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COMMITTEE ON ENERGY AND COMMERCE
HEALTH
COMMERCE, TRADE AND CONSUMER PROTECTION



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Congress of the United States
House of Representatives
Washington, DC 20515

Website: murphy.house.gov

July 8, 2009

The Honorable Henry Waxman
Chairman
House Energy and Commerce Committee
2125 Rayburn HOB
Washington, D.C. 20515

Dear Mr. Chairman:

I am thankful you have taken the time to solicit my thoughts on healthcare reform. Like you, I believe that the public wants healthcare reform to incorporate the best ideas offered by Democrats and Republicans alike. We have the talent on this committee to create a healthcare reform bill that makes insurance affordable and accessible for all Americans.

Simply focusing on who pays for healthcare — rather than what we are paying for — does not fully address the problems in our current system. By rooting out the waste, misuse, and inefficiency in our \$2.4 trillion system — estimated to be between \$500 billion and \$1 trillion — we could effect change in the healthcare system that would save our economy, but more importantly, we will save lives and improve the delivery of healthcare for all Americans. Here are several elements currently missing from the healthcare reform bill that can help us accomplish our mutual goal:

H.R. 3104, the Healthy Hospitals Act

- More people die every year – nearly 100,000 people – from infections contracted while in the hospital than from AIDS, breast cancer, or auto accidents. Healthcare-associated infections lead to longer hospital stays, higher treatment costs, and higher mortality because they are more difficult to treat than infections caused by other organisms. They also cost the American healthcare system \$50 billion a year. H.R. 3104 would require hospitals and ambulatory surgical centers to report data on each healthcare-associated infection using an existing successful system managed by the Centers for Disease Control. As witnessed in Pennsylvania, transparency and public reporting of HAIs leads to financial savings, better treatment, and saved lives.

H.R. 1745, Family Health Care Accessibility Act

- Allow doctors and specialty care practitioners to volunteer their time at Community Health Centers and receive medical malpractice insurance through the Federal Torts Claims Act (FTCA). In addition, nurse practitioners or doctors at Centers can provide the after-hours urgent care to keep non-emergencies out of emergency rooms. Addressing workforce shortage and giving patients options for treatment for non-emergencies at Community Health Centers will provide for savings in the billions

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and direct access for millions who can use the centers as their health care home. On June 25, the Government Accountability Office reported that medical liability insurance costs are a significant barrier to volunteerism at federally-funded clinics. Granting volunteers FTCA liability protection would add a mere \$1.5 million in annual expenditures on top of the \$15 - \$20 million already spent on FTCA claims.

- Require pharmacy review for any patient on certain classes of drugs or on multiple drugs. Purpose: avoid pharmacy errors and preventable complications. Medicare and Medicaid could pay just \$5.00 for a pharmacist review and save billions in medication errors.
- Establish standards for disease management for the top five chronic diseases (heart disease, cancer, stroke, chronic obstructive pulmonary disease and diabetes) that account for 75% of health care dollars and diseases that are often mismanaged. Medicare and Medicaid should be required to pay for some level of management for defined types of cases.
- Establish Standards of Clinical Excellence developed by clinicians, university researchers and healthcare providers for doctors to reference in determining delivery of care for patients. The wide variability nationwide in treatments and medication use is often below clinical efficacy. This accounts for billions in wasted dollars. Standards of Clinical Excellence would be updated regularly and be part of what doctors can easily access in an “intelligent” electronic medical records and could be applied as models of care, but doctors would have the authority to tailor the treatment to the unique needs of the patients.
- Initiate a “blue ribbon” non-political review of Medicare and Medicaid in to identify every single bureaucratic barrier and inefficiency in Medicare and Medicaid. Identifying and fixing these inefficiencies would allow more money to be dedicated to improved care, not simply payment for services rendered.

These are just a few areas that we can review. I look forward to meeting to discuss further as we work together on meaningful healthcare reforms. Please have your appropriate staff member contact my Chief of Staff, Susan Mosychuk, at (202) 225-2301 at your earliest convenience to arrange.

Sincerely,

A handwritten signature in black ink that reads "Tim Murphy". The signature is written in a cursive, flowing style with a large, prominent "T" and "M".

Tim Murphy
Member of Congress