

# Health Care and Seniors

Sen. Brown has been working to improve access to high quality, affordable health care for Ohioans – and all Americans – including children, seniors, and working families.

## Promoting Children’s Health



A healthy and productive adulthood begins with a healthy childhood. That is why Sen. Brown has worked to increase the number of pediatric physicians, ease the primary care and subspecialist shortages, promote the development of treatments and cures for rare pediatric diseases, and ensure health insurance coverage for children.

### Ensuring a Robust Pediatric Workforce

Following significant declines in pediatric residencies in the 1990s, Sen. Brown authored

the *Children’s Hospitals Education and Research Act* in 1998.

The Children’s Graduate Medical Education (CHGME) program provides freestanding children’s hospitals – including seven in Ohio – with resources to help them sustain, improve, and expand their teaching and training opportunities. CHGME hospitals train 40 percent of the country’s general pediatricians and 43 percent of the pediatric specialists. Over the last decade, Sen. Brown has ensured the continuation of the program through reauthorization legislation and appropriations.

When President Obama submitted a budget that funded CHMGE at \$88 million – a 66 percent cut from last year – Sen. Brown successfully fought to restore funding to \$265 million. Ohio’s children’s hospitals receive about \$30 million annually.

## Treating Pediatric Diseases and Disorders

Sen. Brown has been a consistent advocate for federal resources that support pediatric research, including expanded resources for rare and neglected pediatric diseases.

The National Institutes of Health (NIH) estimates that there are more than 6,000 rare diseases, but these are often overlooked by pharmaceutical companies because they cannot guarantee the same return on investment as the more common diseases.

To help spur private-sector innovation, Sen. Brown’s legislation, the *Creating Hope Act*, was successfully included in the *Food and Drug Administration Safety and Innovation Act*, which became law in July. The *Creating Hope Act* increases incentives for the development of treatments for disabling and deadly rare pediatric diseases.

Pediatric diseases not only need additional private-sector commercialization but also require a substantial boost in basic and translation research. While children make up about 20 percent of

the U.S. population, only about five percent of NIH's annual research is devoted to pediatrics. If this rate of investment is not expanded, discoveries of new treatments and therapies for some of the most devastating childhood diseases and conditions will be hindered, and the next generation of researchers may be discouraged from entering into the field of pediatrics.

To combat this trend, Sen. Brown introduced the *National Pediatric Research Network Act* which would reverse the current situation by strengthening and expanding NIH's investments in pediatric research. This expanded investment would help accelerate new discoveries and directly affect the health and well-being of children throughout the country. The centerpiece of the legislation would be the authorization of up to 20 National Pediatric Research Consortia at institutions throughout the nation – some of which would be dedicated to pediatric rare diseases.

### **Protecting Children from Dangerous ‘Adult Desk Toys’**

Keeping children safe from household items is no easy task. Sometimes, parents or family friends are unaware of all the dangers inherent in common products. After children's hospitals in Ohio—including those in Cincinnati, Columbus, and Cleveland—reported to Sen. Brown that they were treating more and more children who have swallowed harmful and potentially fatal high-powered magnets, he sent a letter urging the Consumer Product Safety Commission (CPSC) to warn parents about these magnets, often sold as “desk toys.”

The shiny, round magnets are marketed as “Buckyballs,” among other labels, and may appear like candy to children, but swallowing two or more can cause serious internal injuries or even death in children.

Two weeks after Sen. Brown called on the CPSC to protect children from potentially fatal high-powered magnets, the agency moved to ban the sale of these “toys.”

### **Ensuring Access to Life-Saving Medication**



Ohio is home to world-class medical facilities, but due to a growing drug shortage problem, patients are experiencing delays in treatment because doctors cannot access the proper medication. A recent survey of more than 800 hospitals revealed that all of them reported a drug shortage in a six month period. Not only are patients experiencing treatment delays, at least 15 deaths in the past two years can be blamed on drug shortages. These deaths were caused either due to the preferred drug being unavailable, problems with the preparation or administration of the alternative medication, or because of dosing errors with the

alternative medication. Sen. Brown has been working to combat drug shortages.

### **Engaging Stakeholders to Alleviate Shortages**

In January, Sen. Brown convened a Drug Shortage Roundtable with Ohio hospital CEOs, Directors of Pharmacy, and other hospital staffers who confront this problem to discuss possible

solutions to improve patient outcomes. Participants discussed a variety of reasons for drug shortages, including quality control issues or production problems, issues in the supply chain for raw materials, delays in manufacturing or shipping, mergers in the pharmaceutical industry – both branded and generic companies, and pharmaceutical companies can decide to stop producing a drug, often due to low profit margins.

### **Giving Hospitals Flexibility to Care for Patients**

Sen. Brown has been on the forefront of enacting legislation to combat the reasons for drug shortages. Taking the suggestions of hospital personnel, Sen. Brown included a Repackaging Provision in the *Food and Drug Administration Safety and Innovation Act* to allow hospital systems the ability to repackage drugs in shortage.

Previously, lack of guidance from the U.S. Food and Drug Administration (FDA) prevented hospital systems from dividing larger vials of medication for redistribution among hospitals within the same medical system. Sen. Brown’s provision allows hospital systems to “repackage” larger doses of life-saving medications into multiple doses that can be used throughout the system.

Also included in this bill was the *Preserving Access to Life-Saving Medication Act*. Sen. Brown cosponsored this legislation, which provides the FDA and health care providers with tools to work with the industry so that drug shortages can be remedied before they happen. Specifically, manufacturers will be required to report any known disruption that could cause a drug shortage six months prior to such an event or as early as practicable. The FDA must inform providers of potential shortages and is also required to speed up approvals of pending drug applications and facility inspections that could alleviate the shortage.

### **Implementing Health Reform**

Sen. Brown has long advocated for accessible, affordable, high quality health care for all. That is why he is proud to have voted for the *Affordable Care Act* (“the health law”), which will expand health care coverage to the nearly 50 million Americans who are currently uninsured and will reduce costs for small businesses and working families who already have coverage.

### **Making Insurance Companies Work Better for Consumers**

Since its passage, the health law has resulted in a number of beneficial changes to the American health care system.

The health law allows children up through age 26 to remain on their parents’ health insurance. Approximately 2.5 million young adults have benefitted from this provision.

Children and their families have also benefited from a provision that prohibits health insurance plans from excluding, limiting, or denying coverage to children under age 19 due to a pre-existing decision. These protections will be extended to Americans of all ages in 2014.

The health reform law is also working to end insurance company abuses. Starting this year, consumers will have the right to know why a claim has been denied or why their insurance

company terminated their policy. Consumers will also have the right to appeal those decisions – first through the insurance company and then through an independent third party review. Insurance companies will no longer be permitted to unjustifiably raise premiums, nor will they be able to spend large portions of consumers’ premiums on executive bonuses, marketing, advertising, and overhead. The health reform law requires that health insurance plans sold to individuals and groups spend 80 percent of premiums on actual medical care – 85 percent for large group plans. Insurers who do not meet this requirement must provide rebates to their customers. On August 1, insurance companies gave rebates of more than \$11.3 million to Ohioans.

The health law will also enable consumers to more easily understand and determine the best health insurance options for themselves and their families. Starting this year, 180 million consumers with private health insurance will have access to clear, consistent, and comparable information about plan benefits and coverage. This information will include a glossary of terms and “coverage examples” that illustrate what proportion of expenses a health insurance policy or plan would cover for three common scenarios – having a baby, treating breast cancer, and managing diabetes.

For individuals who have been rejected from insurance plans due to a pre-existing condition, the health reform law created a temporary high risk pool to help provide affordable health insurance coverage to those who were previously uninsured. United States citizens with a pre-existing condition who have gone without health insurance for at least six months are eligible for the program. Sen. Brown has heard from a number of constituents who have benefitted from the high risk pools and would have died or been forced into poverty without the coverage available to them through this program.

### **Strengthening Medicare through the Health Reform Law**

Seniors saw a number of new benefits through the Medicare program thanks to health care reform. Over time, the health law fixes the dangerous Medicare prescription drug coverage gap known as the “donut hole.” Since the inception of the Part D program in 2003, seniors who reach a limit on covered drugs are often stuck having to pay the entire cost of prescriptions for a period of time until coverage kicks in again.

Since the passage of the health law, Ohio’s seniors in the so-called “donut hole” have saved more than \$164 million on their prescription drug costs. Last year, 185,014 Ohio seniors saved nearly \$95 million, and those savings will only increase as the “donut hole” is closed completely. Additionally, the health reform law is providing seniors with traditional Medicare free preventive services such as colonoscopies and mammograms. There will no longer be copayments or deductibles for these types of services. Over 24 million beneficiaries with Medicare Part B have received a free annual physical or other screening exam in 2011 – including over 1.2 million Ohioans.

The health reform law is also providing seniors with new tools to evaluate Medicare Advantage and Part D plans. Beneficiaries can visit the Centers for Medicare and Medicaid (CMS) website to see how various plans compare. Plans that have achieved the highest rating – five stars – will be denoted by a gold star icon so they are easy to identify.

The health law also provides the Department of Health and Human Services (HHS) and the Centers for Medicare and Medicaid Services (CMS) with additional tools to fight fraud proactively. Prior to the passage of the health reform law, CMS would track down fraudulent claims after they had already been paid. Enhancements in the health law will help put an end to “pay and chase,” protecting legitimate beneficiaries while working to prevent fraudsters from entering the system.

## **Protecting Ohio’s Seniors**

Medicare and Social Security are constantly discussed by Washington insiders but all too often the thoughts of beneficiaries are not included in the debate. Last year, Sen. Brown launched a series of tele-town halls with seniors in all 88 counties. In 2012, Sen. Brown held 25 tele-town halls where he listened to the concerns of Ohio seniors. During each call, more than 10,000 people participated and Sen. Brown took questions on every issue affecting the state.



## **Preserving Medicare and Medicaid**

Medicare and Medicaid are essential social programs that reaffirm the government’s commitment to seniors and low-income Americans. Prior to the creation of Medicare in 1965, only half of America’s seniors had health insurance, and most of those with insurance only had coverage for inpatient hospital care. Additionally, some 30 percent of seniors lived below the poverty line.

Now, only 1.8 percent lack health coverage and less than nine percent live below the poverty line. Medicaid provides health coverage for low-income Americans – primarily children, disabled individuals, poor seniors, and pregnant women. Sixty-eight million Americans currently receive health care through Medicaid. Sen. Brown is committed to ensuring Medicare and Medicaid remain strong for our country’s most vulnerable populations.

Following passage in the House of Representatives of a bill authored by House Budget Chairman Paul Ryan, that would privatize Medicare, Sen. Brown led a group of 50 Senators on a letter to President Obama expressing their opposition to the plan. According to the Congressional Budget Office (CBO), in the first year of the private voucher program, out-of-pocket expenses for seniors would double to more than \$12,500 annually. As the average Social Security benefit is only \$14,000 per year, seniors simply cannot afford to pay that much for their health care.

During the bipartisan deficit reduction talks, Sen. Brown joined four of his Senate colleagues on a letter to Vice President Biden urging him to reject the House-passed plan to dismantle Medicare. He also held multiple press conferences – in Ohio and Washington, DC – with seniors and advocates to stand up against threats to end Medicare as we know it for Ohio’s nearly two million seniors.

In 2011, Sen. Brown joined 36 of his Senate colleagues on a letter opposing a House of Representatives-passed bill that would turn Medicaid into a block grant. Block grants would shift costs to the states, force a reduction of services, and end federal oversight in how Medicaid resources are distributed. The Medicaid program is an essential part of Ohio's health care system, long-term care system, and economy. Ohioans who depend on Medicaid, three fourths of whom are children and their parents, would experience a decreased quality of care under a block grant system. Senior citizens and individuals with disabilities, who account for two thirds of Medicaid spending, would also experience hardship due to a reduction in long-term care services.

Sen. Brown believes there are ways to reduce Medicare and Medicaid spending without simply slashing benefits or cost-shifting to seniors or the states. That is why he cosigned a letter to President Obama advocating for swifter implementation of health care delivery system reforms. This approach would not only reduce costs for seniors, Medicare, Medicaid, and the federal government, but would also reduce costs for all Americans.

## Promoting Women's Health

Sen. Brown is a leading advocate for women's health – from promoting preventive care to ending gender discrimination in health insurance.

### Ending Gender Discrimination in Health Insurance

Prior to the passage of the health law it was legal in nine states for insurance companies to deny coverage to women who were victims of domestic violence because it was considered a pre-existing condition. Pregnancy could also be considered a pre-existing condition, thus excluding maternity coverage for the 14 million women who purchase their coverage through the individual insurance market. And, in most states, women are charged higher premiums – sometimes 150 percent more than men. That is why Sen. Brown supported the Women's Health Amendment, included in the health law, which requires all health plans to cover comprehensive women's preventive care screenings at no additional cost to women.



Beginning on August 1, women now have access to the new covered services: domestic violence screening and counseling, gestational diabetes screening for at-risk women, postpartum counseling, lactation counseling, HIV and sexually transmitted infection testing and counseling, contraception coverage, and an annual well-women visit.

## Supporting Medical Research for Women



In the last forty years, the National Cancer Institute (NCI), academic medical centers, and researchers across the country have made remarkable strides in improving treatments and therapies for various cancers. Today, there are 12 million Americans who are cancer survivors. Despite this progress, effective treatments for some cancers – including ovarian cancer – remain elusive.

Sen. Brown joined more than a dozen Senate colleagues as an original cosponsor of the National Ovarian Cancer Awareness Month Resolution to keep making medical progress. This year, the American Cancer Society estimates that 22,000 women will develop ovarian cancer and more than 15,550 women will lose their battle with this deadly cancer. If detected earlier, an ovarian cancer patient has a 94 percent chance of surviving longer than 5 years. However, only 20 percent of ovarian cancer is detected in its early stage, and when diagnosed in the advanced stage there is only a 30 percent chance of survival. This makes ovarian cancer the deadliest of all gynecologic cancers. The National Ovarian Cancer Awareness Resolution designates September as Ovarian Cancer Awareness Month and encourages the efforts of cancer advocates to increase public awareness. It also supports the NCI and medical researchers work to develop a reliable early detection test.

One in eight women will develop breast cancer. Not only is breast cancer the most common form of cancer among women, but it is also a leading cause of cancer deaths for women. Sen. Brown believes that finding new treatments and cures for breast cancer should be a priority of the federal government. With this in mind, Sen. Brown introduced the *Accelerating the End of Breast Cancer Act*. This legislation would establish a commission with the goal of ending breast cancer by January 1, 2020. The Commission would evaluate research projects or potential programs that need additional attention or funding and then identify opportunities for public-private collaboration.