

Congressman Bruce Braley: Working for Iowa Physicians & Hospitals

In the 111th Congress, serving as a Member of the Subcommittee on Health under the Committee on Energy & Commerce

• As a Member of the Subcommittee on Health, Rep. Braley has been fighting for Iowa physicians and hospitals throughout the health care reform debate.

Rep. Braley inserted multiple pieces of legislation into the final Health Care Reform package to increase Medicare reimbursements to lowa providers, address geographic disparity in Medicare, and move towards a value-based payment structure. These provisions, which became law, include:

- Immediate funding of \$800 million to address geographic disparities for lowa providers under Medicare
 Parts A and B, for 2010-2011. Thanks to this new House language, the final Health Care Reform
 package will directly increase lowa providers' reimbursements under Medicare Part B by 5% in 2010
 and 5% in 2011, due to addressing the geographic adjusters in Part B, as well as increases under
 Part A.
- Based on the original Braley language in the House-passed Health Care Reform bill, an Institute of Medicine (IOM) study and implementation to reform the Medicare system to address all geographic disparities under Medicare Parts A and B. The study begins this April 2010, and implementation will occur by December 2012.
- Based on the original Braley language in the House-passed Health Care Reform bill, a second Institute of Medicine (IOM) study making firm recommendations to move towards high-quality, low cost care, across the health care sector.
- Automatic implementation of a Value Index as part of the Part B reimbursement structure, beginning in 2015, which will incentivize high-value, efficient care, like the type of care practiced in Iowa. This provision reflects the Medicare Payment Improvement Act, originally introduced by Rep. Braley in June 2009.
- Additional direction to the new Center for Medicare and Medicaid Innovation to further test innovative models to incentivize high quality, low cost care across the provider spectrum.
- A personal commitment by Secretary Sebelius to convene a National Summit on Geographic Variation, Cost, Access, and Value in Health Care later this year. This will draw national attention to the issues of geographic inequity, access to care, and high-value care.

Successfully fought to make hospitals a priority in the Economic Recovery package

• Rep. Braley sent a letter to President Obama encouraging him to ensure the Stimulus included resources for hospital construction, health information technology, and regulatory relief.

Successfully fought to increase Iowa's Medicaid assistance in the Economic Recovery package, and to increase funding for Critical Access Hospitals

Rep. Braley encouraged House leaders to increase the Federal Medicaid Assistance Percentage (FMAP)
for lowa and other rural states, and encouraged them to allow Critical Access Hospitals to take advantage
of the Health Information Technology provisions of the Economic Recovery package. Both efforts
succeeded, and the original Package was improved and made better for lowa hospitals.

Working to replace the Sustainable Growth Rate (SGR), which unfairly lowers Medicare reimbursements to providers under Part B.

Rep. Braley has repeatedly called for the elimination of the SGR. HR 3961, the Medicare Physician
Payment Reform Act, replaces the SGR with a new formula that will not result in unfair cuts, and
encourages coordinated, innovative care. This bill is being considered along with the House Health Care
Reform bill.

Voted to Reauthorize and Expand the State Children's Health Insurance Program (S-CHIP)

- Congressman Braley was an original co-sponsor and voted in favor of H.R. 2, which reauthorized and expanded SCHIP. This program provides needed healthcare for middle class children whose parents work hard but can't afford the high cost of health insurance.
- This legislation was signed into law by the President on February 4, 2009.

Introduced HR 2201, the Medicare Equity and Accessibility Act of 2009, to increase Medicare reimbursements in Iowa and help Iowa hospitals recruit doctors

This legislation would increase Medicare Part B reimbursement rates for physicians in lowa and other
rural states in order to help lowa retain doctors and improve patient access to quality healthcare. This
legislation would institute a permanent floor on the Geographic Practice Cost Indexes under Medicare
Part B, directly increasing the Medicare Part B reimbursement to lowa doctors.

Introduced HR 2844, the Medicare Payment Improvement Act, to increase quality of care and lower health care costs, and award lowa physicians for their high-quality, low-cost care

This legislation would make a fundamental change in Medicare Part B by finally reimbursing providers
more for high quality care and low costs. This would incentivize high quality and low cost health care,
instead of the current "fee-for-service" system which only incentivizes quantity.

Passed legislation into law in the 110th Congress to reauthorize and expand the National Health Service Corps (NHSC), which Rep. Braley has fought for over the years, since authoring and introducing HR 2915, the National Health Service Corps Scholarship and Loan Repayment Programs Reauthorization Act of 2007

- Rep. Braley's legislation would reauthorize and increase funding for the NHSC program, which provides scholarships and student loan repayment to doctors, nurses, and other medical personnel who pledge to practice in underserved areas like lowa. This expansion will help recruit more doctors and health professionals to lowa, which will improve access to health care in the state.
- Rep. Braley achieved his goal, inserting language into HR 1343, which passed the House and Senate and was presented to the President on September 30, 2008. This legislation reauthorizes the NHSC and increases the program's funding by more than \$40 million to over \$185 million, which will help bring more doctors, nurses, social workers, mental health professionals, and other health professionals to lowa.

Opposed President Bush's FY08 and FY09 budget cuts to hospital reimbursements

 Rep. Braley contacted the House Budget Committee in 2007 regarding FY08 hospital reimbursements, and in 2008 regarding FY09 reimbursements, requesting they reject the President's proposed cuts to Medicare and Medicaid hospital reimbursements.

Pushing for improved assistance to hospitals for residency programs and adequate reimbursements for teaching hospitals

- Rep. Braley is a cosponsor of HR 2583, the *Physician Workforce and Graduate Medical Education Enhancement Act*, which would provide zero-interest loans to hospitals for their residency programs.
- Rep. Braley is a cosponsor of H.R. 3533, the *Preserve our Public & Teaching Hospitals Act*, which would
 protect public and teaching hospitals from devastating Medicaid cuts that will go into effect this May
 unless Congress takes immediate action.
- Rep. Braley is a cosponsor of H.R. 5426, to increase the payment floor for direct graduate medical education.
- Rep. Braley has sent letters to CMS and House Leadership opposing CMS proposals to cut reimbursements for indirect medical education; and calling for more Congressional funding for children's hospitals graduate medical education.

The Rural Health Care Coalition, which is an active, bipartisan caucus of which Rep. Braley is a member, is fighting for health care equity in rural areas. The Coalition's efforts include:

- Working for a long-term extension of the Work and Practice Expense GPCI floors, similar to HR 2201, introduced by Rep. Braley, to increase access to doctors for Medicare patients.
- Fighting for an extension of the "Section 508" wage reclassification for hospitals in rural areas, which helps ensure more equitable reimbursements for rural hospitals, and help keep our rural hospitals open.
- Working to maintain the additional 2% reimbursement for ambulance providers in rural areas, and additional bonuses for other health providers in rural areas.