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SCHIP survivors try to avoid budget axe

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The insurance industry used money and muscle over the summer to save its Medicare Advantage senior health care program from a \$54 billion spending cut. House Democrats wanted the money to expand the State Children's Health Insurance Program.

But just because this powerful interest group dodged a bullet once does not mean that the incoming fire is over. A new health care fight is brewing over Medicare benefits and the insurance industry — and other survivors from the SCHIP showdown — is aggressively moving to make itself a less attractive target.

Meet Doria Scott of Illinois. With tinted glasses and a clear message, she was one of about 400 seniors who came to town last month, largely on the insurance industry's dime, to urge Congress to leave her Medicare Advantage benefits alone.

Her Medicare benefits are managed through a private insurance company that is part of the program. She has no premiums and minimal out-of-pocket expenses. If Congress continues talking about cutting Medicare Advantage plans like hers, "I will come back to Washington, D.C., and none of you would want that to happen," the Chicago woman said to laughter from a lunchtime rally crowd.

The seniors' lobbying day is an example of lessons learned by some of Washington's most well-heeled and powerful interests. Driven by anxiety and informed by last summer's SCHIP experience, they are regrouping in anticipation of new efforts this winter to overhaul Medicare.

The Alliance for Quality Nursing Home Care, which represents 16 of the nation's largest skilled nursing providers, fought a lonely battle to turn back a proposed \$2.7 billion decrease in funding to help pay for SCHIP.

Now they're bulking up their lobbying muscle for the next round by making new friends.

The alliance joined the Coalition to Protect Senior Care, which counts as members more than a dozen organizations that represent about 10,000 nursing facilities and 250,000 caregivers who treat 1.5 million patients.

At a press conference announcing the coalition's formation last week, Reps. Shelley Moore Capito (R-W.Va.) and Tom Allen (D-Maine) said they plan to introduce legislation to sustain quality nursing homes. Capito said the legislation would focus on staffing, capital improvements and increased funding.

Lisa Cantrell, president and co-founder of the National Association of Health Care Assistants, said her group representing 20,000 nursing assistants working in long-term care is a member of the coalition.

She said all the coalition members plan to mobilize its members to start contacting their lawmakers.

"God help the Hill when we do. We have members who are very passionate," Cantrell said.

"We're not lobbyists. I'm a registered nurse by trade. I've worked for more than 25 years in long-term care," she said. "We thought it was time that the frontline caregivers, the bedside caregivers have a voice."

Alan Rosenbloom, president of the Alliance for Quality Nursing Home Care, said he hopes the addition of caregiver and rural health groups pushes nursing home cuts to the bottom of the list.

"It strengthens your position because the policy makers you're talking to — they see that others who care for seniors see this as a problem as well," he said.

The uncertainty of where — and how — Congress might strike next is creating much of the high anxiety on K Street.

For example, lawmakers have advocated decreasing some Medicare premiums and co-pays and improving rural access. They have also talked about finding money to prevent a scheduled 10 percent cut in Medicare reimbursements to doctors.

The American Medical Association and AARP have been pushing hard to prevent the scheduled cuts to doctors by promoting Medicare Advantage plans as a more lucrative target.

Drew Nannis, an AARP spokesman, said in an e-mail that his group would rather see the billions that go to the private plans redirected to lower premiums and ensure access to doctors for traditional Medicare's 36 million patients. Medicare Advantage plans serve about 8 million additional people.

So far, AARP's grass-roots activities have generated 10,000 calls and 25,000 e-mails to the lawmakers.

The group is holding forums in targeted states, lobbying in Washington and in congressional districts and planning online advertising and a website with video.

AHIP will begin airing a television ad today that stars several doctors asking Congress not to cut Medicare Advantage. The ad will run inside the Beltway for as long as Congress is debating cuts, said AHIP spokesman Mohit Ghose. The trade association also sent a letter to congressional leaders last week asking them to consider how to compensate quality and not just volume of services, as Congress debates a revamp of the Medicare physician payment system.

As for last month's Medicare Advantage lobby day, AARP's Nannis wrote, "With \$54 billion at stake, let's hope the people the health insurance industry flew in for this event at least got to fly first class."

The Medicare Advantage luncheon rally in a Capitol Hill hotel was attended by doctors and lawmakers such as Sen. Ben Nelson (D-Neb.). The seniors then fanned out to visit the offices of about 50 members.

One group got a visit from House Republican leader John A. Boehner. During the 10-minute meeting, Boehner expressed his solidarity with them and heard from such beneficiaries as Rodolfo Evaso of New Mexico, whose plan covered treatment for his prostate cancer.

"My bill came out to \$93,000, and to this day I have not paid a penny," Evaso told the Ohio Republican.

After the meeting, Boehner put out a press release headlined, "GOP Leader Boehner Rallies Seniors Targeted by Democrats' Medicare Cuts."

America's Health Insurance Plans and individual insurance companies paid for participants' travel, lodging and hotel meals.

While no legislative language has emerged yet, the early lobbying activity has already put lawmakers on notice that they will have to wrestle with striking the right balance.

Capito said she voted for the SCHIP bill even though it included proposed cuts to nursing homes and Medicare Advantage plans because children were the priority. This round, she expects similarly tough choices.

"We're going to hope to find other ways to fix the doctor situation. I think it's important that we work on that. It's going to be a tough row to hoe to try to find the right solution," she said.