

Match point on Capitol Hill

It's been a long, grueling process, getting health care reform (HCR) legislation written and debated in Congress. At the time this went to press in late September, five bills were in play, two in the Senate and three in the House. Now what happens?

While it's not clear that all Democrats or any Republicans will support any of the current versions of HCR, something seems likely to emerge and end up on President Obama's desk. The Democrats quite simply have too much at stake on this issue, and there are probably enough Blue Dog Democrats in the House of Representatives who will put party before self to get something passed.

On the second page of this Hub, the normal process for HCR legislation is depicted graphically. Earlier this year, however, Congress set an October 15 deadline for passage of HCR. If we get past that date without action, some of the more controversial provisions of the bills could be moved to separate legislation to be addressed through the budget reconciliation process that only requires a simple majority—51 votes. Less controversial provisions could remain in an HCR bill that some Republicans such as Maine's Olympia Snowe might vote for, and presto, bipartisan reform!

For pharmacy, the important news is that medication therapy management (MTM) is currently viewed as part of the mom-and-apple-pie stuff. Strong MTM provisions are in both Senate bills and the key Energy and Commerce Committee version in the House. Keeping it there could be a challenge, but so far, we—APhA, its partnering organizations, and grassroots pharmacists—have played our cards very well. As the game moves to its inevitable final point, we all need to stay engaged via pharmacist.com, Facebook,

and especially Twitter (it's our primary means of calling for immediate action), and be ready to act should any threats to MTM emerge.

Fly-in: APhA leaders, state execs make targeted visits

Key Senators, Representatives, and their staffs benefited from September 14–15 visits by 14 APhA leaders and state pharmacy association executives. With Sen. Max Baucus (D–MT) the following day including MTM in the Finance Committee bill, the fly-in pharmacists could celebrate a 5 for 5 sweep: MTM is in both Senate bills and included or noted in all three versions in the House.

APhA Trustees, other leaders, and state execs had traveled to DC on their own time to visit with legislators serving on the five key committees involved in HCR discussions. As noted in APhA CEO Tom Menighan's blog (<http://blog.pharmacist.com/tmenighan>), the pharmacists' MTM messages were well received, as were requests to address pricing formulas, durable medical equipment accreditation and surety bond requirements, and workforce issues.

Pharmacy leaders visiting Capitol Hill included the following:

- Tery Baskin, Arkansas
- Ed Hamilton, Florida, APhA President
- Michael Jackson, Florida, State Association Executive Director
- Matt Osterhaus, Iowa, APhA Trustee
- Tom Temple, Iowa, State Association Executive Director
- Harold Godwin, Kansas, APhA Trustee
- Mike Larkin, Kansas, State Association Executive Director
- Howard Schiff, Maryland, State Association Executive Director
- Gary Kadlec, Michigan, APhA Treasurer
- Ernie Boyd, Ohio, State Association



Florida Pharmacy Association Executive Director and CEO Michael Jackson and APhA President Ed Hamilton in front of the U.S. Capitol.



HCR checklist: What you need to do NOW!

- ❑ **From last month:** You monitored activity on Capitol Hill as Congress reconvened and the President addressed a joint session. Medication therapy management (MTM) was included in the Senate Finance draft as bills moved from committee to the House and Senate floors (see diagram on the reverse side of this page). APhA brought in leaders and state pharmacy association executives to talk with key committee members.
- ❑ **Time for action:** As full votes are taken in both chambers, all pharmacists need to be ready to contact Members of Congress. Up until now, the focus has been on a few key leaders on this issue. But now most of Congress is engaged, and amendments on the floor or changes in conference committee could undermine all that we have accomplished thus far. Because of the need for very quick responses to activity during this phase, Twitter is being used as a primary mechanism for asking APhA members to act, so be sure to follow [APhA_HCR](https://twitter.com/APhA_HCR) on that medium. Also keep an eye on pharmacist.com daily for updates, sign up on the website to be part of APhA's alert system, and follow APhA on Facebook. Most of all, stay in touch with your Senators and Representative, especially those with whom you have made prior personal contacts. Additional communication tools to help you stay in touch are also available on pharmacist.com.
- ❑ **Join!** There's strength in numbers. If your membership in your national professional society is not current, go to pharmacist.com and join APhA today. Your professional future will be all the better for it.
- ❑ **Next month:** At this point, the most we can say is, "Stay tuned." Things could turn on a dime, and we will all need to be vigilant to keep pharmacy's agenda on everyone's radar screen.

hub on health care reform

Executive Director

- Nancy Alvarez, Pennsylvania, APhA Trustee
- Pat Epple, Pennsylvania, State Association Executive Director
- Tim Tucker, Tennessee, APhA Past President
- Baeteena Black, Tennessee, State Association Executive Director

Asheville Project is model for nation, Shuler says

The Asheville Project is a highly relevant model for health care reform that should be adapted to work on the

national level, Representative Heath Shuler (D-NC) said in a televised interview during the August congressional recess. Appearing on western North Carolina's WLOS, the Representative expressed his dissatisfaction with the current version of HR 3200, America's Affordable Health Choices Act of 2009, and stated that lawmakers must "get to the root of the problem" before putting taxes into place to pay for a program called for in the bill.

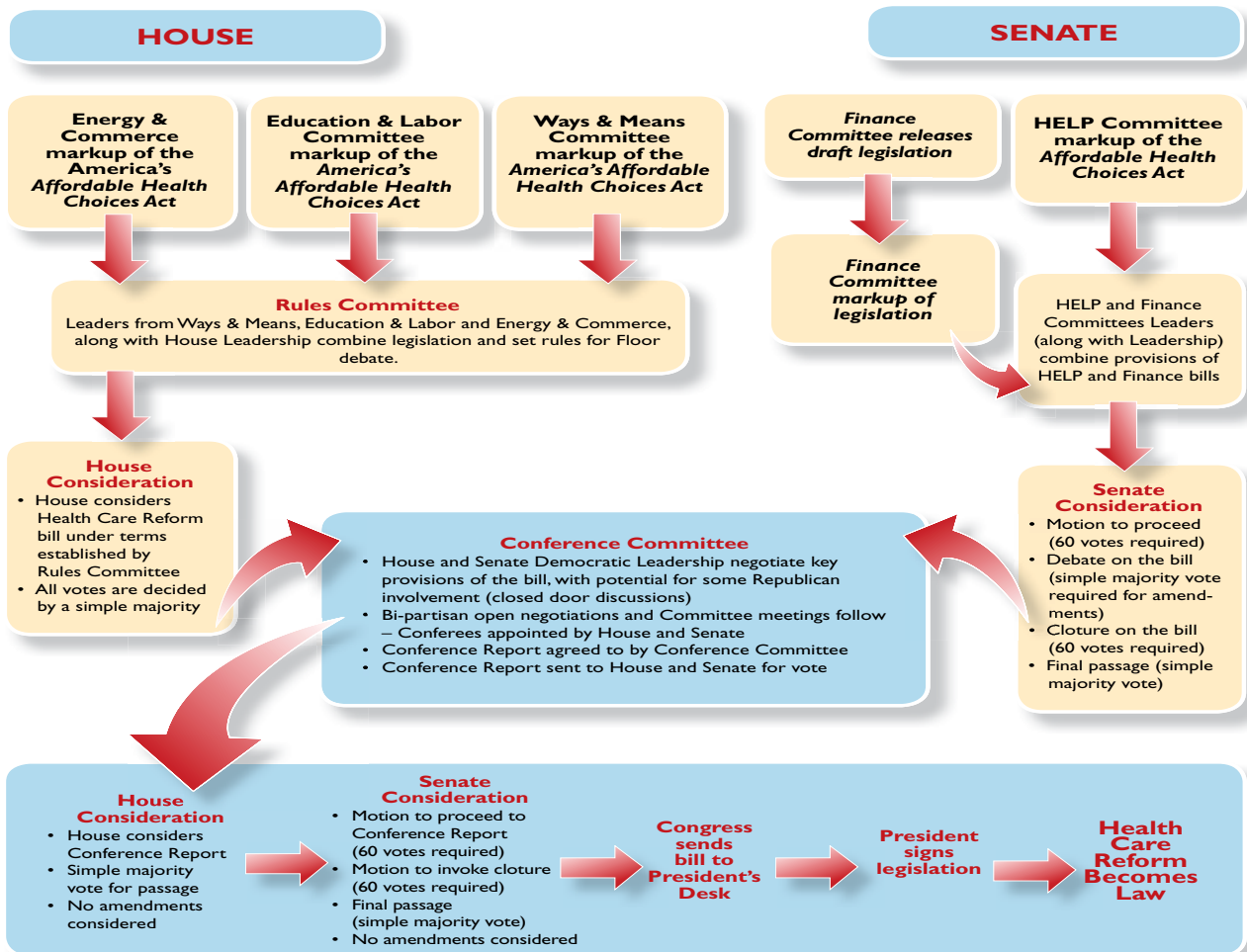
To focus on root causes, Shuler cited the Asheville Project as a prime exam-

ple of a health care reform model that would address waste, fraud, and abuse in the health care system while promoting disease management, wellness, and prevention. "The Asheville Project is something that I've talked about all over Congress," Shuler added. "It actually worked here, it has been working since 1997, and hopefully that message will continue to go out [to lawmakers]."

The full video of Shuler's interview can be accessed online at www.wlos.com/shared/newsroom/top_stories/wlos_vid_733.shtml.

This map graphically shows the complicated but necessary process of moving HCR legislation through Congress. At the time this issue went to press in late September, we were moving from the five committees to consideration of bills by the House and Senate. A detailed analysis of the various HCR versions is on the Health Care Reform Hub page of pharmacist.com; it provides a good scorecard for following the action and assessing the impact on pharmacy.

Map for Health Care Reform



This represents "regular order" for legislation, and does not reflect the alternative approach of the budget reconciliation process.

HUB ON HEALTH CARE REFORM

provides readers with practical information on health care reform issues, what APhA is doing to keep pharmacists' important role front and center with decision makers, and simple ways for pharmacists to participate in the processes that will determine the structure, function, and processes of a reformed

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