner and father of five, Jose Oliva, a Veteran who hosted a discussion in El Paso, Texas, and Angela Diggs, who runs a Senior Wellness Center here in Washington D.C.

We are honored to be here to represent the thousands of Americans who went to their churches, their community centers, and their neighbors' homes to show leaders in Washington that the time is now to reform our health system. Today we present a report to President Obama that reflects the concerns and suggestions contributed as part of our discussions.

This report finds that Americans agree on the problems with the system—that costs are too high and accessing quality coverage is too difficult. Some groups submitted stories, that sound familiar to me especially, about people who were afraid to go to the hospital for treatment they needed because they didn't know if they could afford it. The most common theme is that Americans don't believe the current health system works for them.

President Obama, thanks to what you are doing today, Americans can believe again that their government is working for them and with them to solve this problem. Thank you for challenging us to get involved, for listening to us and for being here Mr. President. I am proud to present this report to you and your Administration, as we begin to work together as a country to reform the health care system.

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Confronting the Issues *Summary of Breakout Session One*

EXECUTIVE SUMMARY

- ◆ Consensus emerged that our country needs health reform this year, that all sectors and interests are ready for major reform, and that the process must be inclusive.
- ◆ Participants generally agreed that cost and access are the two primary areas that need to be prioritized in reform efforts. A variety of different approaches were proposed to address these two concerns.
- ◆ Many participants discussed the need to make sure health care costs reflect their value and the need to avoid spending health care dollars on ineffective treatments or treatments with equally effective and less expensive alternatives. Several participants cited the importance of comparative effectiveness and Health Information Technology (IT) investments, which both have the potential to reduce costs substantially and improve the quality of treatment.
- ◆ Nearly every participant stressed the importance of investing in public health and prevention, especially in the areas of anti-smoking and obesity reduction. The group agreed that this would both improve health and reduce costs.
- ◆ Attendees:
 - ◇ The session moderators were: Director of the Domestic Policy Council, Melody Barnes, and Special Assistant to the President for Health Care and National Economic Council member, Bob Kocher, MD.
 - ◇ The Members of Congress who attended were: Senator Mike Enzi, Senator Byron Dorgan, Senator Sheldon Whitehouse, Senator Orrin Hatch, Representative Dingell, Representative Rob Andrews, Representative Baron Hill, Representative Jan Schakowsky, Representative Jo Ann Emerson, Representative Allyson Schwartz, Representative Earl Pomeroy, and Representative John Conyers.
 - ◇ Other participants included: Dennis Rivera (SEIU), Ken Powell (General Mills and Business Roundtable), Rich Umbdenstock (American Hospital Association), Daniel Smith (American Cancer Society), Rebecca Patton (American Nurses Association), Scott Serota (Blue Cross Blue

Shield Association), Peter Thomas (Consortium for Citizens with Disabilities Health Task Force), Cecile Richards (Planned Parenthood), and Janet Murguia (National Council of La Raza).

DETAILED SUMMARY

Issue: Why is Health Reform Important, and How and When Should It Be Addressed?

- ◆ Rich Umbdenstock of the American Hospital Association expressed that reform must be “comprehensive” and “inclusive of all stakeholders.” He also listed five priorities for health care reform, including coverage for all, containing costs, aligning payment incentives, improving quality, and prioritizing Health Information Technology (“Health IT”).
- ◆ Scott Serota of the Blue Cross Blue Shield Association urged the panel to consider the insurance industry’s opposition to reform a thing of the past. He believes that the insurance industry is “embracing the need for ... appropriate and sustainable reform.”
- ◆ Senator Whitehouse gave examples of how Americans believe health reform is necessary now: over 200 people came to his last community meeting on health care, and his website has received a large number of “heart wrenching” stories.
- ◆ Many participants praised the inclusiveness of the forum while also noting the importance of a bipartisan process that includes all stakeholders.
 - ◇ Senator Hatch cited the success of CHIP as evidence of the strength of a bipartisan process along with a focus on a share-based approach. He strongly believes both sides can come together to achieve reform.
 - ◇ Senator Enzi noted that health reform will be difficult because it affects more stakeholders than any other. However, he contended that all sides are at 80 percent agreement and that a third way or leaving the issue out until later is only needed for the other 20 percent. He believes that Senator Baucus is leading a positive effort and encourages using the committee process and not using reconciliation. He wants the process to remain bipartisan.
 - ◇ Dennis Rivera of SEIU urged those involved with health care reform to adopt a spirit of compromise.
 - ◇ Domestic Policy Council Director Melody Barnes closed the discussion with a strong call for continued cooperation across all stakeholders to bring about meaningful health reform.

Issue: How Can We Contain Rising Health Care Costs?

- ◆ Many participants highlighted how public health and prevention can reduce costs.
 - ◇ Daniel Smith of the American Cancer Society noted that public health and prevention measures, specifically targeting anti-smoking and obesity reduction, can present major cost-saving opportunities.
 - ◇ Senator Dorgan observed that “the model of our system is basically sick care, not health care ... it seems to me that it is much more expensive than investing to help prevent people from getting

- sick.” Senator Dorgan emphasized the importance of expanding smoking cessation and obesity prevention programs.
- ◇ Ken Powell of General Mills and the Business Roundtable highlighted wellness programs that focus on managing and preventing chronic illnesses like asthma, back problems, cardiovascular diseases, and diabetes through anti-smoking, exercise, and nutrition. He strongly advocated businesses helping their employees be healthier and made the point that these programs meaningfully reduce health care costs for employers and improve the vitality of employees.
 - ◇ Scott Serota of the Blue Cross Blue Shield Association and Janet Murguia of the National Council of La Raza also noted the importance of public health and prevention.
 - ◇ Cecile Richards of Planned Parenthood said the best estimate is that for every dollar spent on prevention, four dollars are saved in avoided costs in the future.
- ◆ Many panelists discussed the need for investments in Health IT to enable better communication across the health care system and reduce administrative costs.
 - ◇ Rich Umbdenstock of the American Hospital Association commended Congress and the President on the long-term investments already made in Health IT through the American Recovery and Reinvestment Act.
 - ◇ Representative Dingell raised the need for continued Health IT investments to reduce administrative costs.
 - ◇ Senator Whitehouse emphasized the need for both investment and management of Health IT implementation to make sure that it is done right, so that the result of Health IT investments will be a better and less-expensive system.
 - ◆ Representative Dingell highlighted the need to reduce complexity as another way to save costs.
 - ◆ Senator Hatch strongly advocated for President Obama to lift the strict limitations on federal funding for stem cell research, along with enacting strict ethical guidelines, which he argued could save trillions of dollars in health care costs by finding treatments and cures for illnesses like diabetes. [Note: President Obama signed an Executive Order lifting that restriction on March 9, 2009, four days after the summit.]
 - ◆ Daniel Smith of the American Cancer Society noted that a disproportionate amount of funds are spent at the end of life, resulting in a tremendous cost burden. He emphasized the importance of educating Americans about end-of-life care so that they can make an informed decision about what they want to do at the end of their life.
 - ◆ Senator Dorgan emphasized the importance of the re-importation of FDA-approved prescription drugs to allow Americans to purchase cheaper medications.
 - ◆ Several participants, including Senator Hatch and Representative Dingell, expressed desire to reform medical malpractice as part of the broader health reform effort. The current malpractice system is a contributing factor to high costs due to “defensive medicine” and workforce shortages in some regions.

Issue: How Can We Expand Health Insurance and Improve Its Quality?

- ◆ Representative Schakowsky said that her chief concern is the coverage of every American and commended President Obama on stating that goal.
- ◆ Many participants noted that access means more than just having health insurance; it means having adequate health insurance coverage that will actually cover them in the event of an illness.
 - ◇ Representative Emerson noted that inequities in reimbursements for rural America mean that many who are “covered” have a much more difficult time paying for their treatments.
 - ◇ Representative Schwartz echoed the concerns of Representative Emerson about inequities in reimbursement, noting that this is also a problem in her urban Philadelphia district. She also noted that many patients with pre-existing conditions may be denied coverage and cannot get access to health care.
 - ◇ Daniel Smith of the American Cancer Society highlighted that despite being considered “covered,” many Americans are just one illness away from bankruptcy because of the inadequate nature of their insurance coverage.
 - ◇ Cecile Richards of Planned Parenthood also discussed how the coverage for many Americans is inadequate.
- ◆ Participants also highlighted how geographic barriers and inadequate infrastructure contribute to access problems.
 - ◇ Representative Emerson noted that access involves providing health insurance to rural areas, which in some cases lack the infrastructure to deliver the full scope of services.
 - ◇ Representative Schwartz emphasized that geographic health care access concerns are not only confined to rural areas; her district in Philadelphia has many people without primary care or OB/GYN services nearby.
- ◆ Rebecca Patton of the American Nurses Association urged more focus on workforce development and care coordination as a way to improve access and quality of care.
- ◆ Senator Enzi believes that Medicare Part D has created competition and brought prices down dramatically, while bidding veteran’s drugs has denied the best drugs to some individuals. He therefore noted that any public plan should be a backup plan, not a primary plan, in order to encourage competition and avoid what he feels is one of the top concerns held by many stakeholders.
- ◆ Several participants flagged access concerns in disadvantaged communities and for vulnerable populations.
 - ◇ Peter Thomas of the Consortium for Citizens with Disabilities Health Task Force cautioned against using Medicare and Medicaid as a “dumping ground” for Americans with disabilities. He asked that the reformed system’s treatment of people with “disabilities and chronic illnesses become a litmus test ... for how successful the plan is. If it covers and takes care of people with disabilities and chronic illnesses, it will cover and take care of everyone.”

- ◇ Janet Murguia of the National Council of La Raza underscored the need to address the health care disparities experienced by the Latino community through a more culturally sensitive system.
- ◆ There was broad agreement that the overuse of ineffective technology is both a major cost concern as well as a quality concern. Participants agreed that this can be improved by encouraging more intelligent use of technology and treatments.
 - ◇ Representative Pomeroy, a former Insurance Commissioner, noted that high costs stem from the fact that between one-fifth and one-third of health care dollars are spent on activities that do not improve outcomes or value. According to Representative Pomeroy, a big problem is that “perverse incentives are driving utilization.” If we are driving people toward more effective treatments, health care quality will improve, which will also reduce costs.
 - ◇ Scott Serota of the Blue Cross Blue Shield Association discussed the importance of evidence-based medicine and using a comparative effectiveness analysis of drugs and treatments to help make sure that “every dollar spent today is delivering value.” He cited a study that indicated that at least 45 percent of Americans receive care that is not supported by the evidence.
- ◆ Senator Hatch disagreed with Senator Dorgan on drug re-importation, citing serious safety concerns for the American people. He urged completing construction of the new White Oak facility for the FDA as a way to attract leading scientists and to bolster the scientific program at the FDA.
- ◆ Representative Schakowsky supported the need for both a public and private plan option, citing both strong public support and potential cost savings.
- ◆ Participants discussed the use of requirements or “mandates” to purchase health insurance and the best way to structure them. Many of the participants were quick to emphasize the importance of this type of requirement.
 - ◇ Scott Serota of the Blue Cross Blue Shield Association came out very strongly for a sustainable, enforceable mandate on individuals. He argued that the only way for a system to work is for healthy people to be insured while they are healthy to offset the high cost of treating the unhealthy. He said that if people can just drop their insurance while healthy and enroll when they become sick, this will undermine the system financially.
 - ◇ Representative Schwartz cited such requirements as the only way to get the insurance companies on board by spreading risk over the entire population.

Issue: How Should We Finance Health Reform?

- ◆ There was a consensus that cost savings must be a large part of financing health reform. Representative Schakowsky cited a Commonwealth Fund study that found \$3 trillion in potential cost savings over the next 11 years through implementing a “high performance health care system and a large public health plan” that would include many of the cost saving measures discussed at the Forum session.
- ◆ All participants also agreed that there needs to be a clear sense of how health reform will be financed by identifying both cost savings and increased revenue sources.

- ◇ Representative Andrews emphasized the need for advocates of health care reform to take a clear stand on how they would pay for it.
- ◇ Representative Hill agreed that advocates for reform must come up with a clear explanation concerning how they are going to get to universal health care.
- ◇ Daniel Smith of the American Cancer Society suggested raising the cigarette tax beyond what has already been implemented under CHIP. For every 10 percent increase in the cigarette tax, children under the age of 18 consume 7 percent fewer cigarettes—so this has both financial and public health implications.

Other Topics Discussed

- ◆ Senator Hatch also made the case for investments in biotechnology and encouraged support for the bipartisan S-1695 legislation (the Biologics Price Competition and Innovation Act). He noted that this not only ensures a pathway for the approval of biological drugs but also provides the right incentives for continued investment in the innovation of the next generation of life-saving drugs, which have great potential but are too expensive for many today.

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Confronting the Issues *Summary of Breakout Session Two*

EXECUTIVE SUMMARY

- ◆ Participants agreed that access, quality, and affordability must be part of health care reform and that reform is urgently needed.
- ◆ Participants unanimously expressed a sincere dedication to a bipartisan and inclusive process. Over and over, participants stressed that this time would be different from the previous effort in the early nineties and that the White House Forum on Health Reform presented a great step forward.
- ◆ There was strong support from advocacy groups, the private sector, and both Republicans and Democrats for more transparency in costs. This includes investments in more publicly available research into comparative effectiveness of drugs and treatments as well as enhanced competition among insurers and providers through publicly available treatment and insurance plan cost comparisons.
- ◆ Several participants spoke about the need to address long-term care as part of health reform.
- ◆ Attendees:
 - ◇ The session moderators were: Valerie Jarrett, Senior Advisor and Assistant to the President for Intergovernmental Affairs and Public Liaison, and Zeke Emanuel, Advisor to the Director of the Office of Management and Budget.
 - ◇ The Members of Congress who attended were: Senator Chris Dodd, Senator Robert Bennett, Senator Bernie Sanders, Senator Debbie Stabenow, Representative Steny Hoyer, Representative Roy Blunt, Representative George Miller, Representative Buck McKeon, Representative Rosa DeLauro, Representative Donna Christensen, Representative Tim Murphy, Representative Michael Burgess, and Representative Nathan Deal.
 - ◇ Other participants included: Terry O'Sullivan (Change to Win), Governor Engler (National Association of Manufacturers), Chip Kahn (Federation of American Hospitals), Dr. Eric Whitaker (University of Chicago Medical School), Jeff Kindler (Pfizer), Scott Hersey Reed (PICO), Deborah Ness (National Partnership for Women and Families), Fredette West (Racial and Ethnic Health Disparities Coalition), and Ed Coyle (Alliance for Retired Americans).

DETAILED SUMMARY

Issue: Why is Health Reform Important, and How and When Should It Be Addressed?

- ◆ There was broad agreement that our health care system is not sustainable in its current form and is in urgent need of reform. Participants agreed that health reform must happen this year and that it must happen with everyone involved in the effort.
 - ◇ Chip Kahn of the Federation of American Hospitals and the creator of the “Harry and Louise” advertising campaign, which is largely credited with rallying support against health care reform in the early 1990s, agreed that times are different and “it’s time for action.” He supports broad reform and believes that all parties involved, including providers and insurers, want to see meaningful reform this time around. He also noted that the rigid nature of the proposal in the early 1990s caused a reflexive reaction from industry and that the open process this time around will be much more fruitful.
 - ◇ Representative Hoyer expressed that health care reform will be “difficult” but “doable, and we are committed to doing it.” He closed the session stating that “action is necessary” but will require compromise.
 - ◇ Representative Blunt said that we all agree on the basic principles, including the need to address access, affordability, and quality.
 - ◇ Scott Reed of PICO emphasized the cost of inaction and the importance of allowing “this conversation to migrate back into the community.”
 - ◇ Senator Bennett said that successful health reform will require wrenching change and, to achieve this change, he urged Republicans and Democrats, in the spirit of Butch Cassidy, to “jump off the cliff together” in efforts to reform health care.
 - ◇ Representative Miller stated that the downturn in the economy makes addressing health care even more timely and urgent.
 - ◇ Representative McKeon, Valerie Jarrett, and Representative Hoyer all offered closing comments in support of real bipartisanship in the process of drafting a bill, agreeing that more buy-in will yield a better health reform bill.

Issue: How Can We Contain Rising Health Care Costs?

- ◆ There was wide consensus that disease prevention and management as well as a reduction in waste and inefficiency would lower system costs.
 - ◇ Representative Murphy highlighted a report by the New England Health Care Institute that identified \$800 billion in wasteful spending and inefficiency and urged “an incredible partnership between workers, and citizens and government” to reduce these costs and avoid increasing taxes.
 - ◇ Senator Stabenow cited the success of the Keystone Center for Patient Safety and Quality, an initiative developed by the Michigan Hospital Association and Johns Hopkins. The initial efforts have been recognized for lowering hospital infections and saving a great deal of money. Senator

Stabenow discussed how the Agency for Healthcare Research and Quality is beginning to expand it across the country in pilot form as an example of how to reduce costs.

- ◇ Deborah Ness of the National Partnership for Women and Families encouraged policy makers to consider cost, quality, and coverage as a package, noting that we cannot be successful if we try to do any one of these on their own.
- ◆ Participants discussed the relationship between cost and several other factors, including competition, transparency, and comparative effectiveness.
 - ◇ Representative Blunt highlighted that competition must be at the core of health reform, both for cost and quality's sake.
 - ◇ Senator Bennett told the story of Secretary Leavitt's price comparison efforts for a colonoscopy to illustrate the lack of price transparency in the market and the need for greater fuel for competition.
 - ◇ Jeff Kindler of Pfizer, whose industry has raised concerns about comparative effectiveness research, expressed openness to comparative effectiveness research if used appropriately. He said that everyone needs to be prepared to consider efficacy, safety, and value to society.
- ◆ Some participants raised the issue of long-term care and end-of-life care as a focal point for cost reduction.
 - ◇ Senator Dodd noted the need to anticipate more long-term care demand as people live longer and the importance of finding a tenable way to manage long-term care.
 - ◇ Representative Burgess suggested offering education to patients about a living will and end-of-life options to help reduce costs. Although optional, this could lead to savings if people decided to forgo expensive end-of-life treatments that only prolong life minimally.
 - ◇ Representative DeLauro noted that for women, long-term care is more of an issue as women tend to live longer. She emphasized that 75 percent of nursing home residents are women and that seven in ten of the elderly poor are women.

Issue: How Can We Expand Health Insurance and Improve Its Quality?

- ◆ Participants recognized that expanding access requires a system-wide approach and an expansion of primary care capacity to promote disease prevention and management.
 - ◇ Senator Stabenow remarked that in the past, we have focused too much on cutting costs, rather than on what we need from our health system and how to improve efficiency and quality. She believes that this has resulted in some spending cuts that have actually increased cost. She urged focusing on quality and access first with cost-cutting viewed through the lens of those two concerns.
 - ◇ Senators Stabenow and Sanders, and Deborah Ness of the National Partnership for Women and Families all pushed for a primary care-based system that enhances access to preventive medicine and thus detects and treats diseases earlier, reducing costs.
 - ◇ Dr. Eric Whitaker of the University of Chicago Medical School highlighted, as an example of a systems model, how community hospitals that provide primary and secondary care must be

integrated into a mutually-beneficial relationship with complex care-providing hospitals like the University of Chicago.

- ◆ A number of participants recommended increased access to health care by expanding infrastructure, such as community health centers, and by increasing the workforce to deliver necessary care.
 - ◇ Senator Sanders raised the issue of underserved areas, noting that 56 million Americans do not have access to a doctor, many of whom have insurance. He highlighted the increase of funding for community health centers and the doubling of the National Health Service Corps included in the American Recovery and Reinvestment Act. He believes that this funding should be both continued and increased so that every underserved area has a community health center and to ensure that we train a sufficient number of primary care doctors and dentists to meet the needs in these areas.ⁱ
 - ◇ Jeff Kindler of Pfizer strongly supported an increase in community health centers.
 - ◇ Representative DeLauro noted large-scale layoffs in the public health workforce that undermine the system's ability to care for its patients.ⁱⁱ As well, she believes that the public health workforce is critical to carrying out the prevention programs crucial to success in health reform.
- ◆ Participants recognized the need for data-driven treatment and research investment.
 - ◇ Dr. Eric Whitaker of the University of Chicago Medical School made a plea for more tracking of the effectiveness of research and treatment spending, in addition to tracking health disparities.
 - ◇ Representative Deal promoted the importance of cost transparency so that people can have more of an idea of what procedures will cost and make adequate comparisons.
- ◆ Governor Engler of the National Association of Manufacturers discussed the implementation of mandates in Massachusetts through their recently enacted health care reform. He acknowledged that businesses have been amenable to the Massachusetts plan. (Zeke Emanuel noted that 75 percent of businesses are happy with the plan). However, Governor Engler indicated that he was concerned about the long-term viability of this model and that he would like to see how they will cope with rising costs this year.
- ◆ Both Representative Blunt and Senator Bennett stated that while they support a government organized system, they oppose a government take over of the system. They believe that market competition is an essential component of a working health care system. Representative Blunt specifically cited the Medicare Part D (prescription drug) program as a model, highlighting that it is government organized but not government operated. Separately, Senator Bennett also indicated support for looking at the Part D program as a model.
- ◆ Some participants raised the point that eliminating disparities in care along racial, socio-economic, gender, and geographic factors must be a part of health care reform and that this requires buy-in from a broad cross-section of government agencies, businesses, and community groups.
 - ◇ Fredette West of Racial and Ethnic Health Disparities Coalition focused on the gaping disparities in access and quality of care for underserved populations. She urged that this thinking has to occur

across agencies, including the U.S. Department of Agriculture (USDA) for nutrition programs for the underserved.

- ◊ Representative Christensen also advocated focusing on disparities, remarking that this will require broad-based thinking. She cited building sidewalks in low-income communities and diversifying the health care workforce as examples of what a holistic plan for reducing health disparities would include.
- ◆ There were a number of participants who discussed the comprehensiveness of benefits and the need to integrate systems of care, including ensuring appropriate coverage for services such as mental health care and oral health care.
 - ◊ Representative Miller and Dr. Eric Whitaker of the University of Chicago Medical School both noted that oral health and mental health, often forgotten in the debate, must be focus points for health reform.
 - ◊ Representative Murphy raised the need for more attentiveness to mental health, especially citing the connection between chronic illnesses and depression for seniors.
- ◆ Many participants emphasized the cost and convenience of making health care plans portable.
 - ◊ Governor Engler of the National Association of Manufacturers stressed the need for Americans to be able to take their health care with them when they change jobs.
 - ◊ Representative Murphy stated that he would like the ability to move health care coverage from state to state, with an interconnectedness of medical records between institutions.
- ◆ Governor Engler of the National Association of Manufacturers advocated for broad federal preemption, stating that if we are building a national system, we cannot have state add-ons.

Issue: How Should We Finance Health Reform?

- ◆ Participants suggested many proposals for cost reduction to help make a plan more affordable. Representative Burgess also suggested going after private insurance companies that insure Medicaid patients but do not reimburse for treatment across state lines. He noted that this would result in \$60 billion in savings according to a GAO report.
- ◆ Representative DeLauro underscored the need to consider the costs to states, as currently her home state of Connecticut is struggling to pay for Medicaid and CHIP. She believes that states' responsibilities should also be considered with regard to health care reform, particularly with respect to maintenance of benefits and enrollment in light of significant federal investments in health care programs.

ⁱ. Senator Sanders submitted written comments to a draft version of this Report, which highlighted his belief that the inefficiency and high administrative costs of private health insurance, along with our failure to negotiate prescription drug prices, has contributed to the high cost of our system and its non-affordability for too many Americans compared to other countries.

ⁱⁱ. Representative DeLauro submitted written comments to the draft version of this Report, which highlighted that in Connecticut in 2008, 53 percent of local health departments either laid off staff or lost people due to attrition. In 2009, 40 percent of local health departments say they expect to lay off staff. (Source: National Association of City & County Health Officials)

WHITE HOUSE FORUM ON HEALTH REFORM

WASHINGTON, DC ♦ MARCH 5, 2009

Confronting the Issues *Summary of Breakout Session Three*

EXECUTIVE SUMMARY

- ◆ There was widespread agreement that there is a prime opportunity to achieve health care reform in the coming months. Participants agreed that the cost of inaction is high and that reform is needed sooner rather than later.
- ◆ Several of the participants suggested that policies promoting prevention and wellness should be an integral part of reforming the American health system. Participants believed that these interventions would promote better health, improve quality of care, and help control growing costs.
- ◆ Many participants spoke of the importance of covering everyone both for improving quality and controlling costs.
- ◆ Attendees:
 - ◇ The session moderators were Peter Orszag, Director of the Office of Management and Budget, and Eric Shinseki, Secretary of the Department of Veterans Affairs.
 - ◇ The Members of Congress who attended were: Senator Barbara Mikulski, Senator Tom Harkin, Senator Arlen Specter, Senator Sherrod Brown, Representative Charles Rangel, Representative Dave Camp, Representative Frank Pallone, Representative Lois Capps, Representative Wally Herger, Representative Xavier Becerra, Representative Patrick Kennedy, and Representative Eric Cantor.
 - ◇ Other participants included: Joe Hansen (United Food and Commercial Workers International Union), Dan Danner (National Federation of Independent Business), Sister Carol Keehan (Catholic Health Association), Elena Rios (Hispanic Medical Association), Karen Ignagni (America's Health Insurance Plans), Bill Emmett (Campaign for Mental Health Reform), Dr. Ho Tran (Asian and Pacific Islander Health Forum), Ron Pollack (Families USA), and John Podesta (Center for American Progress).

DETAILED SUMMARY

Issue: Why is Health Reform Important, and How and When Should It Be Addressed?

- ◆ John Podesta of the Center for American Progress noted that the growth of health care as a percent of the economy is unsustainable for businesses and families and inhibits sustainable economic growth.
- ◆ Representative Rangel asked the Administration to provide an indication or guidance about the policy components it prefers. He noted that policymakers know what has to be done and now just have to wrestle with how to do it.
- ◆ Representative Camp suggested that the process begin by agreeing on principles. For example, are we spending the right percent of the economy on health care, or should we spend more or less? How can we let people keep the coverage they have if they like it? How can we reform insurance to make it more affordable?
- ◆ Senator Specter recommended that policymakers start to focus on legislation and “writing it down.” He also recommended moving early so reform does not get caught up in other legislative activities (appropriations, etc.). He noted that Senator Wyden and Senator Bennett’s legislation had 16 cosponsors last year, which is a critical mass to start even if modifications to the legislation are necessary.
- ◆ Representative Becerra advocated putting all options on the table regardless of where they lie on the political spectrum.
- ◆ Dan Danner of the National Federation of Independent Business explained that the NFIB is working hard with numerous groups to find a solution because the status quo no longer is acceptable or sustainable.ⁱ
- ◆ Ron Pollack of Families USA observed that a lot of people are asking the question, “Can we afford to do this?” when the question from his perspective is, “Can we afford not to?” He asked that, in assessing the affordability of reform options, policymakers remember that the ledger of the federal government is not the only one that matters.

Issue: How Can We Contain Rising Health Care Costs?

- ◆ Senator Mikulski suggested that the best way to reform the system, including controlling costs, is to change the paradigm. Prevention, quality, Health Information Technology, case management, and integrative care all can contribute to a more affordable system. She also noted that reducing administration costs, medical errors, and unnecessary duplicative tests would achieve system savings.
- ◆ Karen Ignagni of America’s Health Insurance Plans proposed a “goal-setting approach” to help rein in escalating costs because, without bending the cost curve, she does not believe there is a way to sustain the current system. Under her proposal, Congress would set a goal for reducing long-term health care cost growth. Each stakeholder group, knowing its industry best, would present its cost containment strategy for the sector to an independent taskforce. The decision-making process would take on a structure similar to base closings.

- ◆ John Podesta of the Center for American Progress noted that covering the uninsured in a system with wellness and prevention can decrease costs because the previously uninsured would not seek care in the emergency room as frequently. In this way, expanding coverage can reduce costs.
- ◆ Representative Becerra concurred noting that the ability to control costs depends on providing coverage for all Americans.
- ◆ Joe Hansen of the United Food and Commercial Workers International Union supported efforts to encourage screening and prevention to detect chronic diseases earlier, which can help control costs. He noted that providing screening and prevention services at no cost and creating incentives for people with chronic diseases to receive treatment can help get people to focus on their own health care. He believes that shifting costs to workers has not been an effective means to control costs. He noted in closing, “If we stick to ideology here, we’ll be doomed. We have a real chance to succeed. If we don’t, shame on us.”

Issue: How Can We Expand Health Insurance and Improve Its Quality?

- ◆ Representative Pallone articulated three concerns about health insurance coverage in America. First, government programs need to be improved and made more robust. Second, employer-sponsored health insurance is declining, and it is important to determine what to do with that system—whether to keep it whole or expand it. Third, the individual market is cost prohibitive and requires reform. He advocated establishing a health marketplace modeled after the Federal Employees Health Benefits for the government to be involved in reducing costs of private insurance.
- ◆ Representative Cantor suggested beginning reform with the parts of the system that successfully work for people, such as allowing individuals and their doctors to continue making decisions about their health care. Although he acknowledged a need to address the connection between employment and health insurance, he was not supportive of having a national board make decisions on what should be covered. He also advocated choice as a key component of reform noting that policymakers should recognize that a single solution will not work for everyone and respect that different individuals will want different choices.
- ◆ Representative Becerra hoped that coverage for all Americans is a starting point for health reform and that policymakers can go beyond that point.
- ◆ Representative Kennedy suggested reforming the reimbursement system to reward quality of care, noting that the U.S. does not have a reimbursement system or ICD-9 code for caring for patients and that doctors should be taught how to treat people as people instead of taking care of them as machines.
- ◆ Bill Emmet of the Campaign for Mental Health Reform recommended pursuing an integrated approach to reform that addresses mental health at the same time as physical health.
- ◆ Several participants discussed the importance of prevention in a reformed health system.
 - ◇ Elena Rios of the Hispanic Medical Association noted the importance of prevention and community-based interventions as a means of improving the health care system. She recommended communicating information to community leaders outside of health care where people

congregate before they get sick to teach people how to enter the health care system and what options are available to them when they get there.

- ◇ Representative Capps supported the notion of increased prevention and wellness and reminded the group that wellness and health promotion are important pieces of the public health system, although that system could be more robust than it is. She believes community institutions (community centers and schools) can play important roles in improving health. As such, in discussions of universal care, it is important to think of regional approaches to recognize differences among communities.
- ◇ Senator Harkin stated that if reimbursement was based on quality, quality would be provided. He suggested focusing more on prevention and wellness (e.g., smoking cessation, proper diet and nutrition promotion, quality school lunch and breakfast, and workplace wellness programs) and how to incorporate them into the system more broadly and reimburse for them. Senator Harkin recommended a more integrated, holistic approach that would create a working group across agencies to begin thinking about how programs in each of those can affect prevention and wellness.
- ◆ Senator Brown provided two instructive anecdotes to promote the importance of cost saving, prevention, and quality. The first described a checklist developed for use in health care settings that is similar to those used by airline pilots to improve quality. The second was a story of a community center in Ohio that dramatically reduced the low-birth weight baby rate by dispatching women into the community to meet with pregnant women to talk about nutrition and encourage them to see a doctor early. He noted treating people like humans can save lots of money.
- ◆ Senator Mikulski and Sister Carol Keehan of the Catholic Health Association advocated for simpler payment systems, so that doctors can focus on treatment rather than administration. Senator Mikulski suggested creating standard forms and processes to help simplify administrative processes.
- ◆ Representative Herger suggested getting more information about what works around the United States and in other nations. For example, interventions to promote health and healthier behavior that have been undertaken by private companies can be instructive models for reform.
- ◆ Sister Carol Keehan of the Catholic Health Association advocated aligning incentives for quality and healthier behavior both for providers and recipients. People who engage in healthy behaviors should face lower premiums. She also suggested making primary care and integrated care central tenets of reform while handling catastrophic care in a different way. Finally, she recommended addressing end-of-life care as part of reform.

Issue: How Should We Finance Health Reform?

- ◆ Representative Pallone articulated that the cost of reform will factor into its success. He noted that funding will have to come from a new revenue stream as well as cost reductions.
- ◆ Representative Cantor suggested examining what the country can afford to spend on health reform, especially in the current economic climate. He supports a businesslike approach to controlling costs

similar to what was offered by Karen Ignagni of America's Health Insurance Plans and believes the discussion should begin with what the nation can afford and work from there.

- ◆ Senator Specter noted the substantial savings possible in Medicare. For example, he proposed encouraging beneficiaries (perhaps by tying the Part B premium to it) to establish advanced directives—it does not matter what course of care they choose as long as they indicate one. He also suggested reducing fraud in Medicare and Medicaid by increasing prosecutions and implementing jail sentences on Medicare and Medicaid fraud so that the fines associated with fraud now no longer are just “a cost of doing business.”
- ◆ Ron Pollack of Families USA indicated that the financing of reform begins a domino effect of sorts. If financing is not available, subsidies or public programs are unlikely to be enacted because they are not paid for, which will mitigate the degree to which coverage can be expanded. If coverage is not expanded, it is folly to talk about individual responsibility because people cannot be forced to do something they cannot afford to do. Without individual responsibility, health insurance reforms are hard to implement. He encouraged policymakers to build upon the \$634 billion ten-year reserve fund in the President's Budget.

Other Topics Discussed

- ◆ Dr. Ho Tran of the Asian and Pacific Islander Health Forum, Representative Becerra, and Sister Carol Keehan of the Catholic Health Association all mentioned immigration as an important element of reform and achieving coverage for all Americans.
- ◆ Sister Carol Keehan of the Catholic Health Association and Dr. Ho Tran of the Asian and Pacific Islander Health Forum also suggested addressing the medical malpractice system to achieve appropriate resolution while reducing defensive medicine.

ⁱ Dan Danner of the National Federation of Independent Business submitted written comments to a draft version of this Report, which stated, in part:

Like so many others at the White House Forum, NFIB is optimistic that real, positive changes can occur this year. Toward this end, NFIB has worked hard over the past several years to conduct meaningful dialogue with interest groups across the political spectrum. Most visibly, we have partnered with AARP, the Business Roundtable, and the Service Employees International Union in the Divided We Fail Coalition. We were glad to see our partners plus so many other groups at the White House Forum. Though the groups attending the Forum diverge on specific solutions, all seem to agree that there are three separate, but interconnected issues to deal with—cost, coverage, and quality. And we at NFIB believe it's essential to deal with all three simultaneously.

....

We at NFIB strongly agree with the observation that the growth of health care as a percent of the economy is unsustainable for businesses and families. And we agree that medical decisions must remain largely between doctors and patients.

....

Everyone agrees that the time for action is now and that the status quo is no longer acceptable. NFIB believes solutions must reflect the special vulnerabilities of small business, in part because of the unique strengths of small business. As such, small business is key to the health care debate. In this time of economic turmoil, we must not forget that small business generates around 70 percent of the new jobs in this country. Employer mandates and other failed policies of the past do nothing to address the key problem—costs—and they imperil the firms and workers are essential to our economic resurgence. Instead, we must work together to identify innovative solutions that both preserve and propel job creation.

WHITE HOUSE FORUM ON HEALTH REFORM

WASHINGTON, DC • MARCH 5, 2009

Confronting the Issues *Summary of Breakout Session Four*

EXECUTIVE SUMMARY:

- ◆ There was widespread agreement that there is a real opportunity to achieve meaningful health reform this year. Many participants noted that rising health care costs are unsustainable and the enactment of comprehensive health reform will contain costs. Several participants also noted health care costs cannot be controlled unless everyone has health coverage.
- ◆ There was general consensus that the delivery system needs to be reformed to move towards evidence-based medicine that focuses on improving quality and outcomes, rather than paying for volume. Several participants noted that significant geographic variation exists and that this problem needs to be addressed as part of health reform.
- ◆ There was consensus that there needs to be a clear focus on prevention and keeping people healthy. Several participants noted that an overwhelming majority of health care dollars are spent providing care to a small number of people; investing in prevention and chronic disease management can lower health care costs.

Attendees:

- ◇ The session moderators were Nancy-Ann DeParle, Director of the White House Office of Health Reform, and Diana Farrell, Deputy Director of the National Economic Council.
- ◇ The Members of Congress who attended were: Senator Max Baucus, Senator Chuck Grassley, Senator Jeanne Shaheen, Representative Henry Waxman, Representative Joe Barton, and Representative Jim Cooper.
- ◇ Other participants included: Gerry Shea (AFL-CIO), John Arensmeyer (Small Business Majority), Dr. Nancy Nielsen (American Medical Association), Billy Tauzin (PhRMA), Stacey Bohlen (National Indian Health Board), Frank Oldham (National Association of People Living with AIDS), and Douglas Weaver (American College of Cardiology).

DETAILED SUMMARY:

Issue: Why is Health Reform Important, and How and When Should It Be Addressed?

- ◆ Representative Cooper kicked off the discussion stating, “We can do health care reform this year.” Representative Cooper also noted that rising costs are central and must be addressed.
- ◆ Representative Waxman noted that the “mood is different,” and there is a “sense of urgency” to getting health reform enacted this year.
- ◆ Representative Barton complimented the Administration on the process thus far and for including several of the key House Republicans. He also noted that he could support the principles for health reform that the President has laid out.
- ◆ Senator Grassley noted that we need to proceed very carefully and that we need to keep the public with us as we work on health reform.
- ◆ Senator Baucus stated that there was “tremendous momentum” to getting health reform done this year. He also noted that it is going to be very difficult and that he would be focusing on how to keep everyone at the table. Senator Baucus also stated that everyone at the table was going to have to make trade-offs in this process. Many participants agreed with this sentiment.
- ◆ Gerry Shea of the AFL-CIO noted that the status quo is no longer an option.
- ◆ Former Representative Billy Tauzin of PhRMA put it very simply when he stated that we have a “sick care” system and not a health care system. He also noted that it is critical to provide health coverage to all Americans.
- ◆ Dr. Nancy Nielsen of the American Medical Association noted that the AMA wants to be a partner in the health reform process and suggested that there was a “tremendous urgency to get [health reform] right.”
- ◆ Frank Oldham emphasized that 200,000 people living with HIV/AIDS do not have health insurance. He stated that we need to cover every American and noted, “We are morally obligated to find some way to do that.”

Issue: How Can We Contain Rising Health Care Costs?

- ◆ Senator Baucus suggested that the biggest savings are in delivery system reform. He noted that geographic disparities are driving up costs and that there should be more of a focus on evidence-based medicine. Dr. Nancy Nielsen of the American Medical Association noted that evidence-based medicine is not so strong but concurred with Senator Baucus that geographic variation is undeniably a significant problem.
- ◆ Senator Baucus also suggested, “We have to spend a little more up front to get more savings later.” He referenced investments in Health Information Technology and comparative effectiveness research that were included in the American Recovery and Reinvestment Act.
- ◆ Representative Waxman suggested that costs cannot be controlled unless everyone has health coverage; otherwise it is just cost-shifting.

- ◆ Senator Grassley noted that enacting medical malpractice reform would help control costs because doctors would not be engaging in defensive medicine.
- ◆ Senator Grassley also suggested that investing in preventive care will also help drive costs down by people “not get[ting] sick in the first place.” He noted that the 80 percent of health care dollars are spent on the 20 percent of patients with chronic diseases.
- ◆ Senator Shaheen suggested that we need to address the rising cost of prescription drugs.
- ◆ John Arensmeyer of the Small Business Majority spoke on behalf of small businesses in America and noted that “health care costs are killing small businesses.” He noted that “businesses want to do the right thing, but they need help in controlling costs.”

Issue: How Can We Expand Health Insurance and Improve Its Quality?

- ◆ Representative Waxman recommended that we build upon the existing system and not do anything abrupt or extreme. He specifically stated that if people have health insurance and like it, they should be able to keep it.
- ◆ Douglas Weaver of the American College of Cardiology noted that that the payment system needs to be reformed so that providers are paid for improving health outcomes rather than volume. He argued that this will ultimately reduce costs. Senator Baucus concurred with this statement, also suggesting that reimbursements should be aligned with quality rather than volume.
- ◆ Representative Barton suggested that we need to make clear to stakeholders that we want to start with the premise that we need the best quality care in the world. Representative Barton also suggested that as we consider comprehensive health reform, we must ensure that patients maintain their choice of doctors and have access to private health insurance options.
- ◆ Former Representative Billy Tauzin of PhRMA noted that half of prescription drugs go unfilled because of the lack of coverage and that many physicians do not even know that their patients are not able to take their recommended medications. Dr. Nancy Nielsen of the American Medical Association concurred with this sentiment. Billy Tauzin of PhRMA went on to suggest that we must provide health coverage for everyone.
- ◆ Gerry Shea of the AFL-CIO noted that we need to have everyone in the system and that there is a strong economic reason to provide health coverage to all. He also noted the importance of a public plan option.
- ◆ Stacey Bohlen of the National Indian Health Board suggested that the Indian health care system has deficiencies that must be addressed. Several participants concurred and suggested that the Indian Health Care Improvement Act needs to be reauthorized.
- ◆ Senator Shaheen suggested that we need to focus on workforce issues such as nurse and primary care physician shortages as we address health reform.
- ◆ Several participants, specifically Representative Waxman and Senator Grassley, discussed end-of-life care.

Issue: How Should We Finance Health Reform?

There was no discussion of how to finance health reform in this breakout session.

WHITE HOUSE FORUM ON HEALTH REFORM

WASHINGTON, DC • MARCH 5, 2009

Confronting the Issues *Summary of Breakout Session Five*

EXECUTIVE SUMMARY

- ◆ Participants agreed that we have a unique opportunity to push for major health reform this year and all expressed a willingness to join in the process.
- ◆ Many participants highlighted the need to make health care spending more results-driven and cost-effective. They stressed the need to emphasize public health and prevention over disease treatment. They also suggested cutting paperwork and processes that impose costs without enhancing treatment. Participants generally agreed that a results-oriented approach would require hard decisions and a willingness to challenge interest groups.
- ◆ Several participants thought that policymakers must pay attention to the incentives any system creates for health care providers and ensure that the system promotes efficient, results-oriented behavior.
- ◆ Attendees:
 - ◇ The session moderators were Chair of the National Economic Council, Lawrence Summers, and Counselor to the Secretary of Health and Human Services, Neera Tanden.
 - ◇ The Members of Congress who attended were: Senator Jay Rockefeller, Senator Ron Wyden, Senator Jeff Bingaman, Representative Lucille Roybal-Allard, Representative Mike Ross, and Representative Pete Stark (by phone).
 - ◇ Other participants included: Jim Hoffa (Teamsters), Tom Donohue (U.S. Chamber of Commerce), Mohammad Akhter (National Medical Association), Marian Wright Edelman (Children's Defense Fund), Bill Novelli (AARP), Richard Kirsch (Health Care for America Now ("HCAN")), and Donna Shalala (University of Miami and Former Secretary of the Department of Health and Human Services).

DETAILED SUMMARY

Issue: Why is Health Reform Important, and How and When Should It Be Addressed?

- ◆ Tom Donohue of the Chamber of Commerce said that in the previous debate in 1993, we knew where everyone stood. People are in different places now, including business, and there is a vigorous understanding with all parties that improvements are necessary. He noted that there are not many barriers his team would not cross and that there are many common issues that all parties can agree on. For example, he discussed the need to get coverage for the over 45 million uninsured Americans, which he broke into three subgroups: those already eligible for coverage who just need to be signed up; those who currently cannot get coverage who need a way to get covered; and “recalcitrant” individuals (such as young adults) who do not feel they need coverage right now. He noted that we need to deal with all three groups.
- ◆ Based on his conversations with 80 Senators over the past two years, Senator Wyden believes that there is an opportunity for a “philosophical truth” around health reform. He believes that Republicans in the Senate accept that everyone should have good quality, affordable coverage—and highlighted that this is a clear move from the 1993 health reform efforts. Senator Wyden believes Democrats and Republicans will come together to make tough choices if we recognize that some Senators will want the private sector to have the ability to innovate and will want to avoid price controls in any reformed system.
- ◆ Several participants discussed the urgency of reforming health care this year.
 - ◇ Dr. Mohammad Akhter of the National Medical Association pointed out that time is not on our side when it comes to health care reform because “every time we delay these things, we create a bigger problem.” He urged Congress to move forward and have a piece of legislation that looks at the effectiveness of procedures, finds a better way to do it, and aligns incentives to make sure it is adopted.
 - ◇ Marian Wright Edelman of the Children’s Defense Fund agreed that “we must get this done this year.”
 - ◇ Richard Kirsch of HCAN noted that if you look at American history, there have been periods of tremendous fundamental transformation where Congress transcends normal politics. He believes we are currently in one of those periods. He highlighted that in November, the American public voted for a period where we can transcend typical politics—and that is why we should be optimistic that we will accomplish health reform this year.

Issue: How Can We Contain Rising Health Care Costs?

- ◆ Several participants discussed waste in the health care system and the need to prioritize treatments that are effective.
 - ◇ Dr. Mohammad Akhter of the National Medical Association discussed how we need to look at what works and decide what does not work. He suggested that experts should review procedures to make those decisions and that we should use incentives to ensure we only pay for things that work.

- ◇ Senator Wyden noted that money is wasted and stated that he often hears that “we are spending the money—just not in the right places.” He believes that, at the outset, we must spend the \$2.5 trillion dollars on health care this year more wisely before Congress goes to the American people to request additional money for health care.
- ◇ Senator Rockefeller highlighted that we cannot really talk about covering all Americans until we talk about some principles, such as cost containment. He noted that this raises the question whether we have come to a point in our country where everyone—doctors, patients, and hospitals—cannot get everything they want. Senator Rockefeller stated that he does not believe the “MRI Syndrome” trend [where numerous tests are performed without evaluating their necessity] is helpful to the health care system. Instead, he wants us to switch the focus of the health care system to outcomes by analyzing the relationship between what we put in and what we get out. He further mentioned that he believes we should vastly expand the role of the Medicare Payment Advisory Commission (“MedPAC”) and give MedPAC money to do research into outcomes.
- ◇ Richard Kirsch of HCAN emphasized that we need to make sure we are paying for things that work, and we need to make sure that the benefits meet the person’s needs.
- ◆ Representatives Roybal-Allard and Ross noted that it is cheaper to prevent a disease than to treat it and highlighted the need to make public health and prevention a priority.
- ◆ Senator Rockefeller stated that we need to deal with lobbyists in order to contain costs: “Bluntly, there are a lot of people who have an interest in keeping costs high. We need to deal with the power of lobbyists.” He feared that lobbyists will agree with principles but fight against any changes to their industry. He believes that until we get to that level, and make tough decisions, we will get nowhere.
- ◆ Donna Shalala of the University of Miami noted that it may take awhile to drive down costs, but we can go after fraud aggressively right now.
- ◆ Richard Kirsch of HCAN said that we cannot have a false dichotomy between controlling costs and covering more people. He said that by covering more people, we can also lower costs at the same time by getting people the preventive care and primary care they need.
- ◆ Representative Roybal-Allard discussed the numerous costs associated with problems after surgery and stressed that we need hospitals to increase efforts to avoid preventable problems. More broadly, Representative Roybal-Allard stated that if we want to contain costs, we also need to take a step back and look at different models of health care delivery, such as midwives and an increased emphasis on primary care physicians. She noted that research has shown that under these models, costs decrease and outcomes improve.
- ◆ Several participants discussed the need for improvements in the current payment structure.
 - ◇ Donna Shalala of the University of Miami stated that we can save money if we move away from a fee-for-service system and move towards bundled and more results-oriented payments. She believes that unless we move to this fundamental new way to deliver health care, we can’t be “smart players,” and we will not see big savings.
 - ◇ Senator Rockefeller agreed that the fee-for-service framework is the wrong framework to use.

- ◇ Bill Novelli from AARP noted that we need to figure out how to pay for quality, not just quantity. He highlighted that this is both a patient and a provider problem.

Issue: How Can We Expand Health Insurance and Improve Its Quality?

- ◆ Numerous participants discussed prevention and public health.
 - ◇ Representative Roybal-Allard noted that if our goal is a healthy society, we need to look at public health and prevention. She emphasized that we need to move from our disease-based focus to one that strives to keep people healthy at the outset. She highlighted the importance of community health centers to achieve this goal.
 - ◇ Bill Novelli stressed that we need “big thinking” on prevention and that any reform effort will only be a patch if we do not figure out how to emphasize prevention more. He suggested that we need an improved messaging strategy to emphasize prevention.
 - ◇ Richard Kirsch of HCAN noted that in order to meet Americans’ needs, a reformed health care system will need a focus on primary care and prevention.
 - ◇ Dr. Mohammad Akhter of the National Medical Association emphasized that we need to have public health and prevention everywhere: in schools, churches, unions, and throughout communities.
- ◆ Several participants discussed the need to reduce bureaucracy in the system.
 - ◇ Representative Ross noted that he used to own a pharmacy and a home medical equipment business and that for every person he had delivering hospital beds and home oxygen, he had two people “pushing paper” back in the office. He believes that we need more accountability—but in way that does not create more bureaucracy.
 - ◇ Representative Roybal-Allard stated that we need to reduce the number of medical forms that ask the same questions.
- ◆ Some participants discussed specific possibilities to expand coverage.
 - ◇ Richard Kirsch of HCAN noted that Americans will ask, “Can I afford my coverage?” when thinking about health reform proposals. He thinks that we should have an income-based payment system, which would help individuals as well as small business owners afford coverage. He also highlighted that choice is key. He believes that many people are frustrated with private insurance; if they like their insurance, they should be able to keep it, but Americans also want a public option.
 - ◇ Representative Stark mentioned that several of his colleagues have stated that an individual mandate, an employer mandate, and a public plan need to be on the table and in the mix of proposals.
- ◆ Senator Bingaman highlighted that if two of our primary goals are expanding coverage and reducing costs, we should look at the Massachusetts health care system (which he noted brought the uninsured

down from 9 percent of their population to 2.5 percent) as well as Walmart's employee plan, where they say 95 percent of employees now have coverage.

- ◆ Several participants discussed care for specific populations.
 - ◇ Bill Novelli of AARP noted that the end-of-life care system is a mess, both in terms of its quality and its costs. Senator Rockefeller also stated that we need to put more emphasis on proper end-of-life care.
 - ◇ Marian Wright-Edelman of the Children's Defense Fund discussed the need to start health care coverage with kids and with prenatal care. She urged that we need a mandate to cover every child, including mental health benefits.
 - ◇ Representative Roybal-Allard highlighted the need to look at disparities in health care treatment and to find solutions to eliminate them.
- ◆ Many participants discussed the health care workforce and the need to expand certain roles.
 - ◇ Dr. Mohammad Akhter of the National Medical Association emphasized the need to invest in long-term prospects and increase the number of minority physicians.
 - ◇ Representative Roybal-Allard also noted that we need a more diverse workforce, both culturally and linguistically.
 - ◇ Donna Shalala of the University of Miami, Senator Wyden, Jim Hoffa from the Teamsters, Senator Rockefeller, and Representative Stark discussed the important and cost-saving role that nurses and physician assistants can play.
 - ◇ Representatives Ross and Stark emphasized the need to look at rural health care. Representative Ross gave examples of how a rural town in his district in Arkansas cannot recruit doctors and how another town is about to lose its hospital. To address physician shortages in certain areas, Representative Stark discussed the possibility of giving an extra payment, on top of reimbursement rates, to primary care physicians in rural or remote settings.
- ◆ Jim Hoffa from the Teamsters discussed the importance of expanding health care to the uninsured in the current economy. Because people who have lost jobs often lose their health care, the health care crisis is getting worse, not better.

Issue: How Should We Finance Health Reform?

- ◆ Tom Donohue of the Chamber of Commerce noted that when making any decision, we need to consider that the health industry has created most of our country's new jobs in the past few years and has been driving much of the health system's innovation. He stated that removing the health industry from the system would have a huge effect on the economy. He stressed that he was not advocating for any particular industry but that we should keep this in mind if our goal is to reduce costs and if we need money to cover the uninsured.
- ◆ Senator Wyden discussed modifying the health benefit tax exclusion for higher-income Americans. He believes that this approach protects the middle-class and provides additional money for coverage.

- ◆ Jim Hoffa from the Teamsters stated that we need to keep health care plans that are working and figure out a way to get coverage for the people who do not have health care or jobs (through no fault of their own). He highlighted that we need to set up a fund for people to pay into in order to provide basic coverage. He strongly disagreed with any effort to eliminate the employer exclusion of contributions for health benefits.
- ◆ Representative Ross noted that he wants a system that is affordable, accessible, and *paid-for*. He thinks we can get there, in some degree, by reducing administrative costs and promoting healthy lifestyles.

WHITE HOUSE FORUM ON HEALTH REFORM

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Transcript of Town Hall Discussion

THE WHITE HOUSE
Office of the Press Secretary

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CLOSING REMARKS BY THE PRESIDENT
AT HEALTH CARE FORUM
FOLLOWED BY Q&A

East Room

4:08 P.M. EST

THE PRESIDENT: To Sir Edward Kennedy. (Applause.) That's the kind of greeting a knight deserves. (Laughter.) It is thrilling to see you here, Teddy. We are so grateful for you taking the time to be here and the extraordinary work that your committee has already started to do, along with Mike Enzi; I know Max Baucus and Chuck Grassley on the Senate side; Henry, I know that you guys are gearing to go on the House side.

So I just want to, first of all, thank all of you for participating. Today was the first discussion in this effort, but it was not the last. In the coming days and weeks we'll be convening a series of meetings with senior administration officials here at the White House to further explore some of the key issues that were raised today and to bring more voices into the conversation.

But my understanding is, is that we had an extraordinarily productive set of sessions throughout the day. And I've gotten a readout from some of the breakout groups and breakout sessions. And I just want to summarize a few things that my staff thought were notable and that I thought were notable and are worth mentioning before I start taking some questions or some comments.

First of all: A clear consensus that the need for health care reform is here and now. Senators Hatch, Enzi, Congressman Jim Cooper and many others agreed that we can do health care reform. Senator Hatch said that we needed leadership on both sides, and he believes that Democrats and Republicans need to put politics aside and work together to do it. Senator Whitehouse said this isn't a "Harry and Louise" moment, it's a "Thelma and Louise" moment. (Laughter.) We're in the car headed toward the cliff and we must act.

Now, I just want to be clear—if you actually saw the movie, they did drive over the cliff. (Laughter.) So I just want to be clear that’s not our intention here. (Laughter.)

Insurers agree: Scott Serota with Blue Cross Blue Shield Association said to consider past opposition the past, it is not the present; the time is right for action now. The American Medical Association said that they are here to be partners and to help. Tom Donahue, with the Chamber of Commerce, said that in the previous debate we knew where everyone stood; people are in different places now, including business, and that there is a vigorous understanding with all parties that improvements are needed. And Congressman Joe Barton complimented the process we’ve begun and said that he can agree with the principles that we’ve laid out. My staff thought that was a very notable statement, they complimenting the process. Melody, I think, slipped that one in. (Laughter.)

With respect to the cost of care, Richard Kirsch with the Health Care for America Now said that we can’t have a false dichotomy between coverage and costs, that by covering more people we can also lower costs at the same time, presumably because those who are not insured at the moment are ending up using extraordinarily expensive emergency room care.

Senator Whitehouse—you’ve got two quotes in here—(laughter)—Senator Whitehouse pointed out that we pay more than a trillion dollars—we pay more than a trillion dollars more than other countries for the same or lower qualities of care.

Ken Powell, CEO of General Mills, and a member of the Business Roundtable, stressed the need to preserve the role of employers, and that many employers are investing in excellent prevention programs that are reducing costs and improving productivity. And I can testify to that. I’ve met a lot of extraordinary companies that have really taken the bull by the horns and are doing extraordinary work. Many participants stressed the need to invest in prevention to lower costs and improve care, to tackle obesity, manage chronic care, invest in comparative effectiveness.

Congressman Dingell talked about the need to simplify the system to reduce costs and medical errors. Senator Baucus mentioned the need to make investments up front, such as health IT and comparative effectiveness to get big savings and that we have to align incentives towards quality. And Congressman Waxman suggested the same point that’s been made earlier: that we can’t control costs unless everyone is covered.

With respect to the public plan, Congressman Jan Schakowsky and the AFL-CIO talked about the need to create a public option in order to reduce cost to consumers and save money within the system. There were others who raised the—some concerns about the impact of a public plan limiting choices.

As for paying for reform, Congressman Rob Andrews challenged the group to identify additional ways to pay for reform and suggested that everyone needs to put something on the table to get reform done. And Senator Wyden raised the issue of modifying the tax exclusion for higher income Americans.

Last set of points that we thought were notable: Senators Grassley and Hatch and Congressman Dingell all discussed the need to address medical malpractice and reduce defensive medicine as a cost saving measure.

So that's just some of the points that were made. I know that many of you had other insights. They have all been recorded, and we are going to be generating a document coming out of this that summarizes much that was heard in these various breakout sessions.

But what I want to do is just take some time now to give all of you a chance to hear from me directly, and I'm going to call on some members; I'm going to call from some of the groups that were participating, as well. I'm not going to be able to get to everybody.

And since he got such a weak reception when he walked in, I think that—(laughter)—it's only fitting that we give Ted Kennedy the first question. So we've got a microphone here, Ted, go ahead—or comment; it doesn't have to be a question.

SENATOR KENNEDY: Thank you very much, Mr. President. I join in welcoming and seeing all of you once again at this very special gather. I join with all of those that feel that this is the time, now is the time, for action. I think most of us who have been in this room before have seen other times when the House and the Senate have made efforts, but they haven't been the kind of serious effort that I think that we're seeing right now.

If you look over this gathering here today, you see the representatives of all the different groups that we have met with over the period of years. I mean, you have the insurance companies, you have the medical professions—all represented in one form or another. That has not been the case over the history of the past, going all the way back to Harry Truman's time.

But it is the case now. And it is, I think, a tribute to your leadership in bringing all these people together and really a leadership of so many that are gathered here today. Just in a very brief look around, you can see representatives of so many of the different interests. It'd be hard to think of those interests being together and being as concerned and providing the leadership that they are as they are demonstrating that kind of a commitment as we have today.

What it does is basically challenges all of us to really do the best we can. And I know that you and all of your staff—I congratulate Max Baucus and my colleagues who have done such an extraordinary effort to date. Just say that I'm looking forward to being a foot soldier in this undertaking. And this time, we will not fail. (Applause.)

THE PRESIDENT: Let me—I want to make sure that we are getting a good cross-section of views on this issue, so why don't I call on our Republican Leader, Mitch McConnell, if you've got any thoughts or comments on the issue.

SENATOR McCONNELL: First of all, Mr. President, thank you very much for having this session today. I think it's useful and it is significant, as Ted indicated, to have everybody in the room.

I'm also among those, as you and I have discussed before, interested in seeing us address entitlement reform—and admittedly, Medicare and Medicaid would be a part of that—but also Social Security. And particularly concerned about having a mechanism in place that guarantees you get a result. And I wonder

where you see yourself and the administration now, for example, in supporting something like the Conrad-Gregg proposal, which would set in place a mechanism that could actually guarantee that we get a result—if not on Medicare and Medicaid, at least on Social Security.

THE PRESIDENT: Well, I appreciate the question, Mitch. As you know, we had a fiscal responsibility summit similar to the gathering that we've had here—although I have to say the attendance here is even greater—and what I said in that forum was that I was absolutely committed to making sure that we got entitlement reform done.

The mechanism by which we do it I think is going to have to be determined by you, Harry Reid, Nancy Pelosi and John Boehner and the members of Congress. We've got to make certain that the various committees are comfortable with how we move forward.

But the important point that I want to emphasize today is that on Medicare and Medicaid, in particular—which everybody here understands is the 800-pound gorilla—I don't see us being able to get an effective reform package around those entitlements without fixing the underlying problem of health care inflation. If we've got 6, 7, 8 percent health care inflation we could fix Medicare and Medicaid temporarily for a couple of years, but we would be back in the same fix 10 years from now. And so our most urgent task is to drive down costs both on the private side and on the public side, because Medicare and Medicaid costs have actually gone up fairly comparably to what's been happening in the private sector what businesses and families and others have been doing. That's why I think it's so important for us to focus on costs as part of this overall reform package.

With respect to Social Security, I actually think it's easier than Medicare and Medicaid, and as a consequence, I'm going to be interested in working with you. And I know that others like Senator Durbin, Lindsay Graham have already begun discussions about what the best mechanisms would be. I remain committed to that task.

But if we don't tackle health care, then we're going to break the bank. I think that's true at the federal level, I think it's true at the state level. It's certainly true for businesses and it's certainly true for families, okay.

Henry, do you want to just give a little feedback in terms of what you heard, and any points you'd like to make?

REPRESENTATIVE WAXMAN: Thank you very much, Mr. President. Let me just say that Senator Kennedy will not be a foot soldier in this battle. He has been the inspiration to all of us, all Americans who held out the dream that every American ought to have affordable, quality health care. And I want to salute him for that. (Applause.)

Mr. President, by bringing people together—with different stakeholders and the people representing different interest groups and Democrats and the Republicans, all of us together—I think you've given us an opportunity not to insist that we get all that we want, but to realize that we're part of a process; and that we if don't get everything we want, the alternative is not to do nothing, as you pointed out earlier, but to make sure that we've got the best system we can develop. And that has to be a system that includes all Americans in health insurance that they'll be able to hold onto if they think they're satisfied with it, or to be able to access if they don't have it at the present time.

So I think this is a very useful meeting. Our breakout session was very on point. And I think it leads all of us to recognize that we have to work together, we all need to recognize there are going to be tradeoffs; but if we don't get the tradeoff exactly the way we want it, we've got to recognize there's a broader public goal and purpose. And your leadership, I think, is going to make this bill possible—

THE PRESIDENT: Good. Thank you. Thank you, Henry.

Is Jo Ann Emerson here? There you are. Good to see you, Jo Ann.

REPRESENTATIVE EMERSON: Thank you very much for having me here today. And thank you very much for your passion on this issue. Coming from a very rural, poor district in southeast and south central Missouri, I have so many constituents who have no insurance, nor do they have—nor do those who have insurance necessarily have access—

THE PRESIDENT: To providers.

REPRESENTATIVE EMERSON:—to providers, particularly primary providers. And so for us to be able to get together, all stakeholders, members of the House, Senate Republicans, Democrats, business, labor—you name it—I think that that's critical. And I hope that all of us from both parties will be willing to kind of take a fresh look and say, you know, if there are laws that we had on the books before, that they need to be opened up if we need to change the system. And I think all of us have to be willing to kind of give a little, if you will.

And I thank you so very much because for me this has been a passion for all 13 years I've been in Congress. Thank you.

THE PRESIDENT: Good. Well, listen, I appreciate your point, Jo Ann, and I want to amplify it. I think it is so important that all of us make decisions throughout this process based on evidence and data and what works, as opposed to what our dug-in positions may have been in the past. Because if we can at least agree on a set of facts, we're still going to have tough choices, but we're more likely to make good decisions on behalf of families.

And so I want to be clear about my own position in this process. During the campaign I put forward a plan for health care reform. I thought it was an excellent plan, but I don't presume that it was a perfect plan or that it was the best possible plan. It's conceivable that there were other ideas out there that we had not thought of.

If there is a way of getting this done where we're driving down costs and people are getting health insurance at an affordable rate and have choice of doctor, have flexibility in terms of their plans, and we could do that entirely through the market, I'd be happy to do it that way. If there was a way of doing it that involved more government regulation and involvement, I'm happy to do it that way, as well.

I just want to figure out what works. But that requires us to actually look at the evidence and try to figure out, based on the experience that now has been accumulated for a lot of years, you know, how can we improve the system. And I'm absolutely confident that there's going to be low-hanging fruit. For example, the issue of health IT—I don't think there's any dispute between Newt Gingrich and Ted Kennedy that if we digitalize our health care system, we're going to save money over the long term and we're going to reduce error and save lives.

There are going to be some other areas that's not such low-hanging fruit and there's greater dispute about what might work. But we have to keep that open mind that you called for, Jo Ann. That's going to be critical.

Let me go to Max Baucus and then Chuck Grassley. I want to get a sense of the folks on the finance committee—they're going to have some influence on this process. (Laughter.) Just a little bit. (Laughter.) Max.

SENATOR BAUCUS: Thank you, Mr. President. First, we've got some real luminaries in this room—yourself. A few hours ago, you mentioned that President Roosevelt tried to accomplish health care reform. He's over there right there in the corner—(laughter)—

THE PRESIDENT: There's Teddy—the other Teddy. (Laughter.)

SENATOR BAUCUS: And the third luminary is sitting right to my right, right here. And I think in the spirit of all three of you, this is a terrific opportunity.

Second, the American public wants it. That's a no-brainer. We're at a time in American history when the American people want health care reform, for all the reasons that you mentioned. And it is, as you mentioned, a moral and physical imperative. There's no doubt about that. And you've started this process I think in very much the right way, namely, getting us all together, a tone and a culture and a feeling of cooperation in a constructive way, evidence-based—what's the science, what works/doesn't work, practically and pragmatically.

And the real key here is for us to continue that frame of mind, continue that attitude, keep everybody at the table. This is all-encompassing. There are tradeoffs everywhere. This is not a short-term, tactical exercise. This is a strategic, longer-term plan here.

There has to be a uniquely American solution. We're not Europe. We're not Canada. We're not Japan. We're not other countries. We're American, with public and private participation. And there's no doubt in my mind just tapping into the good old American can-do and entrepreneurial spirit that we are going to find a solution. And the key here really is to keep—for us to all stay at the table, keep an open mind, after we've seen how this works with that and so forth.

This is really not going to be easy, it has a fairly steep learning curve for an awful lot of people to get this done. But clearly the attitude is here, that is, the frame of mind is here, the desire is here to do this in a very cooperative way. And I can't thank you enough for your quiet leadership to help make all that happen. (Applause.)

THE PRESIDENT: Thank you, Max. Chuck.

SENATOR GRASSLEY: Mr. President, thank you very much for this opportunity.

From our breakout session you probably get the idea that it's pretty easy to get done. We know it's very difficult to get done. But without that sort of feeling starting out, nothing would get done. And I think you served with us in the Senate long enough to know that Max Baucus and I have a pretty good record of working

out bipartisan things—neither one of us, or neither one of our parties get everything that they want, but we’ve had a pretty good record—I think only two bills in eight years that haven’t been bipartisan.

And so we have a process in place that has hearings coming up, it has a process of getting roundtable discussions, getting stakeholders in, getting authorities in. And we expect to have—work on this in the committee in June. It maybe will sound a little ambitious, but if you are ambitious on a major problem like this that the country decides needs to be done, it will never get done.

So the only thing that I would throw out for your consideration—and please don’t respond to this now, because I’m asking you just to think about it—there’s a lot of us that feel that the public option that the government is an unfair competitor and that we’re going to get an awful lot of crowd out, and we have to keep what we have now strong, and make it stronger.

THE PRESIDENT: Okay. Well, let me just—I’m not going to respond definitively. The thinking on the public option has been that it gives consumers more choices, and it helps give—keep the private sector honest, because there’s some competition out there. That’s been the thinking.

I recognize, though, the fear that if a public option is run through Washington, and there are incentives to try to tamp down costs and—or at least what shows up on the books, and you’ve got the ability in Washington, apparently, to print money—that private insurance plans might end up feeling overwhelmed. So I recognize that there’s that concern. I think it’s a serious one and a real one. And we’ll make sure that it gets addressed, partly because I assume it will be very—be very hard to come out of committee unless we’re thinking about it a little bit. And so we want to make sure that that’s something that we pay attention to.

A couple of other people I want to call on. I’m going to—I’m going to switch gears and get some groups in here, and then I’ll come back to a couple of other legislators.

Karen Ignagni—there you are, good. Why don’t you wait for a mic, Karen, so that we can hear you. Karen represents America’s Health Insurance Plans.

MS. IGNAGNI: Thank you, Mr. President. Thank you for inviting us to participate in this forum. I think on behalf of our entire membership, they would want to be able to say to you this afternoon, and everyone here, that we understand we have to earn a seat at the table.

We’ve already offered a comprehensive series of proposals. We want to work with you, we want to work with the members of Congress on a bipartisan basis here. You have our commitment. We hear the American people about what’s not working. We’ve taken that very seriously. You have our commitment to play, to contribute, and to help pass health care reform this year.

THE PRESIDENT: Good, thank you. Karen, that’s good news. That’s America’s Health Insurance Plans. (Applause.)

And while I’m on it, why don’t I call on Dan Danner, who’s NFIB. Is Dan still here? There he is. Dan.

MR. DANNER: Thank you, Mr. President.

THE PRESIDENT: Give us the business perspective.

MR. DANNER: I'm honored to be here representing small business. We do think that small business has a key role in this debate, and for them, cost is still the top issue. And we very much look forward to finding a solution together that works for America's job creators. So, appreciate being here, and thank you.

THE PRESIDENT: Good. One thing I want to talk about just—this whole cost issue. I can't emphasize this enough: There is a moral imperative to health care. I get 40,000 letters, I guess, every day here in the White House. I don't read all 40,000—(laughter)—but my staff selects 10 every single day that I read and try to respond to as many of them as possible. It's a way of staying in touch with the constituencies that I had a chance to meet during the course of the campaign.

I can tell you that on average, out of the 10 at least three every single day relate to somebody who's having a health care crisis. Either it's a small business that's frustrated because they can't even insure themselves, much less their employees; it's a mom who's trying to figure out how to insure their child because they make a little bit too much money so they don't qualify for SCHIP in their state—heartbreaking stories. So there is a moral component to this that we can't leave behind.

Having said that, if we don't address costs, I don't care how heartfelt our efforts are, we will not get this done. If people think that we can simply take everybody who's not insured and load them up in a system where costs are out of control, it's not going to happen—we will run out of money. The federal government will be bankrupt; state governments will be bankrupt.

So I hope everybody understands that—for those of you who are passionate about universal coverage and making sure that the moral dimension of health care is dealt with, don't think that we can get that done without—(coughing)—excuse me—this is a health care forum, so I thought I'd, you know—(laughter)—model what happens when you don't get enough sleep. (Laughter.)

Don't think that we can—that's right, I'm talking to you liberal bleeding hearts out there. (Laughter.) Don't think that we can solve this problem without tackling costs. And that may make some in the progressive community uncomfortable, but it's got to be dealt with. And the flip side is what I would say to those who are obsessed with costs—and this goes to the issue of Medicare and Medicaid reform, as well—I don't think it is a viable option as a means of controlling costs simply to throw seniors off the Medicare rolls, for example, or to prevent them from getting vital care that they need, which means, you know, we've got to balance heart and head as we move this process forward.

A couple other people I want to call on. How about Charlie Rangel? He has a tax committee that's important. (Laughter.)

REPRESENTATIVE RANGEL: People have said that, when I first came to Washington—George Washington, act like him. (Laughter.) But I have to tell you, Mr. President, this is one of the most exciting experience and opportunities. There hasn't been a year that we haven't talked about this. And you have brought all of these different stakeholders to read from the same page, to show how important it is to our country. And I'm excited about it. Our speakers made it abundantly clear that there may be a lot of people to

blame but it won't be our committee people, it won't be those of us who have jurisdictions. There's nothing that we would rather do than be able to say that we helped for you to fulfill not just a campaign obligation but a moral obligation. We all are indebted.

And so, Senator Kennedy, this is a fantastic day. There hasn't been a time we haven't hoped that we could do this. And so, we know that there's going to be a lot of problems. But we also what you've created is a group of missionaries to make our political job easier so that when we have the problems they won't have to say, what are they doing in Congress? They can go to our union leaders, our business people, advocate for children's, those that do want public programs. And at least we would know that we're moving in the direction which our country wants us to do collectively. So, I'm proud to be on the team.

THE PRESIDENT: Good, thank you. Is your counterpart on your committee here?

REPRESENTATIVE RANGEL: Yes, he is. Dave and I—

THE PRESIDENT: Come on, Dave.

REPRESENTATIVE RANGEL:—have worked so closely together. If we can keep disagreements down, we'll be a hell of a team.

THE PRESIDENT: Well, what I meant, Charlie, was let's give him the mic. (Laughter and applause.)

REPRESENTATIVE CAMP: It's tough in the minority, let me tell you. (Laughter.) You do lose the microphone when you're not in the majority.

But thank you, Mr. President. Thank you so much for bringing us all together. I think much of what has been said I can agree with. And I think particularly the idea that we have an American solution, and certainly in America the idea that a patient and a physician make the health care decisions that affect them is certainly something we need to protect.

And I just appreciate the opportunity to be here, look forward to working with you. There's so many things that we talked about that we had in common, in terms of health information technology, wellness. But we are going to have to figure out just how much of our economy is devoted to health care, and that's going to be a big issue we have to face.

THE PRESIDENT: Right.

REPRESENTATIVE CAMP: And this cost-shifting that goes on between public and private health care dimensions, and those are challenging things, but I look forward to working with you and your team on this.

THE PRESIDENT: Well, you raise a couple of important points. Number one, doctors. And I'm assuming that we've got somebody—and I'm going to call on them in a second—but I've got a lot of very close friends who are doctors. And the enormous pressure and strain that the medical profession is now feeling from a whole variety of sources is something that we've got to attend to in this reform process. We're not producing

enough primary care physicians, because the costs of medical education are so high that people feel they've got to specialize.

The issue of malpractice insurance is real, and if you're an OB/GYN, that is enormous pressure that you've having to deal with.

One of the things that we've done in this budget that we're presenting is to finally surface what had been the fiction that we weren't going to give doctors higher reimbursements—we always did it in the end; we just didn't budget for it—and caused enormous stress for them.

Now, the flip of it is if we're going to do more for doctors, part of what we've also got to say is, if there are states like Minnesota that are providing as good or better care than other states, and yet are keeping their costs lower, and Medicare and Medicaid reimbursements are better controlled, shouldn't we be learning from what those states are doing, and then making that more generally applicable?

And there may be some resistance on the part of providers to say, well, you know, our circumstances are different in this state or that state. But this is what I mean when I say that data and evidence have to drive the process. If we can find better practices, then doctors have to be willing to learn from the experience of others in terms of controlling costs. They've got to be part of the solution, as well.

So since I'm talking about doctors, we've got Ted Epperly of the American Academy of Family Physicians. Is Ted around here somewhere? Here we go. Go ahead. You've got a mic right behind you.

DR. EPPERLY: Well, first, Mr. President, what an honor to be here and to be with all of you. Speaking on behalf of over 100,000 family doctors, we're ready to do our part. We very much believe that we need to expand coverage in this country to everyone, and we need to fix the workforce, sir, so that all those patients have a place to go. We'll roll up our shirt sleeves and do everything possible to make this work, because it is the right thing to do, and I applaud you and this body for doing this today, to do it this year, and we must do it. Thank you.

THE PRESIDENT: Good. Okay, before we break up, because we've been using some time, and I'm starting to get Reggie Love signaling over there—whenever he stands, since he's 6'5, I see him—(laughter)—and I know that we're running out of time. Are there some people that I did not call on that have a critical question or point that they would like to make?

Yes, go ahead, please.

REPRESENTATIVE CAPPS: Thank you very much. I'm Lois Capps, and I will love to follow the doctor. I also want to say to Senator Kennedy, this is the time. As one of three nurses in the U.S. Congress, the proposals you are putting forward resonate. Nurses do provide quality care. They help reduce costs through increased preventive care, and they deliver cost-effective primary care, along with physicians, especially in underserved areas.

But we have a huge shortage of nurses today. And estimates are that the U.S. will be lacking over 500,000 nurses in the next seven years. Our nursing schools are only able to admit a tiny fraction of applicants. The great—greatest bottleneck for educating more nurses comes from the lack of nursing school faculty.

You've done a great job by proposing an increase in nursing education in your 2010 budget and by including nurse education funding in the Recovery Act. I'd love to hear your thoughts. If not—if there's no time today, I'd love to pursue this—there are other nurses in the room—on how we can further advance nursing education and faculty training, because they are going to be essential to our overall efforts to contain costs while expanding and improving care. Thank you very much.

THE PRESIDENT: Well, let me respond to this right away, because it's not that complicated. Nurses provide extraordinary care. I mean, they are—they are the front lines of the health care system. And they don't get paid very well. Their working conditions aren't as good as they should be. And when it comes to nurse faculty, they get paid even worse than active nurses. So what happens is, is that it is very difficult for a nurse practitioner to go into teaching, because they're losing money.

The notion that we would have to import nurses makes absolutely no sense. And for people who get fired up about the immigration debate and yet don't notice that we could be training nurses right here in the United States—and there are a lot of people who would love to be in that helping profession and yet we just aren't providing the resources to get them trained—that's something that we've got to fix. That should be a no-brainer. That should be a bipartisan no-brainer to make sure that we've got the best possible nursing staffs in the country. (Applause.)

Q Thank you, Mr. President. I know you stressed the cost efficiencies and that is certainly important and it was an important part of our breakout session. But I also want to commend you for also being honest in saying that there has to be a new source of funding, as well, because in your reserve fund you mentioned a new source of funding dealing with deductions, whatever, for people over a certain income. And I do notice that there is a tendency to think that we can somehow expand health insurance and achieve coverage for everyone just with the existing money in the system, and I don't think that's true.

So I want to commend you for that, and I want everyone to keep in mind the fact that we have to come up with a new source of funding, either what you proposed or perhaps others, because, even as you said in your budget message, that this only pays, this reserve fund, for about half the cost if we're going to cover everyone. And that's an important part of this, as well.

THE PRESIDENT: Let me—I want to make a important distinction, though, between short-term costs and long-term costs. I don't think that we can expand coverage on the front end without some money. By definition, we will not have changed the system sufficiently to drive down costs in order to pay for new people being part of the system.

Now, keep in mind, we're already paying for those folks. Every single person at home, the average family is paying \$900 per family in additional premiums because of the care that people are receiving in emergency rooms. So we're paying for it, but it's oftentimes hidden.

But capturing those savings will take some time. Health IT is going to save money—but it's not going to save money in year one or year two; it'll save money in year 10, 11, 15 and 20. If we're doing a good job on prevention and are reducing rates of obesity—if we went back to the obesity rates that existed back in 1980, we'd save the system a trillion dollars, but we're not going to do that overnight—it's going to take some time.

So what we constantly have to think about is short-term costs versus even higher long-term costs. And what I'm trying to do in this debate is make sure that we're focused not just on year one and year two, but on year 10, year 20, year 30 and year 50, and making sure that our children are not bankrupted. Now, that creates a very difficult political task. Nothing is harder in politics than doing something now that costs money in order to gain benefits 20 years from now. It's the single hardest thing to do in politics, and that's part of the reason why health care reform has consistently broken down.

There should be enough money in the system. We spend more per capita than any nation on Earth. And to find that American solution that mixes public and private, but also says we shouldn't have such an inefficient system and we should make investments today to ensure that we're saving money down the road, that's going to be our challenge.

Okay, I've got time for maybe a couple more questions. The gentleman right here. And I'll catch folks back here, as well.

MR. McANDREWS: Mr. President, my name is Lawrence McAndrews. I represent the National Association of Children's Hospitals. First, I'd like to thank you for your leadership with CHIP; extending coverage to 4 million children is just fantastic. (Applause.)

THE PRESIDENT: Thank you.

MR. McANDREWS: Second, as your leadership in CHIP has illustrated, perhaps children can lead the way. And I think we in the pediatric community—children represent 25 percent of the population, 10 percent of the health care costs—and we I think are a small enough community, cohesive enough, the doctors and the hospitals working together, we know each other, that perhaps we can offer an opportunity to be another leading edge in your plan for change. And we would work with you in the implementation of any quality measures, any new incentive structures.

And I think children's hospitals tend to be a disrupter in the cost of care, because they take care of 40 to 50 percent of the market and we can—and the most expensive kids. Working with you, we can make the biggest down payment, the Willie Sutton principle, so to speak, where the money is, we can help you manage that.

THE PRESIDENT: Good.

MR. McANDREWS: Thank you very much.

THE PRESIDENT: That's a great point, that's a great point. (Applause.) I'm going to make this—I'm—oh, suddenly everybody raises their hand. (Laughter.) I'm going to take two more questions—this young lady right here and then this gentleman right here, just because they had their hands up a little bit early.

Go ahead.

Q Thank you so very much, Mr. President. And it's quite an honor for you having all of us here today. You've created a network among us that we didn't even know exists. We are more alike than we are different. And I would ask that all of us help to make sure that the elimination of racial and ethnic health disparities be a core component of whatever health care reform legislation may look like that you enact.

And I thank you again. (Applause.)

THE PRESIDENT: Well, I think that's important, I think that's important. And that's an example of where there is some data out there that's pretty indisputable that even when you account for incomes and levels of insurance, that you're still seeing problems in the African American community and the Latino community, Native American communities, in terms of quality of care and outcomes.

And part of what we should be doing is to think about, based on this evidence and this data, are there ways that we can close those gaps. And to the extent that that is reflected in this reform, I think that will ultimately save everybody money. Okay?

Q Thank you so much. Just one really quick one—if you will give us the marching orders before we leave. (Laughter.)

DR. REDLENER: Mr. President, I'm Irwin Redlener, a pediatrician at Columbia University's Mailman School of Public Health, and President of the Children's Health Fund. And I also just want to underscore how extraordinarily important this meeting was. It launches health care in a way that I don't think we've ever seen before in this country. And we all, I know, congratulate you deeply about that.

And I wanted to say just a couple of words about prevention, which has been mentioned a few times. Prevention needs to be bolstered by a strong American public health system, as well. And we cannot forget about the public health infrastructure as we're building and strengthening our health care system in general. So the public health schools are often the places where the research is done that tell us and guide us what kinds of preventive interventions actually work. And what works is really going to be important.

I also wanted to underscore what Larry McAndrews said about the importance of investing in children. They are not only a compelling moral issue for us, but they are compelling fiscally, as well. America is going to be depending on its children to be fully functional, to function in school, to succeed in ways that can only happen if their health is protected and guarded.

And the final point is that I don't think we've mentioned yet the role of individual citizens. Every single American has a role to play in making us healthier as a nation. And your inspiration and hopefully the inspiration of others here will make sure that individuals know that their choices of healthy lifestyle decisions, and making sure they get the prevention that they need will bolster our ability to provide quality health care and reduce the cost of care that could have been avoided if we had thought about prevention in the first place. Thank you. (Applause.)

THE PRESIDENT: Those are all great points.

Let me just close by saying this—because somebody asked for marching orders. Number one, all of the groups here need to stay involved. And I know you will. Number two, we will generate a report or a summary of the comments in the various breakout sessions that will be distributed to all the participants. Number three, I know that Nancy Pelosi, Harry Reid, Mitch McConnell, John Boehner, and the other leadership are interested in moving a process forward, and so unlike the fiscal responsibility summit where I think we have to have some discussion about mechanisms and how do we make it work so that it takes, I think here you've got a bunch of committees that are eager and ready and willing to get to work.

And so I just want to make sure that I don't get in the way of all of you moving aggressively and rapidly. I've got some very strong ideas and the White House will be providing some guideposts and guidelines about what we think we can afford to do, how we think it's best to do it, but we don't have a monopoly on good ideas. And to the extent that this work is being done effectively in these various committees, then I assure you that we are going to do everything that we can to work with all of you—Democrat and Republican.

But the one thing that I've got to say here: There's been some talk about the notion that maybe we're taking on too much; that we're in the midst of an economic crisis and that the system is overloaded, and so we should put this off for another day. Well, let's just be clear. When times were good, we didn't get it done. When we had mild recessions, we didn't get it done. When we were in peacetime, we did not get it done. When we were at war, we did not get it done.

There is always a reason not to do it. And it strikes me that now is exactly the time for us to deal with this problem. The American people are looking for solutions. Business is looking for solutions. And government—state, federal, and local—needs solutions to this problem.

So for all of you who've been elected to office or those of you who are heading up major associations, I would just say, what better time than now and what better cause for us to take up? Imagine the pride when we go back to our constituencies next year and say, you know what, we finally got something done on health care. That's something that's worth fighting for, and I hope all of you fight for it. (Applause.)

WHITE HOUSE FORUM ON HEALTH REFORM

WASHINGTON, DC • MARCH 5, 2009

Appendix: Forum Attendees

THE WHITE HOUSE
Office of the Press Secretary

For Immediate Release

March 5, 2009

White House Forum on Health Reform Attendees and Breakout Session Participants

President Obama will deliver remarks to open the White House Forum on Health Reform in the East Room this afternoon. These remarks will be open press.

Following the opening session, attendees will divide into five breakout groups to discuss ideas on how to bring down health care costs and increase coverage. Below is a list of participants in each breakout group as well as all attendees. Each session will have writer pools present; all five will be webcast on whitehouse.gov and one session will be carried by C-SPAN, which has opted to share footage with other television media outlets.

To close the forum, the President will reassemble participants to hold a dialogue in the East Room. This event will be open press.

Participants in Breakout Groups:

I. BREAKOUT SESSION ONE: STATE DINING ROOM

Moderator: Melody Barnes

Moderator: Bob Kocher

Sen. Byron Dorgan (D-ND)

Sen. Mike Enzi (R-WY)

Sen. Sheldon Whitehouse (D-RI)

Sen. Orrin Hatch (R-UT)

Rep. Rob Andrews (D-NJ)

Rep. Baron Hill (D-IN)

Rep. Jan Schakowsky (D-IL)
Rep. Jo Ann Emerson (R-MO)
Rep. Allyson Schwartz (D-PA)
Rep. Earl Pomeroy (D-ND)
Rep. John Conyers (D-MI)
SEIU, Dennis Rivera
Business Roundtable, Ken Powell (CEO of General Mills)
American Hospital Association, Rich Umbdenstock
American Cancer Society, Daniel Smith
American Nurses Association, Rebecca Patton
Blue Cross Blue Shield Association, Scott Serota
Consortium for Citizens with Disabilities (CCD) Health Task Force, Peter Thomas
Planned Parenthood, Cecile Richards
National Council of La Raza (NCLR), Janet Murguia

II. BREAKOUT SESSION TWO: EEOB 350

Moderator: Valerie Jarrett

Moderator: Zeke Emanuel

Sen. Chris Dodd (D-CT)
Sen. Robert Bennett (R-UT)
Sen. Bernie Sanders (I-VT)
Sen. Debbie Stabenow (D-MI)
Rep. Steny Hoyer (D-MD)
Rep. Roy Blunt (R-MO)
Rep. Miller (D-CA)
Rep. Buck McKeon (R-CA)
Rep. Rosa DeLauro (D-CT)
Rep. Donna Christensen (D-VI)
Rep. Tim Murphy (R-PA)
Rep. Michael Burgess (R-TX)
Rep. Nathan Deal (R-GA)
National Association of Manufacturers, John Engler
Federation of American Hospitals, Chip Kahn
University of Chicago Medical School, Eric Whitaker
Pfizer, Jeff Kindler

PICO, Scott Hersey Reed
National Partnership for Women and Families, Deb Ness
Racial and Ethnic Health Disparities, Fredette West
Alliance for Retired Americans, Ed Coyle

III. BREAKOUT SESSION THREE: EEOB 474

Moderator: Peter Orszag

Moderator: Secretary Shinseki

Sen. Barbara Mikulski (D-MD)

Sen. Tom Harkin (D-IA)

Sen. Sherrod Brown (D-OH)

Sen. Judd Gregg (R-NH)

Rep. Charles Rangel (D-NY)

Rep. Dave Camp (R-MI)

Rep. Frank Pallone (D-NJ)

Rep. Lois Capps (D-CA)

Rep. Wally Herger (R-CA)

Rep. Xavier Becerra (D-CA)

Rep. Patrick Kennedy (D-RI)

Rep. Eric Cantor (R-VA)

United Food and Commercial Workers International Union (UFCW), Joe Hansen

National Federation of Independent Business (NFIB), Dan Danner

Catholic Health Association, Sister Carol Keehan

Hispanic Medical Association, Elena Rios

America's Health Insurance Plans (AHIP), Karen Ignagni

Campaign for Mental Health Reform, Bill Emmet

Asian and Pacific Islander Health Forum, Dr. Ho Tran

Families USA, Ron Pollack

Center for American Progress, John Podesta

IV. BREAKOUT SESSION FOUR: EEOB 180

Moderator: Nancy-Ann DeParle

Moderator: Diana Farrel

Sen. Max Baucus (D-MT)

Sen. Charles Grassley (R-IA)

Sen. Jeanne Shaheen (D-NH)

Rep. Henry Waxman (D-CA)
Rep. Joe Barton (R-TX)
Rep. Jim Cooper (D-TN)
AFL-CIO, Gerry Shea
Small Business Majority, John Arensmeyer
American Medical Association, Nancy Nielsen
PhRMA, Billy Tauzin
National Indian Health Board, Stacey Bohlen
National Association of People Living with AIDS, Frank Oldham

V. BREAKOUT SESSION FIVE: EEOB 248

Moderator: Larry Summers

Moderator: Neera Tanden

Sen. Jay Rockefeller (D-WV)
Sen. Jeff Bingaman (D-NM)
Sen. Ron Wyden (D-OR)
Rep. John Dingell (D-MI)
Rep. Lucille Roybal-Allard (D-CA)
Rep. Mike Ross (D-AR)
Rep. Pete Stark (by phone) (D-CA)
Teamsters, Jim Hoffa
U.S. Chamber of Commerce, Tom Donahue
National Medical Association, Mohammad Akhter
Children's Defense Fund, Marian Wright Edelman
AARP, Bill Novelli
HCAN, Richard Kirsch
University of Miami, Donna Shalala

WHITE HOUSE FORUM ON HEALTH REFORM ATTENDEES

Everyday Americans

In December, 2008 the Transition's Health Policy Team solicited everyday Americans to hold Health Care Community Discussions around the country. The seven everyday Americans listed below all conveyed problems with the current health care system, expressed a desire to reform the system, and hosted discussions in their communities on health care issues. They were invited to participate in Thursday's White House Forum on Health Reform.

Travis Ulerick is a 24-year-old firefighter from Dublin, Indiana. He started out as a firefighter and first responder for the volunteer fire department on June 28, 2000. When the fire department became the sole EMS provider for the southwestern portion of Wayne County in 2007, Ulerick was one of the four crew members hired to work full-time on the department's ambulance. He graduated from nearby Lincoln High School, and is currently a senior at Ball State University in Muncie, Indiana. Travis hosted a health care community discussion with other local first responders, doctors, and everyday Americans in January in the bay of Dublin's fire station. Recently HHS staff followed Travis around his job, and he will be featured in an upcoming video on the new healthreform.gov website. *NOTE: Travis Ulerick will introduce the President at the opening session.

Julia Denton is a 52-year-old Republican from Yorktown, Virginia. Her husband is an active duty Air Force dentist with more than 23 years service. Julia currently devotes her time to caretaking and advocacy on behalf of her son Matthew, who was born with a rare genetic disorder resulting in multiple disabilities. Although Julia was a volunteer for the McCain/Palin campaign during the general election, she is now committed to the Obama health plan. She hosted a health care community discussion in December and since has continued to support the health reform effort.

Siavash Sarlati is a 24-year-old Iranian-born, American citizen, and a medical student at the University of Wisconsin. After completing high school, he pursued a degree in Biochemistry from the University of Wisconsin-Madison, graduating with honors. Siavash is currently a second-year medical student at the University of Wisconsin School of Medicine and Public Health, and he hopes to pursue a Masters in Public Health. Siavash hosted a health care community discussion in December. He is interested in doing his residency in an under-served urban area.

Yvonne Rubie is a 57-year-old from Brooklyn, New York. She is an active volunteer at House of the Lord Church, where she hosted a health care community discussion in December. Yvonne has a master's degree in public health and uses her skills to promote health and wellness through health fairs, church discussions, and information sessions on diabetes. In an effort to continue the community discussion, she is in the process of planning an event in May focusing on elder care. Yvonne is committed to improving health care at both the national and local level.

James Stoffer is a 54-year-old teacher and small-business owner from Delafield, Wisconsin. As the owner of a malt shop, James is all too familiar with the high costs of insurance. Although his family has a history of cancer, he cannot afford the checkups due to cost. He spoke about insurance being an obstacle to fulfilling his lifelong dream of owning his own business and fears that the current system limits other entrepreneurs.

Jose Oliva is a 63-year-old Mexican-born, United States Citizen from El Paso, Texas. Jose works as a Customs and Border Protection Officer along the Texas-Mexico border. He is a veteran who served in the United States Air Force from May 1965 through May 1969, and all his higher education costs were paid through the GI bill and part-time employment. Jose and his wife have been married for 38 years and have four grown children. In December, Jose hosted a health care community discussion, where group participants discussed challenges to people in impoverished areas of the country. Jose believes that the biggest challenge in reforming health care is by improving access to all Americans.

Angela Diggs is a 42-year-old Washington D.C. native, who is the administrator of the Congress Heights Senior Wellness Center, which is a partnership of the District of Columbia Office on Aging and Providence Hospital's Wellness Institute. The center provides health and wellness classes for seniors on D.C.'s southwest side. In December, Angela helped organize a health care community discussion.

MEMBERS OF CONGRESS EXPECTED TO ATTEND

Majority Leader Harry Reid (D-NV)

Minority Leader Mitch McConnell (R-KY)

Sen. Dick Durbin (D-IL), Assistant Majority Leader

Sen. Edward Kennedy (D-MA), Chairman, HELP Committee

Sen. Mike Enzi (R-WY), Ranking Member, HELP Committee

Sen. Max Baucus (D-MT), Chairman, Finance Committee

Sen. Charles Grassley (R-IA), Ranking Member, Finance Committee

Sen. Jay Rockefeller (D-WV), Chairman, Health Subcommittee of the Finance Committee

Sen. Orrin Hatch (R-UT), Ranking Member, Health Subcommittee (Finance Committee)

Sen. Tom Harkin (D-IA), Chairman, Appropriations Subcommittee on Health Care

Sen. Arlen Specter (R-PA), Ranking Member, Appropriations Subcommittee on Health Care

Sen. Byron Dorgan (D-ND)

Sen. Chris Dodd (D-CT)

Sen. Robert Bennett (R-UT)

Sen. Bernie Sanders (I-VT)

Sen. Debbie Stabenow (D-MI)

Sen. Barbara Mikulski (D-MD)

Sen. Sherrod Brown (D-OH)

Sen. Sheldon Whitehouse (D-RI)

Sen. Jeanne Shaheen (D-NH)

Sen. Jeff Bingaman (D-NM)

Sen. Ron Wyden (D-OR)

Sen. Judd Gregg (R-NH)

Speaker Nancy Pelosi

Rep. Steny Hoyer (D-MD), House Majority Leader

Rep. Eric Cantor (R-VA), Republican Whip

Rep. Xavier Becerra (D-CA), Vice Chair of Democratic Caucus

Rep. Henry Waxman (D-CA), Chairman, Energy & Commerce Committee

Rep. Joe Barton (R-TX), Ranking Member, Energy & Commerce Committee

Rep. Charles Rangel (D-NY), Chairman, Ways and Means Committee

Rep. Dave Camp (R-MI), Ranking Member, Ways and Means Committee
Rep. George Miller (D-CA), Chairman, Education and Labor Committee
Rep. Buck McKeon (R-CA), Ranking Member, Education and Labor Committee
Rep. John Dingell (D-MI), Chairman Emeritus of Energy & Commerce Committee
Rep. Frank Pallone (D-NJ), Chairman, Health Subcommittee for Energy & Commerce
Rep. Nathan Deal (R-GA), Ranking Member, Health Subcommittee for Energy & Commerce
Rep. Pete Stark (by phone) (D-CA), Chairman, Health Subcommittee of Ways and Means
Rep. Wally Herger (R-CA), Ranking Member, Health Subcommittee, Ways and Means
Rep. Rob Andrews (D-NJ), Chair, Education & Labor Subcommittee on Health, Labor, et al.
Rep. John Conyers (D-MI)
Rep. Baron Hill (D-IN)
Rep. Jan Schakowsky (D-IL)
Rep. Jo Ann Emerson (R-MO)
Rep. Allyson Schwartz (D-PA)
Rep. Earl Pomeroy (D-ND)
Rep. Roy Blunt (R-MO)
Rep. Rosa DeLauro (D-CT)
Rep. Donna Christensen (D-VI)
Rep. Tim Murphy (R-PA)
Rep. Michael Burgess (R-TX)
Rep. Lois Capps (D-CA)
Rep. Patrick Kennedy (D-RI)
Rep. Jim Cooper (D-TN)
Rep. Lucille Roybal-Allard (D-CA)
Rep. Mike Ross (D-AR)

COMMUNITY LEADERS AND STAKEHOLDERS EXPECTED TO ATTEND

(in alphabetical order by organization name)

AARP, Bill Novelli, President
ADAPT, Bobby Coward
AFL-CIO, Gerry Shea, Assistant to the President for Governmental Affairs
AFSCME, Gerry McEntee, President
AFT, Randy Weingarten, President
AIDS Action, Rebecca Haag President and CEO
Alliance for Retired Americans, Ed Coyle, Executive Director

America's Health Insurance Plans, Karen Ignagni, President and CEO
American Cancer Society Cancer Action Network, Daniel Smith, President
American College of Physicians, Jeff Harris, President
American Academy of Pediatrics, David Tayloe, President
American College of Cardiology, W. Douglas Weaver, President
American Academy of Family Physicians, Ted Epperly, President
American Diabetes Association, Larry Hausner, CEO
American Heart Association, Timothy J. Gardner, President
American Hospital Association, Rich Umbdenstock, President
American Medical Association, Nancy Nielsen, President
American Nurses Association, Rebecca Patton, President
Asian and Pacific Islander Health Forum, Dr. Ho Tran, Executive Director
Association of Asian Pacific Community Health Organizations, Jeff Caballero, Executive Director
Building and Construction Trades Department, Mark Ayers, President
Better Health Care Together, Jody Hoffman, Executive Director
Blue Cross Blue Shield Association, Scott Serota, CEO
Campaign for America's Future, Roger Hickey, Founder and Co-Director
Campaign for Mental Health Reform, William Emmett, Director
Catholic Health Association, Sister Carol Keehan, President and CEO
CCD Health Task Force, Peter Thomas
CED, Charlie Kolb, CEO
Center for American Progress, John Podesta, President and CEO
Change to Win, Anna Burger, Chair
Children's Defense Fund, Marian Wright Edelman, Founding President
Columbia University Mailman School of Public Health, Irwin E. Redlener, M.D.
Communications Workers of America, Larry Cohen, President
Families USA, Ron Pollack, President
Federation of American Hospitals, Chip Kahn, President
General Mills, Ken Powell, President and CEO
Health Care for America Now, Richard Kirsch, National Campaign Manager
Hispanic Medical Association, Elena Rios, President
Human Rights Campaign, Joe Solmonese, President
Jennings Policy Strategies Group, Inc, Chris Jennings, President
League of United Latin American Citizens, Brent Wilkes, Executive Director
Markle Foundation, Zoe Baird, President

National Association of Counties, Valerie Brown, Incoming NACO Chair
National Association of Manufacturers, John Engler, President and CEO
National Association of People with AIDS, Frank Oldham, President and CEO
National Association of Community Health Centers, Tom Van Coverden, President and CEO
National Council of La Raza, Janet Murguia, President and CEO
National Jewish Hospital, Dr. Michael Salem, President
National Congress of American Indians, Jacqueline L. Johnson Pata, Executive Director
National Federation of Independent Businesses, Dan Danner, President
National Indian Health Board, Stacey Bohlen, Executive Director
National Medical Association, Mohammad Akhter, Executive Director
National Partnership for Women and Families, Debra Ness, President
National Business Group on Health, Helen Darling, President
National Association of Children's Hospitals, Larry McAndrews, President and CEO
National Association of Public Hospitals, Larry Gage, President
National Rural Health Association, Dennis Berens, President
National Coalition on Health Care, Henry Simmons, Founder
National Association for Home Care & Hospice, Val Halamandaris, President
National Women's Law Center, Marcia Greenberger, President
National Minority AIDS Council, Paul Kawata, President
National Gay and Lesbian Task Force, Rea Carey, President
National Hispanic Health Alliance, Dr. Jane Delgado, President
National Education Association, Dennis Van Roekel, President
Pfizer, Jeffrey Kindler, CEO
Pharmaceutical Research and Manufacturers of America (PhRMA), Billy Tauzin, President and CEO
Physicians for a National Health Plan, Dr. Oliver Fein, Director
PICO, Scott Hersey Reed, Executive Director
Planned Parenthood Federation of America, Cecile Richards, President
Racial and Ethnic Disparities Health Coalition, Fredette West, President
Robert Wood Johnson Foundation, Dr. Risa Lavizzo-Mourey, President and CEO
SEIU, Dennis Rivera, Chair
SEIU, Andy Stern, President
Small Business Majority, John Arensmeyer, Founder and CEO
Teamsters, Jim Hoffa, President
Trust for America's Health, Jeff Levi, Executive Director
UAW, Ronald Gettelfinger, President

UFCW, Joe Hansen, President

University of Chicago Medical School, Eric Whitaker, Executive Vice President For Strategic Affiliations

University of Miami, Donna Shalala, President

USW, Leo Gerard, President

U.S. Chamber, Tom Donohue, President