

Since my last newsletter in December, a lot has changed and a lot has stayed the same with regard to health insurance reform.

The House and the Senate have both passed reform bills. But the Senate currently lacks the 60-vote majority that would likely be needed to pass a compromise version of the two bills. Because of that, we continue to wait to see in what direction reform efforts will move.

I continue to strongly believe that we need to reform our health insurance system. In fact, I think there are far more areas of agreement than there are difference.

Here is a list of areas where I think everyone agrees on, issues that were all addressed in House and Senate bills, to one extent or another:

- Pre-existing conditions: Stakeholders have expressed a desire to remove the ability for health insurance companies to discriminate on the basis of a pre-existing condition. In fact, this is one area where everyone reading this newsletter could be affected. Health insurance companies routinely find ways to deny coverage for conditions that they suggest are pre-existing. Thousands of families every year suffer this fate, and it needs to end.
- Covering children: There was broad agreement expressed at the president's health care summit in late February that children should be allowed to remain on parents' health care plans into their mid-20s.
- Annual and lifetime caps: Too many Americans who are battling severe illness bump up against caps on their annual and lifetime coverage. Denying coverage because an illness is severe is unconscionable and should be ended.
- Addressing fraud: One of the issues that must be addressed to lower costs is preventing and punishing fraud. Both the House and Senate bill addressed this, and the president's proposal built upon that foundation.
- Reduce deficit: The House and Senate bills would both take a huge chunk out of the deficit over the course of the next two decades. This is a responsible and necessary part of health insurance reform, and a goal with broad support.

There are some sticking points, and those continue to be addressed. There are a variety of ways a bill could be signed into law. One of those is by use of budget reconciliation in the Senate, a process that has been used many times in the past for major bills, including health care reform.

One problem with that approach is an issue of importance here on the Central Coast. The Senate did not include in its bill a fix for the Geographic Practice Cost Index, known as GPCI, which results in our local doctors being compensated at a lower rate than neighboring counties. I succeeded in getting a provision in the House bill, but the obstacles in getting such language included in Senate reconciliation bill language would be very steep.

I'm also very disappointed that the public option seems to be stalled. The public option is an integral part of controlling costs, a goal everyone wants, and I believe it needs to be in any final bill. Competition is what lowers costs, and a public option would inject just such competition into the process.

It's clear that the American people are calling for change. Hopefully we'll see the conclusion of this reform effort soon.

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