

COMMONWEALTH OF PENNSYLVANIA
HOUSE OF REPRESENTATIVES

APPROPRIATIONS COMMITTEE HEARING

STATE CAPITOL
MAJORITY CAUCUS ROOM
ROOM 140
HARRISBURG, PENNSYLVANIA

THURSDAY, MAY 21, 2009
11:00 A.M.

PRESENTATION ON
SENATE BILL 850

PANEL II

BEFORE:

HONORABLE DWIGHT EVANS, MAJORITY CHAIRMAN
HONORABLE TIM BRIGGS
HONORABLE EUGENE DePASQUALE
HONORABLE DAN FRANKEL
HONORABLE WILLIAM C. KORTZ
HONORABLE DEBERAH KULA
HONORABLE TIM MAHONEY
HONORABLE KATHY MANDERINO
HONORABLE JAKE WHEATLEY
HONORABLE JEWELL WILLIAMS
HONORABLE MARIO J. CIVERA, JR., MINORITY CHAIRMAN
HONORABLE GORDON DENLINGER
HONORABLE BRIAN L. ELLIS
HONORABLE JOHN R. EVANS
HONORABLE MAUREE GINGRICH
HONORABLE DAVID R. MILLARD
HONORABLE SCOTT PETRI
HONORABLE MARIO SCAVELLO
HONORABLE RICHARD R. STEVENSON
HONORABLE KATIE TRUE

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ALSO PRESENT:
LISA FRAELICH, COMMITTEE SECRETARY

JEAN M. DAVIS, REPORTER
NOTARY PUBLIC

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P R O C E E D I N G S

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MAJORITY CHAIRMAN EVANS: I would like to reconvene the House Appropriations Committee meeting.

This is a panel around health care. Can you please, prior to giving your presentation, introduce yourself for the sake of the record so the stenographer can get that information.

You may start.

PRESIDENT & CEO SCANLAN: I'll start.

MAJORITY CHAIRMAN EVANS: Pull the microphone close to you and introduce yourself, please.

PRESIDENT & CEO SCANLAN: Good morning. I'm Carolyn Scanlan with the Hospital and Healthsystem Association. Thank you, Chairman Evans and Chairman Civera, for the opportunity to talk on behalf of the States hospitals.

You have testimony before you that has been prepared. I am not going to stay to the script of that testimony. I'm going to hit some highlights in it and give an opportunity for the rest of the panel to speak and then hopefully have an opportunity for some questions and answers.

I want to share with you that both the Governor's proposed budget, which is in House Bill

1 1416, and the Senate budget of Senate Bill 850 both
2 are disastrous for hospitals in this State.

3 We just heard a conversation from two
4 individuals that said spending on medical assistance
5 should be a core function of the State.

6 Well, what hospitals do on behalf of the
7 State in the care of medical assistance patients is a
8 core function. And we take care of patients on behalf
9 of the State, both for Medicaid recipients, those over
10 65 who are Medicare eligible, or beneficiaries and all
11 who need care in the State.

12 To impose any of the cuts proposed in either
13 of the two budgets would be disastrous for hospitals.
14 You have a chart in front of you that gives you a
15 sense of what those cuts are: 77.9 million in the
16 Governor's budget, \$280 million in Senate Bill 850.
17 145 hospitals are affected financially by those cuts.

18 If you were to think about hospitals not just
19 as providers of health care but as economic engines in
20 their communities, it's pretty clear that hospitals
21 are a vital part of the economy of this State.

22 They contribute \$84 billion a year to the
23 economy. They employ over 300,000 individuals. And
24 the ripple effect into the community is 600,000. And
25 they are in 55 of the 67 counties in this State. And

1 in those counties, they are the top or in the top five
2 employers of that particular county.

3 The array by region of the numbers of
4 employees and the percentage of the employees or
5 employed individuals is displayed on a map in the
6 testimony.

7 Now, to focus on medical assistance
8 specifically, as you all know, there are almost 2
9 million people in this State covered by medical
10 assistance, one out of every seven Pennsylvanians.

11 For hospitals, Medicaid represents on an
12 average 18 percent of the days of care provided in
13 hospitals and ranges as high as 75 percent of days of
14 care.

15 Medicaid funds one out of every three births
16 in this State and fills the gap for the elderly under
17 the Medicare Program for the poor elderly for care
18 that they receive in our hospitals.

19 But hospitals don't have Medicaid doctors or
20 Medicaid nurses or Medicaid services. And so when
21 funds are cut to hospitals, all patients, all
22 individuals in your communities are affected by that.
23 And so it is really important that hospitals and the
24 funding that they are dependent upon be maintained.

25 Now, we also heard from the two first

1 panelists about the leveraging effect of Federal
2 funds. Well, I'd like to talk about that for a
3 minute. And within the testimony, there is this data.

4 For every million dollars that Pennsylvania
5 reduces its Medicaid budget to hospitals, it's an
6 additional \$2.7 million of Federal funds that we do
7 not get.

8 If you were to translate that into business
9 activity, it's another \$4 million, 65 jobs. So if we
10 extrapolate to the full \$280 million that Senate Bill
11 850 proposes, that's \$700 million in lost business
12 activity and 6,700 lost jobs.

13 In a time when we're talking about an
14 economic recession and concern about losing more jobs
15 and greater unemployment, hospitals, as an economic
16 anchor in your counties and communities, need these
17 Federal and State funds in order to be able to
18 maintain what they do and to allow the communities to
19 be vibrant.

20 Now, all regions of the State are reliant on
21 Medicaid funding. There's sometimes a vision that it
22 is an urban issue. Again, in the testimony is a map
23 that displays where the highest percentage of medical
24 assistance individuals are.

25 And you can see that it is not just in urban

1 areas but across many of our rural communities. And
2 it is vital for those rural communities, both from the
3 economic point that I've talked about and also the
4 ability of taking care of individuals who are sick,
5 attracting physicians and nurses to those communities.

6 And therefore, it is a key component of the
7 financial viability of those communities in a time
8 where we're worried about the viability of those rural
9 communities.

10 Lastly, because I'm mindful of the time this
11 morning, this recession clearly has had implications
12 on the overall operations of hospitals. You have, in
13 other opportunities, heard and seen from
14 Pennsylvania's hospitals about how the recession has
15 affected hospitals.

16 We deliver care. That's the work that we do.
17 But these are also economic organizations. And so an
18 economic recession affects hospitals as it does any
19 other kind of organization. And so the work that we
20 do caring for patients is affected by the business and
21 economic aspects of the general economy.

22 We have attached some charts that show you
23 that like businesses and like government, because we
24 heard about this this morning, there are some
25 significant financial obligations facing hospitals,

1 such as increased pension funding and increased
2 utility costs. We are not immune to all those things
3 that are also business needs and business costs.

4 So as you continue the discussions on the
5 State budget, I urge you, I implore you, to consider
6 that the additional \$4 billion available to the State
7 from the Federal stimulus package is in part dependent
8 upon continued spending to receive those Federal
9 matching dollars.

10 And I implore you to keep hospitals funded at
11 least at the level that they are currently funded.
12 Within the testimony, you'll note that I indicate that
13 we're paid 80 percent of the cost of caring for
14 patients. So we are already significantly
15 underfunded.

16 And you should use the Federal stimulus
17 dollars to continue funding for hospitals, albeit at a
18 lower level than we would like but clearly at a level
19 that is important for sustaining hospitals as we go
20 through the economic recession with you and the State
21 and another employers.

22 Thank you for the opportunity to speak before
23 you.

24 MAJORITY CHAIRMAN EVANS: Thank you.

25 CEO FREEDMAN: Good morning, Chairman Evans

1 and members of the Committee.

2 My name is Barry Freedman and I am here this
3 morning in my role as Chair of the Urban Health Care
4 Coalition, which is a group of 15 hospitals in
5 Philadelphia and Allegheny Counties that provide
6 nearly half of all hospital care provided to Medicaid
7 recipients throughout the Commonwealth.

8 I also serve as the CEO of the Albert
9 Einstein Health Care Network, which I am proud to say
10 provides inpatient and outpatient hospital services to
11 thousands of patients in Southeastern Pennsylvania,
12 including Chairman's Olney neighborhood, as well as
13 the districts represented by several other members of
14 this Committee.

15 I want to thank you for the opportunity to
16 discuss the potentially devastating impact of the
17 reductions in Medicaid reimbursement proposed first by
18 the Governor in February and then substantially
19 increased in Senate Bill 850 passed by the Senate last
20 week.

21 Hospitals across the State already have been
22 hit hard by the same economic conditions responsible
23 for the significant decline in State revenues that
24 this Committee is grappling with.

25 Patient revenues are down. Uncompensated

1 care for the State's growing ranks of the unemployed
2 and uninsured is up. Medicaid roles are increasing.
3 Bad debt is increasing. Insurance companies are
4 slashing payments with increased downgrades and
5 denials. Philanthropic giving is severely compromised
6 and investment income so critical to hospital margins
7 is down.

8 Many hospitals within our coalition have
9 already been forced to lay off workers, closing and
10 reconfiguring a wide range of patient services needed
11 in our communities.

12 Hospitals across the State are shouldering a
13 \$400 million financial burden resulting from being
14 paid less than the cost of providing care to Medicaid
15 recipients. We are also bearing the financial burden
16 of providing more than \$600 million worth of
17 uncompensated care to uninsured patients across the
18 State.

19 If this \$1 billion financial burden is
20 increased by another \$280 million as proposed by
21 Senate Bill 850 at a time when hospital finances are
22 already strained, hospitals will have no choice but to
23 reduce expenditures by cutting payrolls.

24 We estimate that hospitals may be forced to
25 lay off over 4,000 employees statewide, with nearly

1 2,500 of those jobs occurring in the city of
2 Philadelphia alone. These jobs are good
3 family-sustaining jobs that contribute to the economic
4 vitality of our communities.

5 Patient care will suffer, not just for
6 Medicaid recipients but for all of us. And in
7 communities where hospitals are serving the highest
8 proportion of Medicaid recipients, access to care will
9 be significantly reduced and quality of care will be
10 compromised.

11 These cuts in Medicaid reimbursement proposed
12 by both the Governor and the Senate hit the State's
13 urban areas of hardest. More than 75 percent of the
14 \$280 million cut will affect hospitals in the States
15 two largest counties. Hospitals in Philadelphia
16 County would be cut by more than 150 million and
17 hospitals in Allegheny County would be cut by about 50
18 million.

19 Those hospitals that have a disproportionate
20 share of Medicaid patients already will experience a
21 disproportionate burden. As presently proposed, the
22 Albert Einstein Healthcare Network will see our
23 funding levels slashed by nearly \$17 million, clearly
24 jeopardizing patient care as we will be forced to
25 reduce staffing and eliminate services to balance our

1 budget.

2 These cuts would force us to eliminate an
3 additional 300 positions on top of the 200 positions
4 recently cut as well as to eliminate critical programs
5 and services to the communities we serve.

6 While OB facilities across southeastern
7 Pennsylvania are closing their doors continuously,
8 Einstein undertook a \$10 million expansion of our
9 OB/maternity services center to address the growing
10 void.

11 Prior to our renovations, Einstein was
12 designed to handle approximately 2,200 deliveries.
13 Today we're equipped to handle 3,300 deliveries.
14 We're already handling 3,000. And with the additional
15 pending closures in nearby hospitals, we expect that
16 we will hit the new capacity within months.

17 And while we are committed to providing OB
18 and maternity services to the vulnerable population we
19 serve, the proposed cuts in the OB stabilization
20 program would mean a loss of nearly \$1 million a year
21 to us.

22 The Albert Einstein Medical Center Emergency
23 Department is one of the busiest in the Commonwealth
24 handling more than 100,000 emergency room visits per
25 year. Judging from the latest numbers, it appears

1 this year will be no different, as our emergency
2 department is running nearly 6 percent higher than
3 last year at this time. And that is before the impact
4 of the recent flu, which we have not yet calculated.

5 As a designated Level 1 trauma center,
6 Einstein can ill afford any cuts to the trauma line
7 item which would cost us another \$1 million annually.

8 In our view, this doesn't have to happen.
9 The Federal Government has provided the Commonwealth
10 of Pennsylvania a total of \$4 billion over two years
11 that was specifically designed by Congress to protect
12 State Medicaid programs from just this type of
13 situation.

14 The Urban Health Care Coalition strongly
15 believes that the Governor and the Legislature should
16 use these funds to maintain patient care and jobs in
17 our communities.

18 One other related point. The proposal to
19 further reduce reimbursement to hospitals serving
20 large numbers and percentages of Medicaid recipients
21 will actually mean that in the midst of this nation's
22 deepest recession since the Depression, the
23 Commonwealth of Pennsylvania will actually be sending
24 \$163 million annually that it now uses to support
25 needed hospital care back to Washington. It seems

1 something is wrong with this picture.

2 For the sake of our patients, our employees,
3 our communities, urban and rural, we stand ready to
4 continue to work with you and the members of this
5 Committee to find a better way to keep Pennsylvania's
6 budget in balance during these challenging times.

7 Thank you for the opportunity to talk to you
8 this morning.

9 DR. SHAPIRO: Good morning, Mr. Chairman.

10 Chairman Evans, Chairman Civera, members of
11 the Committee, and a special hello to my own
12 representative, Representative Manderino.

13 MAJORITY CHAIRMAN EVANS: Introduce yourself
14 for the record, please.

15 DR. SHAPIRO: My name is Stuart Shapiro and
16 I'm president and CEO of the Pennsylvania Health Care
17 Association. We appreciate the opportunity to be here
18 today to talk about the challenges facing us.

19 The Pennsylvania Health Care Association is
20 the Statewide advocacy organization for the
21 Commonwealth's elderly and disabled and their
22 providers of care.

23 Overall, PHCA represents more than 300
24 long-term care and senior service providers serving
25 over almost 40,000 people, elderly and disabled people

1 annually.

2 Throughout my testimony, there is one
3 recurring theme. When times are tough, the needs are
4 greater and it is more important than ever that
5 priorities -- and I'm going to talk about priorities
6 -- be established and that we preserve access to
7 quality long-term care for Pennsylvania's frail,
8 elderly, and disabled population.

9 I'm going to go directly to the beat of my
10 testimony and not discuss the background, the
11 demographics, and the supplemental data.

12 I begin by reiterating that nursing homes are
13 very proud of their record of success in delivering
14 high-quality services to Pennsylvania's elderly and
15 especially Pennsylvania's Medicaid elderly.

16 I'm going to start with a brief discussion of
17 the substantial contribution of nursing homes to
18 Pennsylvania's economy. According to recently
19 released data by a nationally recognized economic
20 forecasting firm, nursing homes contribute almost \$12
21 billion in economy activity to the State. This is
22 over 2.2 percent of the gross State product.

23 Nursing homes employ directly and indirectly
24 nearly 160,000 individuals, which support 5.7 billion
25 in labor income. Nursing homes generate almost 2

1 billion in local, State, and Federal taxes.

2 These numbers reflect the economic engine
3 that nursing homes provide to individual communities.
4 Carolyn used the same word, economic engine, which
5 just led me to -- which is obviously much bigger, the
6 nursing homes, but it just reminded me of my kid's
7 book, we're the economic little engine that really
8 could.

9 This engine is driven in significant measure
10 by State and Federal reimbursement. And that's the
11 reason I'm really here today, to discuss how important
12 it is.

13 No other health care provider in the
14 Commonwealth is as dependent on State and Federal
15 Government for financing the care they deliver to some
16 of the Commonwealth's most vulnerable residents as our
17 nursing homes.

18 Together between Medicaid and Medicare, it's
19 80 percent of our patient days. On average, 65
20 percent of residents in nursing homes are on Medicaid.
21 We have some facilities in this Commonwealth where it
22 is 98, 99, and 100 percent.

23 Historically, about one-third of those
24 entering nursing homes enter as private-paid
25 individuals and then spend down to Medicaid. Today,

1 because the nest eggs of hardworking Pennsylvanians
2 have been cut in half by the collapse of the stock
3 market and their home values, people are going onto
4 Medicaid much earlier because they have fewer dollars
5 to spend.

6 The problems are therefore compounded because
7 nursing homes in Pennsylvania lose \$14 per day, \$5,000
8 per year on every Medicaid resident. And when you're
9 under-reimbursed for 65 percent of your residents,
10 it's tough to make it up on the other 35 percent.

11 In the past three and a half years,
12 Pennsylvania had been under-reimbursed, has
13 under-reimbursed its nursing homes, by more than \$650
14 million for the care of Medicaid patients.

15 While other health care providers who treat a
16 smaller percentage of medical assistance may be able
17 to absorb some of these lower rates of Medicaid,
18 nursing homes cannot.

19 Because of this, there is a dangerous growing
20 gap between the cost of quality care and the amount
21 reimbursed by the State. Both the Governor's proposed
22 budget and Senate Bill 850 would widen that gap.

23 We recognize that these are tough economic
24 times and are not asking for added dollars to pay for
25 the economic cost of inflation. We are only asking

1 that nursing homes be paid the dollars needed to care
2 for increasingly sicker patients.

3 Every patient is assessed when they come into
4 a nursing home and regularly thereafter by a standard
5 federally designed form called the MDS. Each resident
6 is then given what is known as an acuity score.

7 The State's own data shows that these acuity
8 scores, the sickness scores, have gone from 1.34 in
9 April of '06 to 1.48 in April of '09. Experts in
10 patient acuity will tell you that this is a gigantic,
11 dramatic increase in three years.

12 Given this data, we are only asking that as
13 nursing homes care for sicker and sicker individuals
14 who require more staff, more medicines, more medical
15 supplies, that these added costs be paid for.

16 We are not asking that the Medicaid program
17 pay for the wage increases of our employees. We're
18 not asking that the Medicaid program pay for increased
19 energy costs or the increased cost of food. We are
20 not asking that the Medicaid program pay for new
21 luxuries.

22 Nursing homes cannot control the acuity of
23 their residents, but they should be paid for this
24 acuity in the same way that hospitals and doctors are
25 because they're paid by a methodology that does

1 compensate for sicker individuals. This is not a rate
2 increase. This is a sickness increase.

3 Neither the Governor's budget nor Senate Bill
4 850 includes the necessary dollars to pay for this
5 escalating level of sickness. In fact, because of
6 this escalating level of sickness, 75 percent of the
7 non-county nursing homes in the Commonwealth that
8 accept Medicaid, 450 out of 600 or approximately 75
9 percent, will see a drop in their Medicaid rate
10 between April of '09 and July 1st under the Governor's
11 proposed budget. Three-quarters will see their rates
12 go down.

13 The negative impact of Senate Bill 850 is
14 even more dramatic. If enacted on July 1st, 2009, 91
15 percent of these nursing homes, 535, would experience
16 a decrease in their rates between April of '09 and
17 July of '09.

18 So given the economic realities, how do we
19 suggest you avoid this situation? What's our
20 solution?

21 Obviously, Pennsylvania has begun to receive
22 its \$4 billion in stimulus dollars. We are not naive.
23 We understand that the State's budget has a budget gap
24 of over \$3 billion. We understand that both the
25 Governor's budget and Senate Bill 850 need to divert

1 some of those Medicaid dollars. We understand that.

2 Other things need to be funded -- education,
3 prisons, transportation, construction. We may not
4 like it, but we know that these times are tough and
5 the State is facing a deficit. All we're asking is
6 for the State to divert no more than a quarter of a
7 billion dollars of the State Medicaid dollars of the
8 long-term line to pay for these programs.

9 The Governor proposes taking 286 million.
10 Senate Bill 850 recommends taking almost 300 million.
11 Let me say it again. Take a quarter of a billion
12 dollars that typically would go to the long-term care
13 line and spend it elsewhere, but no more.

14 That would leave enough dollars in the State
15 budget so that nursing homes wouldn't suffer a cut to
16 their Medicaid rates and could continue to provide
17 quality care and protect our frailest, most
18 vulnerable, and sick, elderly, and disabled.

19 This would also ensure that nursing homes are
20 actually paid when the residents are sick. These
21 dollars would also allow those nursing homes that take
22 a large percentage of Medicaid individuals have even
23 less chance to shift their costs, to receive a small
24 incentive payment.

25 One final comment. I don't envy the

1 challenges you as lawmakers and the Governor are
2 facing, as the Commonwealth is facing budget deficits
3 of billions of dollars.

4 But given the recession that we are now
5 experiencing, we believe you should start to consider
6 prioritizing limited resources to assure continuing
7 quality care for the sickest, oldest, and frailest
8 elderly who are in Pennsylvania's nursing homes.

9 Perhaps now is the time, as this body sets
10 priorities, that the Legislature should begin to
11 consider increasing funding for only those services in
12 the long-term care area that are federally mandated.
13 You are not doing that today. You are paying for many
14 services that are not federally mandated.

15 This would be, in fact, very -- and you're
16 expanding some of -- the Governor has proposed
17 expanding some of those non-mandated services. This
18 would be consistent, totally consistent, with the
19 Federal stimulus bill, which said, let's protect the
20 safety net. That's why it's there. But if you
21 continue to divert the kinds of dollars that are
22 proposed, it won't do that.

23 Let me emphasize that PHCA's sole mission is
24 the delivery of quality health care services to our
25 frail, elderly, and disabled residents regardless of

1 setting so that they can age in the most appropriate
2 place at each stage of their life.

3 Chairman Evans, Chairman Civera, members of
4 the Committee, we look forward to working with you.
5 Thank you for your time. I will be glad to answer any
6 questions you may have.

7 Thank you.

8 PRESIDENT & CEO BARTH: Good morning. I'm
9 Ron Barth. And I'm the President and CEO of PANPHA.
10 PANPHA is the largest organization representing senior
11 service providers from home- and community-based
12 services to personal care, assisted living, and to
13 nursing homes.

14 Chairman Evans, Chairman Civera, and
15 distinguished committee members, thank you for
16 allowing me to talk. You do have my written
17 testimony. Clearly, a lot of that written testimony
18 has already been talked about by some of the previous
19 testifiers so I'm not going to follow the script very
20 much at all and hopefully I can finish talking in five
21 or six minutes. I'm sure you will all appreciate
22 that.

23 I guess of particular interest to us is the
24 American Recovery and Reinvestment Act, which I will
25 refer to as the Reinvestment Act of 2009. It

1 increases the Federal match on Medicaid spending from
2 54.52 percent to 63.05 percent. And that realizes an
3 additional \$4 billion, actually a little bit over \$4
4 billion, over the nine fiscal quarters that the
5 stimulus plan will be in place.

6 Now, with this one-time investment of Federal
7 dollars, now is not the time to cut \$66 million in
8 funding to senior services for Medicaid recipients as
9 Senate Bill 850 mandates. Every dollar, every one
10 dollar of State funds siphoned from the Medicaid
11 senior service providers represents \$1.70 amount of
12 Federal funds that are forfeited.

13 In other words, by cutting \$66 million in
14 State revenues from the long-term care line, the
15 Legislature will be turning its back on over \$112
16 million in Federal money, in essence slashing
17 long-term care by more than \$178 million in total
18 revenue.

19 Frankly, now more than ever, Pennsylvania
20 must protect its investment in funding senior
21 services. I can't remember if it was mentioned, but
22 you've heard over and over what a gray State is. We
23 have one of the largest percentages of population over
24 the age of 85. And, of course, it's the people over
25 85 that require these services.

1 We really fail to understand why the Senate
2 seems to be willing to let this unprecedented
3 opportunity presented by the enhanced Federal matching
4 funds slip away.

5 Our conservative estimates are that the
6 Reinvestment Act will allow the State to save
7 approximately \$650 million in State funds on nursing
8 facility payments alone over the next nine quarters
9 even if you didn't raise rates at all.

10 This translates into \$650 million to begin
11 building this rebalanced long-term care living system
12 that so many of us are talking about, especially those
13 people in the Administration. And, of course, the
14 Legislature has expressed extreme interest in
15 rebalancing our long-term living system.

16 We feel that the Federal stimulus is more
17 than building just roads and repairing bridges and
18 that type of thing. It can also be used to finally
19 build a strong bridge for senior services that can be
20 used by all for generations to come.

21 As I said, we have an opportunity and I would
22 say an obligation to ensure that our seniors -- and
23 again, we are one of the grayest States in the nation
24 -- have access to the care services they need in a
25 place that they need them.

1 More importantly, we can make this investment
2 without raising a single extra dollar through taxes.
3 We have the Federal stimulus.

4 We are hopeful that the Pennsylvania share of
5 the Federal stimulus funding can be used to create new
6 senior services. This in turn will create new jobs,
7 enhance health care infrastructure, and in the process
8 improve the quality of life for countless
9 Pennsylvanians.

10 Now, following the vote on Senate Bill 850,
11 Chairman Corman noted that businesses and taxpayers
12 had two months to note their support for a tax
13 increase. Well, in fact, Senate Bill 850 is a tax
14 increase on those who can least afford it.

15 A 6 percent reduction in Medicaid funding
16 will force seniors who privately pay for services to
17 pay even more to make up the shortfall. They asked to
18 come here today. We have representatives of --
19 residents from the Masonic Home over in that area. I
20 can't actually see them. They're down at the end of
21 this row.

22 These are the people that Senate Bill 850
23 would be raising taxes on. These are the people that
24 have to make up the difference for what the State
25 isn't paying. So it is not fair to say we're holding

1 the line on taxes when you don't meet the obligations.

2 Somebody has to pay the cost. These are the
3 people that pay the cost, these and staff who, quite
4 frankly, are underpaid for what they do. But we can't
5 afford to pay the competitive wages. We can't afford
6 to pay the benefits. These are the people that you
7 are increasing taxes on with Senate Bill 850.

8 Actually, I think I will end there. My blood
9 pressure just went up a little bit. So I will just
10 end there and again be available for questions
11 afterwards.

12 Thank you.

13 PRESIDENT & CEO GEORGE: My name is William
14 George. Thank you, Chairman Evans and Chairman Civera
15 and members of the House Appropriations Committee, for
16 the opportunity to speak with you today.

17 Again, my name is William George. I'm the
18 President and CEO of Health Partners for the last
19 three and a half years. Before that, I was their
20 Chief Financial Officer for 14 years. I am a numbers
21 guy. I, in one way or another, served the insurance
22 industry for more than 30 years.

23 Health partners is a 25-year-old
24 not-for-profit HMO owned by Philadelphia's major
25 hospital systems. But today I'm speaking to you on

1 behalf of the coalition of Medicaid managed care
2 plans, which is comprised of seven plans: Keystone
3 Mercy Health Plan, University of Pittsburgh Medical
4 Center, Gateway, Unison, AmeriHealth Mercy,
5 AmeriChoice, and lastly Health Partners.

6 Together we serve 1.2 million of
7 Pennsylvania's medical assistance members who are
8 participating in the HealthChoices program.

9 I appreciate the opportunity to speak with
10 you this morning and share our input on four important
11 issues: First, the Carve-out Smart Pharmacy, as it
12 has been called; second, payment rates; third, pay for
13 performance; and lastly, the assessment.

14 I'm not going to focus my attention on the
15 first issue, the Carve-out or Smart Pharmacy, which is
16 a new name for an old idea.

17 We are grateful for the support on each of
18 the last three budgets on this issue. House and
19 Senate Democrats and Republicans have rejected this
20 DPW initiative.

21 We support the Senate budget again for
22 rejecting this bad public policy. We urge the
23 Committee and the House to continue their policy of
24 support for a unified health care delivery.

25 Let's talk some numbers. I'm a numbers guy

1 and this is what I can do best. Last year, the State
2 proposed assuming the financial risk of \$900 million
3 in annual drug spending so they would carve out
4 900,000 of Pennsylvania's most fragile residents. Try
5 to save \$9 million. That's 1 percent. Trust me. I'm
6 a CPA. I did the math.

7 This year the financial risk has increased to
8 \$1.2 billion in annual drug spending for 1.1 million
9 of Pennsylvania's most fragile residents. And they
10 want to save or they think they can save \$54 million.

11 I don't get it. How do you go from 1 percent
12 last year to 4 and a half percent this year? I think
13 it's more like 1 percent again. So it's more like a
14 \$12 million savings, if it's achieved at all. Again,
15 I'm a numbers guy.

16 The MCOs and our members deeply oppose the
17 carve-out. We have significant and compelling
18 concerns and arguments in three areas which I'm going
19 to share with you this morning: constituent-related
20 concerns, practical considerations, and finally
21 financial considerations.

22 First the constituent-related issues. Let's
23 talk about the transition and then we'll talk about
24 ongoing management. The transition. Short story.
25 Health Partners used to have a Medicare line of

1 business where we served 23,000 Medicare enrollees in
2 what was called our Senior Partners Program. We sold
3 that a couple years ago.

4 It took us seven months working day after day
5 to ensure that on the date of the sale, there will be
6 a smooth transition. That's 23,000 members.

7 DPW is looking to transition 1.2 million
8 consumers, a number that is 52 times as large. And
9 they want to do it in basically 45 days on July 1st.

10 We have repeatedly asked for a transition
11 plan so we can start programming information to foster
12 a smooth transition. No plan has ever been
13 forthcoming from the Department.

14 Again, DPW is proposing to move the members
15 on July 1st, 2009, not 2010. So why is this so
16 complicated and why does it take so long? Here's the
17 answer. There is an enormous, simply an enormous
18 amount of data that must be on file on day one, seven
19 plans' data, over 1.1 million people. Like what data?

20 Prior authorization information on high-cost
21 drugs, for instance, formulary information, and more
22 basic information like how many more refills do you
23 have left on a prescription.

24 Let's talk about the people who will be
25 impacted by the transition, 1.1 million people, the

1 most fragile, including diabetics, asthmatics, members
2 suffering from other serious conditions like heart
3 disease, cancer, behavioral health issues and AIDS.
4 Your constituents, our members.

5 They rely on pharmaceutical support to avoid
6 inpatient stays and emergency room visits or just to
7 live. We estimate statewide that in the Health
8 Choices Program, there are 58,000 diabetics, 65,000
9 asthmatics, 18,000 members living with HIV/AIDS,
10 28,000 pregnant moms, and 190,000 people relying on
11 behavioral health drugs on a day-to-day basis.

12 We estimate that 30 percent of them won't get
13 their mail notifying them of this change. I shudder.
14 Providers are largely unaware of this.

15 So what happens if the pharmacies are not
16 ready to dispense the drugs? Our emergency room
17 utilization will skyrocket. People will go to their
18 primary care docs and hope they get free samples.
19 People will go home and then start calling your
20 offices.

21 If you think this is unlikely, if you think
22 this is Chicken Little talking, remember what happened
23 when the Federal Government put in Part D. It took
24 months to straighten out the mess and it was
25 front-page news for weeks.

1 Let's talk about ongoing management. We at
2 Health Partners get 8,000 calls a month related to
3 pharmacy for 152,000 members. Multiply that by six or
4 seven to get a sense as to how many phone calls will
5 be coming into the Department of Public Welfare. All
6 the managed care plans have 21st century
7 communications in place to monitor and audit calls and
8 call volume.

9 We have over 100 employees in place to answer
10 phone calls, including nine pharmacists and three
11 docs, MDs.

12 DPW stated in its testimony to the House
13 Health and Welfare Committee on April 30th that they
14 haven't hired the people to do the work even though
15 the carve-out is to occur on July 1st. That's another
16 problem.

17 DPW says they're looking to hire 40
18 pharmacists. Extrapolating our numbers would indicate
19 that they need at least 55 pharmacists. And what
20 about doctors? None in their plan. We have three for
21 152,000 members. I think they should add 18 to 21.

22 The MCOs have a pharmacist, a nurse, a social
23 worker, and a doc on call 24/7. The MCOs make
24 informed decisions using drug history, disease
25 conditions, prior hospital admissions, etc., etc.

1 Who is going to answer the calls at the State
2 until they staff up? I don't know. Here's a better
3 question: How is the State going to make informed
4 decisions without our data? I don't know.

5 The managed-care plans have drug information
6 about the member before they leave the store. The
7 MCOs will pay providers regardless of whether we paid
8 the State. This is an issue.

9 Next month, as you know, DPW is not going to
10 pay us our June capitation. They're going to delay
11 payment until the budget is passed. And I'm not very
12 optimistic about how fast that budget is going to get
13 paid.

14 Nevertheless, our providers will get paid,
15 including the pharmacists. If we have Smart Pharmacy
16 and DPW runs out of money, the pharmacists won't get
17 paid. And if the pharmacists aren't paid, they won't
18 fill prescriptions. End of discussion.

19 DPW has promised the MCOs pharmacy-related
20 information so we can manage our business. We do not
21 have the confidence that that is going to happen.
22 Their track record is not promising.

23 While I can give you lots of examples, let me
24 give you one very telling example. They've been
25 promising to give to the MCOs clinical information on

1 our new members. They started promising this in 2007.
2 That's right, 2007. A couple of weeks ago, we got a
3 letter from them saying that they're almost ready to
4 give it to us. Two years later.

5 How are we going to coordinate care for
6 members, especially those with behavioral health
7 related issues, when we don't know what drugs they're
8 on? DPW simply does not have the resources to pull
9 this off.

10 Let me talk about some practical
11 considerations. Why is DPW doing it? Frankly and
12 truthfully, DPW gets higher rebates than the MCOs.

13 You also need to consider that we believe and
14 a lot of other people believe with us that the federal
15 rebate equalization legislation is likely to be
16 passed. Some people will say it's actually imminent.
17 It's part of President Obama's budget package. When
18 it's passed, the rebate levels will be the same.

19 Why are we doing this? I don't know. Why
20 would you carve out 1.1 million people on July 1st and
21 then carve them back in when the equalization
22 legislation is passed?

23 How about some financial concerns. DPW is
24 looking to save money on the back of 1,100,000 of
25 Pennsylvania's most fragile residents.

1 Why? They have a budget predicament, so why
2 do a carve-out? Well, the MCOs, health partners
3 included, make it look easy. That's right. We have
4 no modesty here. We frankly do a great job. We've
5 been doing it for 25 years. We do it seamlessly.

6 Did you ever see the TV show This Old House?
7 They can put a new bathroom in in one hour. That's
8 right. One hour with commercials. Try that at home.
9 To DPW, we are the bathroom installers and they're
10 itching to get a chance to do it.

11 They want to do it themselves and save money,
12 but let's look a little bit closer to the details
13 here. A pharmacy drug is comprised of three elements:
14 a dispensing fee, ingredient costs, and rebates.

15 Let's talk about dispensing fees. That's
16 what you pay the pharmacist to drop the pills in the
17 bottle. They pay four bucks a bottle. We pay two.
18 Where is the savings?

19 Let's talk about ingredient costs and rebates
20 together. DPW's focus is on rebates based on data
21 that's four years old. And now this is the issue.
22 The money and the savings in managing a pharmacy is by
23 driving up the percentage of drugs that are prescribed
24 on a generic basis, not maximizing rebates on
25 high-cost brand-name drugs.

1 DPW's focus on this represents a significant
2 misunderstanding of how you manage pharmacy costs.
3 Let me make it even clearer. The managed-care plans
4 are racing to increase the dispensing rate of generics
5 which costs one-tenth -- one-tenth -- the cost of a
6 brand-name drug. We're nearly at 80 percent right
7 now. DPW says 60 percent, although some of us suspect
8 it's lower.

9 How do you save money maximizing the
10 prescription of drugs that cost ten times the cost of
11 a generic? I don't think you do.

12 With pending Federal legislation, we don't
13 understand why we're debating the subject. We don't
14 believe DPW will achieve any savings from the
15 carve-out. Smart Pharmacy is not a smart idea. We
16 all know you can't put a bathroom in in one hour.

17 We have grave concerns about the transition,
18 the impact of 1.1 million of Pennsylvania's most
19 fragile members, your constituents. We believe the
20 constituents' health conditions will markedly
21 deteriorate without information on an ongoing basis.

22 We'll be flying blind trying to manage our
23 members' care and coordinate their care with their
24 behavioral health providers. We ask you all, do not
25 support the carve-out. Do the right thing.

1 Let's talk about MCO payment rates, the
2 second issue. The Department's own actuaries have
3 stated on more than one occasion that medical cost
4 inflation on an annual basis is anywhere from 6 to 9
5 percent per year.

6 This is not the CPI. This is not the
7 consumer price index that you read about in the
8 newspaper. Medical cost inflation is much, much
9 higher. That's right. For the last five or so years,
10 the MCOs have received an average of 3 percent rate
11 increases. There's about a 3 to 6 percent shortfall.

12 While we appreciate the State's current
13 fiscal situation, you need to appreciate the role that
14 years and years of underfunding have played in the
15 reduction in the number of providers who are frankly
16 willing to serve the medical assistance population.

17 We believe the underfunding of the program
18 has played a significant if not leading role in the
19 closure of so many maternity wards and the closure of
20 so many community hospitals. Hospitals that have
21 survived are frankly the highest cost hospitals.

22 So the Department thinks that they have saved
23 money by giving a small increase. In fact, they have
24 gotten the opposite in return. The MCOs need adequate
25 funding.

1 We have tried to help. For the last three
2 years, the MCOs have met with DPW to share cost-saving
3 ideas. Virtually all of your suggestions, small and
4 large, were rejected. Some of them were quite
5 similar. Some of them were quite simple. Some of
6 them were quite complicated.

7 Health partners, for instance, offered to
8 come and observe how DPW processes claims to see if
9 there are opportunities to save money. We never
10 received a call to come in. I don't expect we're ever
11 going to get one. I'd be happy to elaborate on some
12 of them during the question-and-answer period.

13 We learned during DPW's testimony on April
14 30th that an enormous surplus has developed in the
15 behavioral health providers, a surplus that must be
16 returned and reinvested. Why has that been allowed to
17 occur? Maybe we could have saved a maternity clinic
18 or a hospital from shutting its doors.

19 MAJORITY CHAIRMAN EVANS: Are you coming
20 close to the end?

21 PRESIDENT & CEO GEORGE: I'm coming close.

22 MAJORITY CHAIRMAN EVANS: I want to get
23 members --

24 PRESIDENT & CEO: Sure. Sure. And I --

25 MAJORITY CHAIRMAN EVANS: Excuse me. Excuse

1 me.

2 Wrap up in a minute.

3 PRESIDENT & CEO GEORGE: Yes. Pay for
4 performance. Quality is the No. 1 priority of all the
5 managed-care plans. We are all NCQA accredited. We
6 are all highly ranked each year by U.S. News and World
7 Reports. Right now DPW sets aside an additional two
8 and a half percent for quality incentives. That two
9 and a half goes a long way to bridge the medical cost
10 gap between the payment rate gap I just mentioned.

11 During testimony before the House and Welfare
12 Committee on April 30th, the four MCOs reported that
13 their financial return last year was about 1 percent.

14 What does that mean? It indicates that the
15 MCOs used the pay-for-performance dollars to fund
16 their operation and pay providers.

17 Doctors work very hard at improving quality.
18 We want to pay doctors for improving outcomes, not
19 just give them raises. We encourage the Senate to
20 restore those pay for performance dollars.

21 In the interest of time, I will stop on the
22 assessment.

23 MAJORITY CHAIRMAN EVANS: Thank you.

24 PRESIDENT & CEO GEORGE: Thank you.

25 MAJORITY CHAIRMAN EVANS: I'm just going to

1 let two members ask questions, Represent Kathy
2 Manderino and Representative Katie True. I want to
3 end at 12 o'clock.

4 I know Representative Manderino is the
5 Subcommittee Chair and Representative True is the
6 Republican Subchair. I'm going to let those two wrap
7 up by 12 o'clock.

8 Representative Manderino.

9 REPRESENTATIVE MANDERINO: Thank you,
10 Mr. Chairman.

11 And in the interest of time, rather than ask
12 questions, the answers of which length I can't
13 control, I just would like to make a couple of
14 observations.

15 And I very much actually appreciated this
16 panel on health care following the first panel that
17 was talking about the broader issue of tax policy,
18 because I think those two juxtaposed against each
19 other really come to the crux of some of the tough
20 decisions that we need to make.

21 For example, nobody on the first panel even
22 had the guts to bring up such tax policy issues such
23 as that fact that we have a very favorable tax policy
24 in Pennsylvania that favors senior citizens and
25 actually encourages not only our own senior citizens

1 to stay here in Pennsylvania but other folks to come
2 here because of what our tax policies are with regard
3 to taxes on pensions or no taxes on pensions and other
4 kinds of investment income that other States tax
5 differently than Pennsylvania.

6 And then we are followed by a panel on health
7 care that tells us how health care costs and State
8 spending on health care costs are driven by our
9 elderly population.

10 Now, I'm not necessarily suggesting that if
11 we just start taxing all of our senior citizens and
12 driving them out of our States, we can save a lot of
13 money in our health care budget.

14 But I think it's disingenuous for us to sit
15 here and not think about the social implications of
16 what we propose and suggest on both hands. And so I
17 think that we, as lawmakers, when we make decisions
18 about tax policies that favor or encourage or help
19 folks that live in our Commonwealth, then we also have
20 to realize that we have assumed obligations when it
21 comes, for example, at the end of life. And certainly
22 the cost of nursing homes and the cost of long-term
23 care have a big impact on the kinds of spending that
24 government has to do.

25 I also just want to observe that while I

1 understand the point that a number of speakers have
2 made about kind of leaving Federal dollars on the
3 table with regard to the higher reimbursement rates
4 that are available to us through Federal stimulus, I
5 don't think it's accurate to say that we don't have to
6 raise taxes in order to draw that money down.

7 The reality of it is that the numbers that
8 are in the Governor's budget, for example, aren't
9 numbers that we have the money to pay for. That
10 budget was put together assuming a little over \$2
11 billion deficit. And we now know that we're looking
12 at over a \$3 billion deficit.

13 And so even to reach the numbers that were in
14 the Governor's budget as it affects these various
15 health care and Health and Human Services or welfare
16 payments means we have to find the money from
17 somewhere.

18 The last point that I want to make, because I
19 think it's very important, that came up in this
20 testimony is on the other end, on Medicaid and
21 uncompensated care and things that are being driven by
22 the dynamics and change in our economy, whether they
23 are people who are no longer insured because they are
24 unemployed or whether they are people which our
25 statistics show us who are employed but are employed

1 in the new economy that isn't providing the same kind
2 of health care benefits or health care coverage that
3 folks had to make. That's why we have one-third of
4 our State reimbursement as Medicaid reimbursement.

5 Here are young families that have no health
6 insurance. So when we talk about tax policies that
7 drive our economy and grow our economy, they are
8 intricately involved both on the income level but on
9 the expense level, too.

10 So I very much appreciate folks highlighting
11 that. But I think that so far what we have done is
12 highlighting kind of the two philosophies that again
13 are going to make it -- at least it's helping folks
14 understand how difficult it's going to be for us to
15 pull together a State budget that has both a tax
16 policy and spending plan that grows Pennsylvania but
17 supports the needs of Pennsylvanians.

18 Thank you, Mr. Chairman.

19 MAJORITY CHAIRMAN EVANS: Representative
20 Katie True.

21 REPRESENTATIVE TRUE: Thank you,
22 Mr. Chairman.

23 I just want to make a comment and kind of cut
24 to the chase.

25 I thank all of you for your testimony. It's

1 always interesting to hear from various components on
2 the whole issue of the budget.

3 Since Mr. Barth mentioned Masonic Homes,
4 which is in Lancaster County, I happen to have
5 breakfast once a year with one of the gentlemen who is
6 there. They're worried.

7 And you mentioned the fact that they might
8 have to pay more in taxes should Senate Bill 850 pass.
9 Did I get that right?

10 PRESIDENT & CEO BARTH: Are you asking me?

11 REPRESENTATIVE TRUE: Yes.

12 PRESIDENT & CEO BARTH: What I am saying is
13 it is, in essence, a tax increase on residents that
14 are paying for their own services because as you
15 reduce the Medicaid rate -- and make no mistake, this
16 would be a rate reduction -- the money has to come
17 from someplace. And it's going to come to the
18 shrinking base of private-pay individuals.

19 So while it is not an official tax increase,
20 it is a de facto tax increase for people that pay
21 their own care because the State is not meeting its
22 obligation to care for the people it has said that it
23 will provide services for through the Medicaid
24 program.

25 I think Masonic Homes has got 70 percent

1 Medicaid. And they're losing a lot of money already
2 on Medicaid. But if they lose even more, the money
3 has to come from someplace.

4 REPRESENTATIVE TRUE: I understand.

5 PRESIDENT & CEO BARTH: So that's what I was
6 saying. It's a de facto tax increase.

7 REPRESENTATIVE TRUE: And obviously -- and I
8 walked over and spoke to these folks. And obviously
9 they're worried. And it's a concern. And so I'd just
10 like to make this comment because I'm sure a lot of
11 folks are watching and are concerned.

12 And the Chairman, Majority Chairman,
13 Representative Evans, certainly can correct me on this
14 if this is not an accurate piece that was in the
15 Pittsburgh Post-Gazette.

16 But I believe Representative Evans has stated
17 publicly that we're not going to run Senate Bill 850.
18 Now, I've been here awhile. And I understand all
19 about what we're doing. But just for the folks that
20 might be worried about that, I would be very surprised
21 to see Senate Bill 850 run. We're not going to do it.
22 And I believe after all this is said and done, there
23 will be a tax increase proposal, but I just don't want
24 you to worry about Senate Bill 850.

25 And I thank you, Mr. Chairman.

1 MAJORITY CHAIRMAN EVANS: I think the world
2 of my minority Chair, Representative True. She
3 follows what I say.

4 Let me, one, thank you. Seriously, all of
5 the people on the panel, thank you for what you do
6 every day. Sincerely.

7 And this is a conversation. I know that it
8 gets a little testy at times. But we really have a
9 challenge here. And we're all in this together. I'm
10 serious. I mean, anytime you can have the Secretary
11 of Public Welfare sit there and smile the whole time,
12 as you hear all of these lovable comments -- and she's
13 a great person. I'm going to speak up for her.

14 But on a serious note, I am trying to say
15 this. This is a serious discussion. And everything
16 has to be on the table. If anybody knows me, we have
17 to discuss everything. We have to discuss it all.

18 We need exchange. We really do need this.
19 And we need to work together. We need to break down
20 these little barriers, that I'm not willing to talk
21 about this or talk about that. And the purpose of
22 this hearing is to put it all on the table. I want it
23 to be a conversation, so we will all get along since
24 Kathy told me Stuart is her favor constituent.

25 Again, I want to thank you and I want the

1 next panel to come up. Thank you again for everything
2 you do.

3 (The panel concluded at 12:01 p.m.)
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1 I hereby certify that the proceedings and
2 evidence are contained fully and accurately in the
3 notes taken by me on the within proceedings and that
4 this is a correct transcript of the same.

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Jean M. Davis
Notary Public

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