

# Menzies Centre <sup>of</sup> Health Policy



The University of Sydney

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## **Waiting for the Senate**

There's been something of a hiatus in health care reform since the House passed their bill on November 7. We have been waiting for the Senate to release their bill which will meld the provisions passed by the Senate Health, Education, Labor and Pensions (HELP) Committee and the Senate Finance Committee.

With no chance of Republican support, other than possibly Senator Olympia Snowe, the Senate Leadership needs every Democrat vote to enable the bill to be brought to the floor, so clearly they are scrambling to lock down votes. Democratic leaders have spent recent days wooing three party moderates who have declined to publicly commit to starting the Senate debate: Sens. Ben Nelson (Neb.), Mary Landrieu (La.) and Blanche Lincoln (Ark.).

A large part of doing that is determined by what provisions are in the bill and how much they cost, so the Senate has delayed getting their bill out until they have an estimate of cost from the Congressional Budget Office. We think all this will happen, finally, later today.

To scale back a plan to tax high-cost insurance policies, an idea that is highly unpopular among labor unions, Reid is expected to propose an increase in the Medicare payroll tax for families earning more than \$250,000 a year. The provision would be expected to generate about \$50 billion over the next 10 years. The extra revenue would allow Reid to reduce the number of people who would be hit by a new 40 percent tax on the most expensive insurance policies.

The merged bill is also likely to propose a new government-run insurance plan for long-term care, known as the Community Living Assistance Services and Supports Act. Initially proposed by the late Senator Ted Kennedy, it creates a national insurance trust in which people can voluntarily participate by paying a monthly premium. Participants who become disabled and need assistance with activities of daily living at any age, can qualify for a daily cash benefit on the order of about \$50 to \$75 a day, depending on the level of disability. This proposal has alarmed some moderate Democrats, including Nelson, who say the program is poorly designed and could become a drain on the government.

The real alarm this week has come with the announcement of new guidelines for breast cancer screening.

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In 1997, a federal committee of medical experts recommended against routine mammograms for women in their 40s, sparking a political uproar that led to congressional hearings and a unanimous Senate vote challenging the findings.

Now, 12 years later, a similar drama is playing out around a different federal medical panel, which this week recommended against routine mammograms for women younger than 50, saying it is not worth subjecting some patients to unnecessary biopsies, radiation and stress.

The independent panel, the US Preventive Services Task Force, also recommended against teaching women to do regular self-exams and concluded that there is insufficient evidence to recommend that doctors do exams.

The findings underscore a decades-long debate in the medical community about the benefits and risks of routine breast cancer screening for younger women. The conclusions also plunge the nonpartisan, nonpolitical advisory panel into the middle of a strident Washington discussion about health care, which has included allegations from Republicans that the Democrats' proposed reforms would lead to reduced care for patients.

The immediate impact of the newest guidelines is unclear. Forty-nine states require insurers to cover screenings for women 40 and older; Medicare also pays for the procedure. The task force said women with a family history of breast cancer or other risk factors should have routine screenings.

But critics note that under legislation pending in Congress, the panel's guidelines could be used to set standards for what insurance companies would be required to cover. And although the latest research was started long before the most recent health-care debate began, the timing of Monday's announcement led many opponents to speculate that the two are related.

But Ned Calonge, who chairs the 16-member panel, defended the recommendations and denied that cost or the debate over health-care reform played any role in the decision. "Cost just isn't a consideration when the task force deliberates," said Calonge, who is also the chief medical officer for the Colorado Department of Public Health and Environment. Twelve of the task force members were seated during the Bush administration, and the remaining four were chosen before President George W. Bush left office, he said.