

(Washington, DC) – Rep. Rush Holt (NJ-12) today voted for – in the House Committee on Education and Labor – the America’s Affordable Health Choice Act, legislation introduced in the House, with the intention of extending coverage to all Americans, improving the quality of care, expanding preventative care, and reducing the health care costs that Americans pay. The reform proposal would build on the existing system, so that if people are happy with the insurance they have, they can keep it. While helping to pass the bill in Committee, Holt noted that this is an intermediate step in the legislative process and that he wants to continue to improve the bill, strengthening the parts providing for a public option, small business benefits, and training for health care workers.

In June, Holt hosted a group of Central New Jersey primary care and patient advocates in Washington to hear their experiences on the front-line of health care and meet with leaders in health reform. For example, a pediatrician shared her story that primary care providers like her are struggling to see more patients, while receiving lower payments from insurance companies for her primary care services. On Monday, Holt held a roundtable at the Henry J. Austin Health Center in Trenton. Participants included small business owners, patient advocates, health care providers, doctors and nurses.

“We no longer can accept the status quo. I believe this year we will reform our broken health care system, but I know this will not be easy,” Holt said. “Since Teddy Roosevelt was President, the Congress has tried to pass universal health reform. However, with Presidential leadership, a supportive Congress, and an American public that understands what is at stake, the table is set for historic reform. As primary care providers and patients from Central New Jersey have told me, we must fix our health care system to keep individuals healthy, prevent diseases, and provide health security for all Americans. Today we have taken an important, though not final, step.”

A summary of the legislation can be found at <http://edlabor.house.gov/documents/111/pdf/publications/AAHCA-BILLSUMMARY-071409.pdf>

In supporting the bill in Committee, Holt highlighted two features: creating a public health insurance plan and increasing the resources devoted to primary care. Holt argued that a public health insurance plan needs to be included to lower costs and improve health care delivery. In addition to increasing competition, Holt said, a public plan would provide a way to inject innovative strategies to deliver higher-quality and lower-cost health care, such as encouraging integrated medical care and increasing primary care. Holt also noted that the legislation includes several proposals to improve primary care by increasing the workforce and enlarging community health centers.

“In 2009, health care spending is projected to reach \$8,160 per person, an amount sufficient to provide excellent care for everyone, yet 46 million Americans lack insurance and millions more have coverage that doesn’t meet their needs. Without health reform, businesses’ costs will continue to increase, families’ out-of-pocket costs will rise, and American workers will not receive the health care they need,” Holt said.

In addition to these provisions, Holt succeeded in adding two amendments to the legislation. One amendment would provide additional job training in order to expand the health care workforce. The White House Council on Economic Advisors released a report this week noting that the number of health care practitioner jobs, such as physicians and nurse practitioners, will grow by 35 percent between 2000 and 2016. Demand for health care support occupations, including medical records and health information technicians, clinical laboratory technicians, and physical therapists are expected to increase by 48 percent.

The bill would create a competitive National Health Workforce Online Training Grant program for universities, community colleges, non-profits, workforce investment boards, and others to increase the number of online training programs for individuals seeking health care jobs. Grant recipients would be required to reach out to workforce investment boards, local governments, educational institutions, and other workforce training organizations to disseminate their knowledge. The bill also would establish an online health professions training program clearinghouse, which would collect and nationally disseminate the best practices learned by grantees.

The online job program would support programs similar to one offered by Rutgers University and the New Jersey Department of Labor and Workforce Development. The Director of the Rutgers Center for Women and Work, Dr. Eileen Applebaum, and Assistant Professor and Senior Research Scientist, Dr. Mary Gatta commended Holt for including the amendment.

“As so much research, including our own, has demonstrated online learning provides significant benefits and advantages to dislocated and incumbent workers in developing and expanding their skills to compete in our economy,” Appelbaum and Gatta wrote in a letter. “Online learning provides accessible, flexible, cost-effective, and most-up-to date training. This is particularly important in the healthcare fields, as there are significant shortages of skilled workers in several fields, and existing workers must ensure that their skills are compatible with job demands.”

Another amendment, which Holt cosponsored with Subcommittee Chair Rob Andrews and Reps. Phil Hare and Donald Payne would create small employer benefit arrangements (SEBAs), which provide a new way for affiliated small businesses to join together to offer health insurance and other benefits to their employees.

Holt first learned about SEBAs from Wilson H. Beebe, Jr., Chairman, the Alliance for Employee Benefit Cooperatives and Executive Director, New Jersey State Funeral Directors Association. Beebe recognized the work of Holt and others for including the amendment in the legislation.

“We appreciate all of their hard work and are lucky to have such effective legislators representing us in Washington,” Beebe said. “Self-governed SEBAs will assist small businesses in taking advantage of the opportunities provided by national health reform. By allowing SEBAs to negotiate premium and plan design on the basis of occupational demographics and administrative economies of scale, we expect to further reduce premium costs. Moreover, we can provide professional evaluation of the plan options available in the market-place suitable to our membership and workforce.”

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