Profile: Congressman Joseph D. Courtney

Congressman Joseph D. Courtney represents the Second District of Connecticut in the United States House of Representatives.

Representative Courtney was elected to the House in 2006, and serves on the Education and Labor and Armed Services Committees. On Armed Services, he is a member of the Seapower and Expeditionary Forces and Military Readiness Subcommittees.

Congressman Courtney represented the citizens of Vernon in the Connecticut General Assembly for four consecutive terms – from 1987 to 1994. During his tenure, then-State Rep. Courtney was House Chairman for both the Public Health and Human Services Committees.

As a state legislator, Rep. Courtney led the fight for better healthcare. As Chairman of the Blue Ribbon Commission on Universal Health Insurance, he was instrumental in proposing reforms that resulted in increased access and better healthcare for all Connecticut citizens.

A tireless, hard-working, and respected legislator, Rep. Courtney was recognized in a 1994 legislative poll by Connecticut Magazine for his bi-partisan efforts, named the “Most Conscientious” and the “Democrat Most Admired by Republicans.”

Congressman Courtney graciously offered to share his views on healthcare and other topics with Update.

Q. What has been your greatest accomplishment as an elected official? Of what are you most proud?

A. As a State Representative in Connecticut’s General Assembly from 1987-1994, I was intimately involved in healthcare reform. A collaborative effort with all of Connecticut’s healthcare stakeholders resulted in the creation of the Office of Health Care Access, a children’s health plan known as Healthy Steps, and the design of Special Healthcare Plans. This program predated the State Children’s Health Insurance Program (SCHIP). Although it did not solve all of Connecticut’s healthcare challenges, the Healthcare Access Commission, that I chaired, demonstrated that healthcare reform can occur if all sides are willing to work together.

Now tackling the growing healthcare crisis in Congress, I will utilize the collaborative approach that was successful in the state legislature. For example, I have introduced the Pre-Existing Condition Exclusion Patient Protection Act of 2007, H.R. 2833, to ensure that the over one million Connecticut residents with chronic or pre-existing conditions have access to quality, affordable, health coverage. Through building coalitions inside and outside of Congress, I will work on passing this legislation and work toward a solution for our nation’s healthcare crisis.

Q. What do you think is the most serious healthcare issue facing this country?

A. Our healthcare system is severely flawed. Costs are rapidly escalating and access to care continues to become more and more difficult. No fact illustrates the problem more than the fact that 47 million Americans do not have healthcare coverage. That figure does not include all those without comprehensive health coverage, nor does it reflect those who struggle to pay escalating costs. That is why until all Americans have access to affordable healthcare, I have refused to accept taxpayer-funded healthcare benefits offered to Members of Congress. If public officials faced the same struggles with health insurance as many...
Americans, we as a nation would see swifter action in addressing this national crisis. There is no excuse for an estimated nine million children to be counted among the uninsured. We have a tremendous opportunity through a five-year $35 billion dollar reauthorization of SCHIP to reach those children. It also expands the program to include stronger mental and oral health benefits. The American Hospital Association is counted among 300+ groups, as well as 42 governors, including Governor Jodi Rell, which supports a robust reauthorization and expansion of SCHIP, known as HUSKY B in Connecticut. The problem lies in that President George W. Bush does not share the same priority as Congress and the American people. Despite an overwhelming 273-156 vote in favor of SCHIP, the Congress was unable to override the Presidential veto. Children are the least expensive population to insure, and meeting their healthcare needs can create long-term savings by introducing healthier populations into the system. Moreover, taking care of the needs of our most vulnerable citizens is just the right thing to do. I pledge that I will continue to push for full reauthorization of SCHIP so that all of Connecticut’s children have access to the quality coverage they deserve.

Q. Connecticut hospitals are an integral part of their communities – always there when you need them, caring for everyone regardless of their ability to pay. In addition to the healthcare services provided by hospitals, what other important ways do you think Connecticut hospitals enhance their communities’ quality of life?

A. Connecticut’s communities depend on hospitals to serve as a medical safety net. Whether the individual does or does not have health coverage, he or she can depend on a hospital to obtain the care they need. Keeping their doors open 24-7 shows a commitment to the health and well-being of the communities they serve.

In addition to crisis care, our hospitals can play a role in preventive care to keep situations from escalating to emergency levels. This helps drive down overall healthcare costs. We must continue to invest in the partnership between the hospitals and the communities to further enhance the well-being of our residents.

Q. Hospitals are facing a growing workforce crisis. As the population ages, more people need healthcare services. However, an aging population is also having a dramatic impact on the supply of nurses and other caregivers to deliver that care. It is estimated that by 2020, Connecticut will have the nation’s second worst nursing shortage – second only to Alaska. Connecticut will need an additional 11,000 nurses in the next eight years. What are your thoughts on how government can assist in addressing this growing problem?

A. My wife, Audrey, is a pediatric nurse practitioner in the Windham middle school system. I respect and admire the work that she and all nurses do to help provide healthcare services, and understand their critical role in the healthcare system.

There is no question that the nursing shortage has reached critical levels. As the baby boomer population ages, the need for nurses in Connecticut will continue to rise. Additionally, our current population of nursing and nurse faculty are nearing retirement. The demand continues to increase as the supply of nurses and nurse faculty decrease. Clearly, there is a problem with that equation.

Congress can play a role in helping to address the current workforce shortage. First, we must adequately fund the Nursing Workforce Development program. Earlier this year, I sent a request letter to the Labor, Health, and Human Services Appropriations Subcommittee to increase the funding to $200 million, and will continue support an increase in the Fiscal Year 2008 budget. Through my position as a member of the House Education and Labor Committee, and particularly serving on the Subcommittee on Higher Education, Lifelong Learning, and Competitiveness, I am in a prime position to advocate for educational scholarships for individuals interested in the nursing field, particularly serving in underserved areas. For instance, those College Cost Reduction and Access Act, signed into law in late September, would provide loan forgiveness for ten years of service in public health. We must invest now to address this shortage or will pay a higher cost later in the quality and price of patient care.

Q. Neither the state nor federal government reimburse hospitals at rates to cover the cost of providing care to patients enrolled in the Medicaid, SAGA, and Medicare programs. What do you think should be done to address this issue and ensure the financial viability of Connecticut hospitals so that they can continue to offer access to high quality healthcare services for future generations?

A. Connecticut’s hospitals are forced to administer services at a cost that continually exceeds their payment levels. Even more so, the policies of the Center for Medicare and Medicaid Services (CMS) penalize Connecticut’s hospitals by failing to adequately account for their higher cost of operating. In five of the last 11 years, Connecticut hospitals were forced to operate on less than they received in 1997. This $ 2.1 billion loss means that healthcare costs are being shifted to patients and the business community. It hampers
the ability of the hospitals to invest in capital, information technologies, and medical innovations that can streamline care and decrease the cost of healthcare.

Since I have come to Congress, my doors have been open to all of Connecticut’s hospitals to contact me on federal issues. Right now, we are continually putting out fires to address inadequate reimbursement rate increases through CMS, often the result of the Deficit Reduction Act of 2005. More than just playing defense, I look forward to working with our hospitals to take proactive steps on improving their financial outlook through modifications of federal legislation.

Medicare Bill Protects Hospitals

The U.S. Senate and House passed S. 2499, the Medicare, Medicaid, and SCHIP Extension Act of 2007 that prevents the Medicare physician payment cut for six months, extends certain Medicare provisions, and funds the State Children's Health Insurance Program (SCHIP). The President is expected to sign the bill.

The final bill does not cut payments to the market basket updates to inpatient and outpatient hospitals, nursing homes or home health agencies. Inpatient rehabilitation facilities (IRFs) receive a permanent reprieve from increases in the "75% rule" compliance threshold, with no reduced payments for certain hip and knee procedures.

This bill was primarily developed to ease the physician payment cut, by allowing a 0.5% increase through June 30, 2008. Challenges within Congress and between Congress and the Bush Administration prevented action on a broader set of Medicare and Medicaid provisions.

Provisions affecting Connecticut hospitals:

- **Inpatient and Outpatient Hospital Payments**: Does not include reductions to inpatient and outpatient updates.
- **SCHIP**: Extends SCHIP funding through March 31, 2009, allowing states to maintain current enrollment.
- **Physician Fees**: Provides a 0.5% increase in the physician fee update through June 30, 2008.
- **Hospital Wage Index**: Extends existing "Section 508" hospital reclassifications and 508 special exceptions through September 30, 2008.
- **IRFs**: Permanently sets the inpatient rehab compliance threshold at 60%, effective for cost reporting periods starting July 1, 2006, and eliminates the market basket update from April 1, 2008 through federal fiscal year 2009.
- **Medicare Advantage**: Eliminates $1.5 billion from the Medicare stabilization fund. Indirect Medical Education payments to Medicare Advantage plans were not eliminated as originally proposed.

Before June 30, 2008, Congress will work to develop a Medicare and Medicaid package to again address the physician payment and other issues excluded from this limited package. CHA will continue to work with Connecticut's Congressional delegation on these important issues to strengthen the fragile financial condition of Connecticut hospitals.

Congress Expands Family and Medical Leave Act

The U.S. Senate and House passed H.R. 1585, the Defense Authorization Act, which contained an expansion of the Family and Medical Leave Act (FMLA). The bill requires employers to provide 12 weeks of FMLA leave to the immediate family members (spouses, children or parents) of reservists or members of the National Guard who are called to active duty in the U.S. military. Under the new law, employers also must offer up to 26 weeks of unpaid leave to employees who are providing care for family members wounded while serving in the U.S. military.

Identifying Primary Care Resources Key Issue Examined by Statewide Primary Care Access Authority

At its meeting on December 19, 2007, the Statewide Primary Care Access Authority focused on its current assignments: conducting an inventory and collecting data on the costs of and financing for of primary care in Connecticut.

Given the different perspectives on what constitutes primary care, the Authority developed a working definition to help guide its inventory for primary care services in the state. Primary care, according to the Authority’s definition, is a system of healthcare delivery where an individual has access to “first contact” (i.e., can call and obtain an appointment without a referral) and continuous, comprehensive services. Using this definition, the Office of Primary Care is beginning the inventory process by
gathering the information currently available about primary care services, identifying the information that can be gathered, and determining additional data needs. This analysis will be provided to the Authority.

The Statewide Primary Care Access Authority is charged with developing a universal system for providing primary care services, including prescription drugs, to all Connecticut residents by December 31, 2008 and a plan for implementing it by July 1, 2010.

For its next meeting on January 23, 2008, the Authority is extending invitations to Office of Health Care Access Commissioner Vogel and Department of Social Services Commissioner Starkowski to present on the current financing of primary care in Connecticut.

CHA’s Fillipo Featured on WNPR Program

On Monday, December 17, 2007 Brian Fillipo, MD, CHA’s Vice President of Quality and Patient Safety, was a guest on WNPR’s Where We Live radio program addressing the topic of healthcare acquired infections and patient safety. Guests on the program included Dr. Jamie Roche, Vice President, Patient Safety Quality, Hartford Hospital. To hear a recording of the show, visit www.cthosp.org.

CHA Offers Business Decision Making for Clinicians

On Monday, January 7, 2008 CHA is offering, Business Decision Making for Clinicians, a full-day program that provides financial insight, information, and practical business tools to develop the business and financial side of any new clinical venture. Business Decisions Making for Clinicians will provide an in-depth understanding and practical analytical model for preparing comprehensive and persuasive business plans. The program will be presented by William J. Ward Jr., who holds several faculty appointments at major universities. For further information, visit the CHA website.

CHA Offers Dale Carnegie Training Program: How to Instill a Sense of Urgency and Maintain Momentum

Just imagine what might be accomplished if employees were enthusiastic about and firmly engaged in new initiatives or changes within organizations? What generates this enduring motivation? What type of extrinsic/intrinsic rewards do employees seek? There are many factors that affect employee commitment and performances, ranging from individuals’ drive for success and desire to be empowered, to their attitude regarding their job, supervisor, and co-workers. During this full-day program, participants will learn the skills necessary to develop and sustain an enthusiastic and motivating work environment, maximize employee commitment, and maintain a sense of urgency throughout your organization.

How to Instill a Sense of Urgency and Maintain Momentum will be held at CHA offices in Wallingford on Wednesday, January 9, 2008, 9:00 a.m. – 4:30 p.m. EDT. The registration deadline is Wednesday, December 26, 2007.

To register or for more information, visit the education section of CHA’s website, or contact Susan Distasio at (203) 294-7257 or distasio@chime.org.

Update Publication Schedule

This is the last edition of Update for 2007. Our regular schedule will resume on Thursday, January 10, 2008.

Happy Holidays and Best Wishes for a Happy New Year from CHA!