



**TOM LATHAM - TRUSTED LEADERSHIP FOR IOWA**



**Report on the 110th Congress  
Health Care Accomplishments of  
Congressman Tom Latham**

Paid for by Latham for Congress

# Health Care

*Congressman Latham believes all Americans should have access to health care they can afford, and that Democrats and Republicans should work together to make health care more universal, accessible, affordable and economically sustainable in the United States. As part of this national discussion Congressman Latham is offering some of his own solutions that are based on input gathered from Iowans, making sure their voice is heard in Washington.*

## **Health Care Legislation Authored by Congressman Latham –**

**H.R. 6652, the Nurses Higher Education and Loan Repayment Act.** This legislation is a long-term solution addressing the growing nursing shortage faced by Iowa and the nation.

**SUMMARY:** The measure's key provision provides student loan repayment for nurses who earn a graduate degree and commit to serve as faculty members—a powerful incentive not currently available to nurses considering this career.

**BACKGROUND:** Congressman Latham's legislation has been endorsed by more than 44 nursing organizations in the United States, including the American Nurses Association (ANA), the American Association of Colleges of Nursing (AACN), the American Association of Community Colleges (AACC) and the Service Employees International Union (SEIU) and the Iowa Hospital Association.

Iowa has a nursing shortage of over 8% of the number needed throughout the state, according to the Iowa Department of Public Health. That number is expected to jump to 27 percent in just over a decade. Nationally there is a shortage of more than 200,000 registered nurses—a number that is projected to grow to over one million by the year 2020.

Congressman Latham sought to build a solution by teaming up with Iowa nursing and health care professionals through a series of open roundtables around the state to listen to their unique perspective and input on what is needed. He then wrote legislation and teamed up with Wisconsin Democratic Congresswoman Tammy Baldwin to introduce the bill in the United States House.

**H.R. 6699, the Health Care Security for All Americans Act.** This legislation contains a list of provisions that are vital first steps to ensure that

all Americans have access to affordable quality health care. It has a heavy focus on the needs of rural states like Iowa.

**SUMMARY:** The majority of the uninsured and underinsured are either self-employed or work for employers that cannot afford to provide them with adequate health care. H.R. 6699 includes insurance market reforms that establish Small Business Health Plans (SBHPs), which would allow small businesses to join together nationwide to negotiate for lower health insurance premiums. Additionally, the bill allows a personal income tax deduction for all health insurance premiums paid on behalf of an individual taxpayer, the taxpayer's spouse, and dependents – available whether or not a taxpayer itemizes deductions. This equalizes the tax treatment of individual and employer-sponsored coverage. This is necessary because many Americans do not have the opportunity to access employer-sponsored coverage and the tax subsidies that make it more affordable.

Also included in this legislation are provisions that would put a permanent end to the geographic inequities in Medicare payments faced by Iowa health care providers, who currently pay a penalty for practicing efficient medicine and providing quality care. Addressing geographic inequity is critical to the future health security and access to care for all Iowa citizens, as many health care providers are currently leaving for other states where reimbursement is more adequate.

**H.R. 1426, the Veterans Access to Local Health Care Options and Resources (VALOR) Act.** This legislation gives Veterans the option of accessing health care from local health care providers rather than travel long distances to VA facilities.

**SUMMARY:** The VALOR Act would allow veterans enrolled in the VA health care system to receive the same VA-funded care at a local hospital or physician's office that they would otherwise be eligible to receive in a VA facility.

**BACKGROUND:** In rural states like Iowa, veterans often have to travel long distances to VA medical facilities to receive the health care promised to them. Congressman Latham spoke with many Iowa veterans who talked about the need to give up a full day, sometimes in fragile condition, to travel for care at VA facilities. Additionally, they told Congressman Latham they sometimes have to wait months for an appointment.

The gap in care for rural veterans is likely to increase dramatically in coming years. Due to increased deployment of National Guard and Reserve units, combat veterans will increasingly be dispersed in rural areas, far from large urban centers or concentrations of veterans where VA facilities tend to be located. The fact remains that not all of America's veterans have equal access to VA services.

Latham's VALOR Act addresses access problems by expanding the existing VA-operated health financing program known as fee-basis care. The VA has specific statutory authority to contract with non-VA facilities for medical care, but current law severely restricts its use. The VALOR Act lifts the restriction thus allowing veterans to receive care at a local hospital or physician's office that they would otherwise be eligible to receive in a VA facility. On April 26, 2007 the House Veterans' Affairs Subcommittee on Health held a hearing on Latham's VALOR Act.

Congress took a vital step in this direction when it passed the Rural Veterans Access to Care Act, H.R. 1527, which is cosponsored by Congressman Latham. The bill was passed in the House and Senate, and cleared for the White House on September 30, 2008 as part of a larger veteran's measure, S. 2162. The legislation requires the Department of Veterans Affairs to implement a three-year pilot program to allow rural veterans in certain regions to receive VA-financed medical care from non-VA medical facilities in their own communities for the first time.

## **Key Health Care Legislation Supported by Congressman Latham –**

**Reforming the State Children's Health Insurance Program (SCHIP).** In 2007 Congressman Latham supported bipartisan House/Senate efforts to reform and extend the SCHIP program (H.R. 976 and H.R. 3963). He voted twice to override the veto of this legislation by President Bush. In addition to preventing shortfalls in state programs like the Iowa Hawk-I program, the bill provides resources to further reduce the number of uninsured by covering 3.8 million additional children. Congressman Latham voted in 1997 to create the original SCHIP program in order to help low-income children and to provide a health care safety net for families caught in a loophole of earning too much money to qualify for Medicaid, but not enough to afford private insurance for their children. Since then, the program has reduced the number of uninsured children by over one-third. However, the fact remains that nearly 70% of currently uninsured children are already eligible for Medicaid or SCHIP, and Congressman Latham supports efforts to enroll the remaining children.

**H.R. 1553 – the Conquer Childhood Cancer Act. (Latham is a cosponsor).** The bill requires the National Institutes of Health (NIH) to establish special programs of research excellence in the area of pediatric cancers and authorizes a grant for the operation of a population-based national childhood cancer database, the Childhood Cancer Research Network. **Became Public Law No: 110-285. 7/29/2008.**

**H.R. 1157 – Breast Cancer and Environmental Research Act (Latham is a cosponsor).** The bill establishes multi-institutional, multi-disciplinary research centers to study environmental factors potentially linked to the development of breast cancer. **Signed into law by President 10/8/08.**

**H.R. 758 – Breast Cancer Patient Protection Act. (Latham is a cosponsor).** Bans “drive through” mastectomies by requiring group health insurers to cover 48 hours of inpatient hospital stay following mastectomies and 24 hours following lymph node dissections. **This legislation passed in the House and awaits consideration in the Senate.**

**H.R. 493 – Genetic Information Nondiscrimination Act. (Latham is a cosponsor)** Prohibits health insurance plans from discriminating in enrollment, eligibility, contribution rates, and premium rates based on genetic information. Makes it an unlawful for an employer to discriminate because of protected genetic information. This will enable greater participation in clinical trials for cancer treatments, among other benefits. **Became Public Law No: 110-233. 5/21/2008.**

**H.R. 2295 – The ALS Registry Act. (Latham is a cosponsor).** Authorizes \$25 million for the CDC for the creation of a national ALS registry for research, disease management and the development of standards of care. **This legislation has been presented to the President for his signature**

**H.R. 1283 – Arthritis Prevention, Control, and Cure Act. (Latham is a cosponsor).** Directs the Secretary of Health and Human Services to award competitive grants to national public and private entities to assist in the implementation of a national strategy for arthritis control and prevention. **This legislation passed in the House and awaits consideration in the Senate.**

**H.R. 154 – Ending the Medicare Disability Waiting Period Act. (Latham is a cosponsor)** The bill would phase out the 24-month waiting period for disabled individuals to become eligible for Medicare benefits, and eliminate the waiting period for individuals with life-threatening conditions.

**H.R. 6270 – The Access, Compassion, Care, and Ethics for Seriously Ill Patients Act (The ACCESS Act). (Congressman Latham is an original cosponsor).** The bill would create a new early approval system for drugs, biological products, and medical devices that is responsive to the needs of seriously ill patients. The “compassionate investigational access approval system” for drugs, biologics and devices would generally be for drugs that have passed Phase I trials. Such trials provide preliminary evidence that the product may be effective in treating a serious or life-threatening disease.

**H.R. 507 - The Vision Care for Kids Act. (Latham is a cosponsor).** The bill establishes a new federal grant program to help states provide comprehensive eye examinations and treatment, by a licensed optometrist or ophthalmologist, for children who have been identified through a vision screening or eye examination as needing such services, with priority given to children who are under the age of 9.

**H.R. 1926 - The Colon Cancer Screen for Life Act (Latham is a cosponsor).** Increases Medicare reimbursement for colorectal cancer screening and diagnostic tests, and waives the Medicare deductible for such tests.

**H.R. 1738 - Colorectal Cancer Prevention, Early Detection, and Treatment Act. (Latham is a cosponsor).** Creates a program for colorectal cancer similar to the National Breast and Cervical Cancer Early Detection program through CDC.

**HR 1279 - Direct Support Professionals Fairness and Security Act. (Latham is a cosponsor).** Addresses the workforce shortage of personal assistants and home health aides by providing funds to increase wages paid to caregivers providing services to individuals with disabilities under the Medicaid program.

**H.R. 748 – Medicare Access to Rehabilitation Services Act. (Latham is a cosponsor).** Permanently repeals the annual cap on physical therapy services imposed on seniors under Medicare.

**HR 1282 - The Medigap Access Improvement Act. (Latham is a cosponsor).** Allows insurers to sell Medigap insurance policies to individuals under age 65 who have Medicare because they are disabled, which will lower out-of-pocket costs. Currently, these plans are only available to Medicare beneficiaries over the age of 65.

**H.R. 2805 – the Medicare Medical Nutrition Therapy Amendment Act. (Latham is a cosponsor).** Provides Medicare coverage for nutrition therapy services for seniors with pre-diabetes symptoms, in order to help prevent diabetes and renal failure.

**H.R. 5604 – The Medicare Part D Home and Community Services Copayment Equity Act. (Latham is a cosponsor).** Eliminates Medicare prescription drug copayments for seniors in assisted living and residential care settings who would otherwise be eligible for nursing home care under Medicare or Medicaid.

**HR 5878 - Troops to Nurse Teachers Act. (Latham is a cosponsor).**

Modeled after the 1994 Troops to Teachers program, this legislation is aimed at increasing the number of nurse faculty members.

**Congressman Latham Secured Iowa Health Care Funding Initiatives –**

**Marshalltown Medical and Surgical Center (Marshalltown):** Latham sponsored funding for a revolutionary diagnostic imaging project at MMSC. The project would make it the first hospital in the world to tie high resolution medical imaging with large scale virtual reality imaging. Integration of virtual reality visualization and CT Scan data will greatly increase patient health literacy and safety, lead to a better understanding of health issues, give physicians greater insight into their patients and provide a faster and more accurate diagnosis.

**Gunderson Lutheran Clinic (Decorah):** Latham sponsored funding for installation of a remote fetal monitoring system that will allow the Gunderson health system to provide medical services to mothers in rural Northeast Iowa through the use of telemedicine technology that allows OB/GYN consultations. Many of the smaller, rural hospitals that will benefit from the system were previously unable to purchase the equipment necessary to ensure live, real-time consultations

**Winneshiek Medical Center (Decorah):** Latham sponsored funding for medical equipment for newly renovated emergency, laboratory, radiology, obstetrics and same-day services departments at the Winneshiek Medical Center in Northeast Iowa.

**Midwest Rural Telemedicine Consortium (MRTC):** Latham has secured funding over three years for a major project to connect rural communities in Iowa's District to health care providers via cutting edge telemedicine technology.