



CONGRESSIONAL  
HEALTH CARE  
CAUCUS

## Better Policy Through Better Education

*2009 Year-End Report*

*Rep. Michael C. Burgess, M.D.  
Chairman*

## Fact Sheet

### 52 Caucus Events

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### 62 Caucus Speakers

#### Caucus Event Topics

Affordability  
Mandates  
Pre-Existing Conditions  
Quality  
Health IT  
Medicare  
Employer-Sponsored Coverage  
Communicating

## About the Caucus

Since its foundation at the start of the 111<sup>th</sup> Congress by Representative Michael C. Burgess, M.D. (R-Texas), the Congressional Health Care Caucus has been aggressive in educating Republican Members and staff about various issues of health care policy. Through events, resources, and information, the Health Caucus has fostered a more informed health care debate.

The Health Caucus' signature event is the Policy Forum, which brings important thought leaders together to discuss a wide array of topics. Policy Forums are always open to the public and are webcast live via the Internet. These events have highlighted everything from the process and likelihood of budget reconciliation in the Senate to the options for making health care better and more affordable.

In addition to the thirteen Policy Forums, the Health Caucus has hosted eight briefings and twelve daybreak discussions for Members and staff. These events have focused on more practical issues surrounding the health care debate, like how to be effective communicators on this complex topic. In the heat of August, the Health Caucus took its show on the road to North Texas where we brought local business leaders together to explore the impacts of health care reform and what it would mean for their businesses and employees.

As the House inched closer to passing Speaker Pelosi's bill, many Members of Congress reached out to Chairman Burgess for assistance in communicating with their constituents because of his expertise on health care. He was a guest on several telephone town halls, physical town halls, and conference calls.

While the majority of the Caucus' activity occurred in Washington, DC, Chairman Burgess did not want the message to end once it reached the boundaries of the Beltway. He also traveled to several cities throughout the year to meet with medical groups and physicians to learn from and educate those in the medical community all across the country.

In addition to our popular events, the Health Caucus has been an indispensable resource to staffers, providing up-to-the-minute information on legislation or one-on-one assistance. Similarly, the Caucus' website has become a destination for tens of thousands of Americans seeking to learn more about health care policy and the debate inside the Beltway.

The key to Health Caucus' success has been its agility in responding to important issues as they emerged during the developments of the health care reform bill. From surveying the options for health care reform in March to organizing reading rooms prior to the House vote on the health bill in November, the Health Caucus has followed the arc of the debate.

## A Message From Chairman Burgess

I can remember sitting at my desk late one night in my office at Lewisville Medical Center, reading an article about the looming cut in Medicare reimbursement for doctors, thinking, something has really gone wrong up in Washington, and wondering how this could have happened. How can it be that doctors are set to begin receiving less reimbursement for seeing the same patients and performing the same procedures and tests?

Ever since then, I have vowed to make a difference, for the better, in the way health care and the federal government interact. With over 25 years of experience practicing medicine in North Texas - dealing with the government and private health insurance companies - I bring a unique perspective to the decades-long debate of how health care should be delivered to America's patients. In my capacity as a Member of Congress, and as a Member of the House Energy and Commerce Committee, I have introduced bills aimed at improving care and efficiency while lowering cost, protecting the doctor-patient relationship, and ensuring there will be enough doctors to care for all of America's patients - my attempts at improving the already stellar health care system in America.

At the start of 2009 and the 111<sup>th</sup> Congress, though, I realized that, with super minorities in both Chambers of Congress and a Democrat as President, my influence on the health care debate was seriously handicapped. From this realization was born the Congressional Health Care Caucus - a platform for me to educate Members of Congress, thought-leaders, health care professionals and all Americans on commonsense and pro-patient health care ideals.

I have always wondered why Republicans let ourselves become the party of second thought when it comes to health care. When I was a practicing Ob/Gyn, the Republican principles of improving the current market-based system, limiting the government's involvement, reforming the medical liability laws, and strengthening the patient-doctor relationship, were the same principles that mattered to me and my practice (it is no wonder that the large majority of doctors serving as Members of Congress are Republicans). I have also come to realize that the majority of Americans believe in these same basic principles, and align with Republicans on the issues, but just don't know it. This is because Republicans are not very good at talking about health care.

So, over the course of the last year, through many forums, daybreak discussions, telephone town halls with Members of Congress, and even a debate, the Health Caucus has worked to make Republicans better messengers about the commonsense reforms to our nation's health care system in which we - and the American people - believe. While the House ultimately passed Speaker Pelosi's disastrous bill, the American people were more educated and engaged than ever before, and made it clear they didn't want a government takeover. I am proud to have helped in this valiant effort. It has been a privilege serving you this past year, and I look forward to the next.

Sincerely,  
Michael C. Burgess, M.D.

## Member Services

**Physicians lunch and town hall with Rep. Lee Terry (R-Nebraska)** (April 17, Omaha, Nebraska)  
**Physicians meeting with Rep. John Carter (R-Texas)** (June 29, Round Rock, Texas)  
**Telephone town hall with Rep. Scott Garrett (R-New Jersey)** (July 14)  
**Conference call with hospital administrators with Rep. Randy Neugebauer (R-Texas)** (July 20)  
**Conference call with physicians with Rep. Randy Neugebauer (R-Texas)** (July 20)  
**Telephone town hall with Rep. Lamar Smith (R-Texas)** (July 22)  
**Telephone town hall with Rep. Michael McCaul (R-Texas)** (July 23)  
**Conference call with physicians with Rep. Michelle Bachmann (R-Minnesota)** (July 30)  
**Health care public forum with Rep. Michelle Bachman (R-Minnesota)** (August 27, Lame Elmo, Minnesota)  
**St. Quad Area & Metro North Chambers luncheon with Rep. Michelle Bachmann (R-Minnesota)** (August 27, Lino Lakes, Minnesota)  
**Telephone town hall with Rep. Bob Latta (R-Ohio)** (September 29)  
**Minnesota Majority health care reform telephone town hall with Rep. Michelle Bachmann (R-Minnesota)** (September 29)  
**Telephone town hall with Rep. Jeff Miller (R-Florida)** (November 5)  
**Telephone town hall with Rep. Lynn Jenkins (R-Kansas)** (November 5)

## Chairman's Travel

**North Carolina Ob/Gyn Society Annual Meeting** (April 25, Ashville, North Carolina)  
Chairman Burgess was the keynote speaker and spoke to the group of physicians on health care reform action in Washington, DC, and encouraged the audience members to contact their Members of Congress and make sure their voices are heard.

**St. Vincent Indianapolis Hospital Annual Retreat** (May 11, Carmel, Indiana)  
Chairman Burgess updated the doctors, nurses and hospital administrators on the latest with regards to health care reform and answered any specific questions members of the group had for him.

**Scott & White Hospital Government Affairs Breakfast** (August 3, Temple, Texas)  
Scott & White is one of the top hospitals in the country, and Chairman Burgess was honored to speak to the group of medical professionals during the heat of the health care reform debate in August.

**Visit to the McAllen Medical Center, Hidalgo Starr County Medical Society Luncheon, and Visit to Doctors Hospital at Renaissance** (August 24, McAllen, TX)  
Following the *New Yorker* article on the high cost of health care in the Texas border town, Chairman Burgess met with local health care providers so he could bring the lessons of McAllen to the health care reform debate in Washington, DC.

## Policy Forums, Daybreak Discussions, Briefings and Debate

### **Daybreak Discussion: Survey of Health Care Reform Plans** (March 17)

Sara Collins, *Commonwealth Fund*

Sara Collins is the Assistant Vice President for the Program on the Future of Health Insurance at the Commonwealth Fund. Dr. Collins, an economist, authored a study looking at the various health care reform proposals and their impacts on coverage, savings, and spending. Before any bills had been introduced in the 111th Congress, she used details from existing proposals and campaign language to complete the analysis.

During her visit to Health Caucus, Dr. Collins discussed the various factors that impacted a proposal's ability to gain coverage and the financial impacts of the plan.

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### **Policy Forum: Health Care Reform Landscape** (March 30)

Karen Davis, *Commonwealth Fund*  
Grace-Marie Turner, *Galen Institute*  
Merrill Matthews, *Council for Affordable Health Insurance*

During the first Health Caucus Policy Forum, our guests discussed the various approaches to improving our nation's health care system.

Karen Davis, president of the Commonwealth Fund, discussed the means by which a government-sponsored health insurance plan would decrease the number of uninsured.

Grace-Marie Turner, president of the Galen Institute, advocated a more free-market approach describing the way tax credits

designated for purchasing health coverage would increase patient choice and make health care more affordable.

Merrill Matthews, director of the Council for Affordable Health Insurance, described the insurance reforms necessary to strengthen our existing market-based system and improve the coverage millions of Americans already have.

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### **Briefing: Talking About Health Care** (March 30)

Gary Andres, *Dutko Worldwide*  
Bill McInturff, *Public Opinion Strategies*

How you say something is almost as important as what you say. During this event for communications staffers, veteran GOP pollsters Bill McInturff and Gary Andres talked about the importance of language in communicating about the very complicated policy issue of health care.

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### **Briefing: Comparative Effectiveness** (March 31)

Scott Gottlieb, M.D., *American Enterprise Institute*

*The American Recovery and Reinvestment Act* ("The Stimulus") established a center for Comparative Effectiveness Research (CER), which supporters say will increase research into better medical outcomes. Opponents acknowledge that additional research is always a good thing, but they fear that outcomes will be used to dictate how physicians practice medicine.

Dr. Scott Gottlieb explained what CER actually entails, how it works, what it costs, and what it really says. Additionally, he gave examples of implementation of CER – both successful and unsuccessful.

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### **Policy Forum: Making Health Care Affordable** (April 21)

Rick Scott, *Solantic/Conservatives for Patients' Rights*

Greg Scandlen, *Consumers for Health Care Choices*

Nick Gettas, M.D., *Cigna*

There's no disagreement that the American health care system is the most advanced in the world, but the challenge for many is the ability to pay for health care. A challenge facing policy makers is making health care more affordable without diminishing access and quality.

Rick Scott is an entrepreneur and has a successful network of clinics that provide quality, affordable care using traditional retail techniques.

Greg Scandlen stressed the need for greater consumer control of health care dollars that will enable them to make smarter choices about their treatment.

Dr. Nick Gettas highlighted some innovative new methods within Cigna that are helping to lower health care costs.

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### **Daybreak Discussion: Affordability in Health Care** – April 22

Ramesh Ponnuru, *National Review*

Ramesh Ponnuru, a senior editor with *National Review*, discussed the affordability challenge and the options facing lawmakers in the current debate.

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### **Daybreak Discussion: The Entitlement Problem** (May 5)

Dennis Smith, *Heritage Foundation*

Dennis Smith, an expert on Medicaid and Medicare, emphasized the need to curb entitlement spending and to make the existing federal government health programs more efficient with taxpayer dollars.

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### **Briefing: Values-Based Communication** (May 12)

Alex Castellanos, *National Media*

Alex Castellanos, a veteran Republican strategist and CNN contributor, offered House GOP communications staff an insight in how to use individual values to craft an effective message about health care.

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## **Policy Forum: Are Mandates a Must?**

(May 13)

Devon Herrick, *National Center for Policy Analysis*

Scott Keefer, *America's Health Insurance Plans*

Katie Strong, *U.S. Chamber of Commerce*

The notion of mandating that individuals purchase or employers provide health insurance is a hotly debated topic in this round of health care reform. Opponents of individual mandates argue they will force Americans to purchase insurance products they neither want nor need. They also express concern about the prospect of 'benefit creep,' whereby special interests will lobby for inclusion of their product, service, or condition in any required coverage, thus causing the cost of a plan to increase.

On the other hand, proponents of individual mandates point to the need for distributing risk and preventing 'free-riders' in the health care system. A mandate for everyone, supporters argue, would mean that the 'hidden tax' of the insured paying for the uninsured would be eliminated. Similarly, some are arguing for an employer-based mandate, requiring businesses to provide insurance coverage with a minimum standard of benefits or to pay a fine or tax – 'pay or play.'

Devon Herrick, a Senior Fellow at the National Center for Policy Analysis, highlighted the ways that an individual mandate for health insurance would exacerbate problems with affordability and coverage. As a better alternative, he suggested the creation of a truly national health insurance market.

Scott Keefer, Vice President of Policy Development at AHIP, argued in favor of the insurance industry's support of mandates on both an individual and employers.

Katie Strong, representing the U.S. Chamber of Commerce, described the impact an employer mandate would have on business.

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## **Policy Forum: Improving Quality in Health Care** (May 18)

Mark McClellan, M.D., *Brookings Institution*

Lewis Sandy, M.D., *UnitedHealth Group*

Michael Cannon, *Cato Institute*

During the health care debate, a number of goals often seemed to work as against one another. Among these was maintaining a high quality health care system while lowering costs. This forum highlighted ideas that achieved both goals simultaneously.

Dr. Mark McClellan, former Director of the Centers for Medicare and Medicaid Services (CMS), discussed initiatives that the Medicare and Medicaid programs could undertake to become more effective.

Dr. Lewis Sandy, a medical officer for UnitedHealth Group, an insurance company, explained a number of efforts within the private sector that achieve the shared goals of quality and cost-effectiveness. Dr. Sandy also highlighted a number of potential changes in current law that could improve these efforts.

Michael Cannon, a health care policy expert at the Cato Institute, emphasized a number of measures that would advance these shared goals.



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### **Daybreak Discussion: Winning the Health Care Battle** (May 19)

Rich Galen, *Mullings.com*

Rich Galen, a former communications advisor to House Speaker Newt Gingrich and Vice President Dan Quayle, brought his acerbic wit to Members as he discussed the problems House Democrats face in selling their unpopular health care reform bill.

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### **Policy Forum: Journalists Talk Health Care** (June 12)

Mort Kondracke, *Roll Call*

Julie Rovner, *NPR*

Much of what the American people learn about the health care debate is filtered through the media. The Health Caucus invited two noted journalists to discuss the health care debate and the stories they plan on watching as the legislation emerges.

Mort Kondracke, Editor of *Roll Call*, highlighted the challenges the Democrat majority faced in passing comprehensive legislation.

Julie Rovner, NPR's health care reporter, drew on her experience from the last health care reform debate to explore the ways that technology – most notably the Internet – has changed the way the discussion happens.

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### **Daybreak Discussion: Health IT and Reform** (June 16)

David Merritt, *Center for Health Transformation*

David Merritt discussed the need for more advances in Health IT if we are to improve the nation's health care system.

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### **Briefing: Legislative Update** – June 22

Andy Chasin, *Senate Republican Policy Committee*

Dan Elling, *House Ways & Means Committee*

Ryan Long, *House Energy & Commerce Committee*

The Health Caucus brought together some key health care staffers to give an in-depth legislative update to staff in anticipation of the markups of the bill.

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### **Policy Forum: Health IT Update** (June 23)

David Blumenthal, M.D., *National Health IT Coordinator*

Dr. David Blumenthal is President Obama's National Coordinator for Health Information Technology (HIT). His office was given an expanded role under the American Recovery and Reinvestment Act (ARRA) (also known as the Stimulus).



## **Daybreak Discussion: The Problems with the Democrats' Plan** (June 24)

John Goodman, *National Center for Policy Analysis*

John Goodman, a noted health care economist and consumer-directed health care advocate, discussed the problems the health care reform proposals would have on patient centered health care.

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## **Briefing: Has the Stimulus Helped Health IT?** (June 26)

Herb Lin, *National Research Council*  
Tevi Troy, *Heritage Foundation*  
Rick Kneipper

*The American Recovery and Reinvestment Act* – most popularly known as President Obama's Stimulus – included \$20 billion for Health IT. This staff briefing brought together experts to look at the effectiveness of the stimulus money in deploying HIT.

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## **Policy Forum: Engaging the Public** (July 13)

Congressman John Fleming, M.D.  
Amy Menefee, *Americans for Prosperity*  
John Hoff, *Galen Institute*  
Diana Banister, *Let Freedom Ring*

As the health care debate began to take shape in terms of legislative proposals, the Health Caucus highlighted a number of initiatives that sought to engage the American people in the discussion. This took place in the wake of a turbulent July 4th District Work Period. Rep. John Fleming, M.D., a freshman House Member from Louisiana, discussed his resolution – H.Res. 615 -- which called on any

lawmaker who voted in favor of a bill that established a public option to place themselves on the new government plan.

Amy Menefee, who represents Americans for Prosperity, explained the Patients First initiative, which offered grassroots activists an outlet for their frustrations. The campaign focused on gaining awareness about the detrimental aspects of the health care bill.

Similarly, John Hoff described the Galen Institute's Do No Harm campaign, which called on lawmakers to reform the health care system without making changes that would jeopardize the quality of care.

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## **Daybreak Discussion: How the Democrats' Health Bill Really Works**

(July 21)

James Capretta, *Ethics and Public Policy Center*

James Capretta, a health care financing expert, brought our attention to the budget gimmicks Democrats employ in their bill. The bill focuses on remaining budget neutral during a ten-year budget window. We learned that, in order to achieve this, the legislation begins collecting revenue through taxes immediately upon passage, but delays implementation of the expanded coverage to mask the true cost.

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## **Policy Forum: Patients' Choice Act** (July 22)

Congressman Paul Ryan

The Health Caucus sought to highlight constructive, Republican proposals that would

reform our health care delivery system in common-sense ways without harming the budget or quality. Rep. Paul Ryan, ranking member of the House Budget Committee, spoke about his alternative health reform package, the Patients' Choice Act.

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### **Daybreak Discussion: AARP and Health Reform** (July 28)

Nancy LeaMond, *American Association of Retired Persons*

The American Association of Retired Persons is one of the most active players in the health care reform debate. The AARP represents the millions of seniors on Medicare and their concerns in the debate.

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### **Policy Forum: Health Reform and Business**

August 18 in North Richland Hills, TX  
Merrill Matthews, *Council for Affordable Health Insurance*  
Sally Bustamante, *Bates Container*

August 19 in Denton, TX  
Merrill Matthews, *Council for Affordable Health Insurance*  
Lisa Wiborg, *Peterbilt*  
Bob Moses, *Elements of Design*  
Ken Willis, *Ruby's Diner*

During the August District Work Period, Congressman Burgess hosted a series of two

policy forums in the North Texas area examining the impact certain health care reform proposals, most notably an employee mandate, would have on small, medium, and large businesses. The business owners and



representatives expressed their concerns about their ability to grow their businesses if new taxes are levied. Merrill Matthews summed things up by saying that “simply put, this bill is bad for business.”

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### **Policy Forum: Listening to August** (September 15)

J.P. Freire, *Washington Examiner*  
Mark McClellan, M.D., *Brookings Institution*  
Grace-Marie Turner, *Galen Institute*  
Dennis Smith, *Heritage Foundation*

The August recess saw hundreds of raucous, contentious town halls with Members of the House and Senate. The American people sought out ways to express their frustrations with the health care reform proposals moving through Congress. The Health Caucus hosted a panel to look at what the takeaways were for policymakers.

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## **Daybreak Discussion: Medicare**

**Advantage** (September 24)

Fred Barnes, *Weekly Standard*

Fred Barnes, Executive Editor of the *Weekly Standard*, joined with Members in a conversation about the impact Democrats' health care reform will have on the very popular Medicare Advantage program.

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## **Policy Forum: Budget Reconciliation**

(September 29)

Senator Judd Gregg

Senator Gregg, ranking member of the Senate Budget Committee, joined the Health Caucus to explain the impact budget reconciliation, if used, would have on the health care debate. He described the results of this unprecedented use of Senate procedure.

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## **Debate: The Federal Government's Role in Medicine**

(September 30)  
Rep. Michael C. Burgess, M.D., *Health Caucus*  
David Gratz, M.D., *Manhattan Institute*  
Igor Volsky, *Center for American Progress*  
Mandy Krauthamer, M.D., *Doctors for America*

In coordination with the Benjamin Rush Society and the George Washington University, the Health Caucus hosted a debate at the GWU School of Medicine where panelists discussed the role of the federal government in the nation's health care system.

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## **Daybreak Discussion: Political Impact of the Health Debate**

(October 15)  
John Fund, *Wall Street Journal*

John Fund, who writes the "On the Trail" column for the *Wall Street Journal*, talked about the nationalization of the health care debate and its impact on state races.

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## **Policy Forum: Pre-Existing Conditions**

(October 26)

Karen Ignagni, *America's Health Insurance Plans*

Doug Holtz-Eakin, *Former CBO Director*  
Janet Trautwein, *National Association of Health Underwriters*

The Health Caucus gathered an all-star panel to tackle the challenge of pre-existing conditions. All sides agree that health coverage needs to be made affordable to everyone – especially those with so-called pre-existing conditions. The prevalent solution has been to mandate individual purchase of insurance, but this is seen as bad policy for millions of Americans who will be forced to purchase insurance products they neither want nor need. Our panelists described a number of alternate options available to policymakers.

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## **Daybreak Discussion: Defeating the Bill** (October 27)

Bill Kristol, *Weekly Standard*

Bill Kristol, Editor of the Weekly Standard, is a veteran of the Clinton health care debate in 1993-1994. He emphasized to Members the need to defeat the Democrats' version of health care reform because the bill is flawed beyond redemption.

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## **Briefing: Medicaid and the Health Bill** (November 2)

Dennis Smith, *Heritage Foundation*

Once Democrats revealed their health care reform bill text to the American people, the Health Caucus began a series of briefings to read through the text. Dennis Smith, a former Virginia Medicaid director, briefed Members and staff on the changes to the Medicaid program in the bill.

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## **Daybreak Discussion: Financing the Health Bill** (November 3)

Doug Holtz-Eakin, *Former CBO Director*

Doug Holtz-Eakin, former director of the non-partisan Congressional Budget Office, shared his knowledge and experience with Members and staff to highlight the dangers to our long-term fiscal sustainability in the Democrats' health care reform bill.

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## **Republican Reading Room** (November 3)

Together with House Republican Conference Chair Rep. Mike Pence, Health Caucus chair, Rep. Michael Burgess hosted a Republican Reading Room where Members came together to read through the 1,990 page health care reform bill. For nearly 4 hours, legislators sifted through piles of paper and highlighted the numerous bad policies within the legislation.



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## **Briefing: Medicare and the Health Bill** (November 4)

David Merritt, *Center for Health Transformation*

David Merritt, an expert on the Medicare program, walked Members and Staff through key provisions of the health care reform bill that affected the \$300 billion annual Medicare program.

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