



Statement of Debra L. Ness
President, National Partnership for Women & Families
House Committee on Energy & Commerce
Subcommittee on Health
Hearing on H.R. 1740, 1691, 2279, and 995
October 7, 2009

Chairman Pallone, Ranking Member Deal, and members of the Subcommittee on Health, thank you for the opportunity to participate in this hearing regarding the prevention and treatment of breast cancer.

The National Partnership for Women & Families is a non-profit, non-partisan advocacy organization with over three and a half decades of experience promoting access to quality health care, fairness in the workplace, and policies that help women and men meet the dual demands of work and family. Over the past 15 years, the National Partnership has brought together a wide range of consumer and patient groups to push for meaningful reforms of our health care system -- focusing on improving quality, getting costs under control and expanding affordable coverage. We are pleased to support the efforts of this Subcommittee and others in Congress to enact comprehensive health care reform this year.

Health care reform is essential to the well-being of women and families, and the long-term economic vitality of our nation. For women, health care reform must include:

- *Affordable and adequate coverage.* The high cost of health care is a huge problem for women, who are more likely to need and use services but often have less ability to pay.
- *Meaningful choices.* Today, far too many women face no or limited choice of insurance coverage.
- *Strong market protections.* Insurance companies can turn women away because of their health status, raise rates simply because of their gender, drop coverage if they get sick, and delay or deny essential care.
- *Quality health care.* Today's health care system is largely blind to quality, outcomes, or the appropriateness of the care delivered and received. Women and people of color tend to receive lower quality health care. (And as Ms. Castor has so eloquently pointed out, this is particularly true with breast cancer treatment, in which it has been found that African-American women are more likely to receive substandard care after a breast cancer diagnosis than White women. Further, substantial disparities exist regarding diagnosis and treatment for all cancers). In addition, women who serve as caregivers, either of young children or aging parents, face a system incapable of providing adequate coordination, continuity or quality care.

This is a historic moment – a moment of great opportunity. For the first time in decades, Congress is poised to enact comprehensive reform that would vastly improve the lives and well-being of America’s women and families. We thank this Subcommittee for its leadership and commitment to reform, and are pleased to endorse H.R. 3200, “America’s Affordable Health Choices Act of 2009”, because it:

- Provides meaningful financial assistance to help low- and middle-income families purchase coverage.
- Ensures that insurance policies provide adequate coverage and a broad scope of benefits, consistent with medical evidence.
- Creates a health insurance exchange with strong patient protections, fostering a transparent marketplace where insurers compete for enrollees based on the quality and cost of their benefit packages.
- Sets a federal floor of insurance market protections so that no insurer can deny or drop people from coverage because of their health status or pre-existing conditions, or raise rates based on gender or health status. We also strongly support the provisions that would ban lifetime and annual caps on coverage, which can put a devastating financial burden on people with serious illness or chronic conditions.
- Charts a pathway for real delivery system reform. While it may not get the headlines, one of the most important things H.R. 3200 does is establish new and better incentives for a health care system in which patients receive the right care, at the right time, and for the right reason, and we make better use of and get more value for our health care dollars.

H.R. 3200 helps to shore up primary care for patients, encourages better care coordination through new payment models such as bundling, accountable care organizations, and medical homes, and supports these new payment models with comparative effectiveness research, workforce development, better data collection and quality measurement and improvement.

It is the development and use of quality measures that I am here today to discuss, for breast cancer care and for our system as a whole. The assessment of provider performance and the use of measures to generate better accountability are critical to the delivery system reforms outlined in H.R. 3200. Without the right measures and measurement, we can’t know if we are delivering better quality or more patient-centered care; we can’t tell if we are using our health care dollars effectively, and we can’t transition to value- as opposed to volume- based payment. Without good measurement, we can’t assess and eliminate disparities, and we can’t tell whether new payment models like ACOs, medical homes, or bundled payment are resulting in better care for patients or leading to adverse results like under-use or cherry picking. Without good measurement, we simply cannot achieve the quality, effective care that all patients need and deserve.

Congresswoman Castor has clearly recognized the importance of measurement in her bill, H.R. 2279, the “Eliminating Disparities in Breast Cancer Treatment Act of 2009.” Ms. Castor, I applaud you for your commitment and leadership on women’s health issues. We share your goals of moving our delivery system to reward value over volume, incentivize quality and accountability, improve patient experience of care, and eliminate disparities in access and treatment.

We particularly appreciate the provisions of H.R. 2279 that move us towards quality measurement and public reporting at the individual provider level, and the implementation of a value-based

purchasing program. We believe that these elements – measurement, reporting, quality improvement, and the right payment incentives – are critical to the broader delivery system reforms contemplated in the health reform debate. Therefore, we stand ready to work with you and your colleagues to develop and implement a pathway for these reforms. But we urge that we do so in a way that benefits *all* patients, no matter what their condition or diagnosis, and in a way that generates accountability for quality and patient care among all providers and in all care settings.

It is this vision that led the National Partnership to work with a broad group of health care stakeholders – including the American Medical Association, America’s Health Insurance Plans (AHIP), the American Hospital Association, major employers, AARP, the AFL-CIO and many consumer groups, who all share the belief that good performance measurement is the necessary platform for the payment and delivery system changes that will get us to better quality and lower costs. This group, which now includes more than 200 endorsing organizations and has come to be called “Stand for Quality”, issued a set of recommendations earlier this year that call for:

- **A national, comprehensive strategy that includes:**
 - Setting priorities for measurement,
 - Developing measures (especially in critical areas like outcomes, functional status, disparities, and care coordination),
 - Endorsing and maintaining measures as national standards, so that everyone uses the same measures, reducing the burden on providers and helping consumers and purchasers make apples-to-apples comparisons.
 - Collecting and analyzing measurement data – both public and private - across providers and settings, and
 - Using measurement data for quality improvement, public reporting, and payment.
- **Use of a multi-stakeholder consultative process to inform and make recommendations to the Secretary on all the above functions.** We should build on the current infrastructure of public-private partnerships that has evolved over the last decade because, for the first time, it has enabled consumer and purchaser voices to play a major role, alongside the provider community, in shaping and driving the measurement agenda. Further, it fosters the necessary “buy-in” from all the stakeholders, which is essential to make measurement, quality improvement, and cost reduction work over the long-term.
- **To the extent possible, use of nationally endorsed measures recommended through the multi-stakeholder process.** And where this is not possible, and non-endorsed measures are used, the Secretary should use a transparent rationale and when appropriate submit the measures for consensus-based national endorsement.

We are pleased that H.R. 3200 has incorporated the Stand for Quality recommendations and applaud the members of this subcommittee for their leadership in recognizing that a comprehensive strategy for quality measurement and improvement is the critical foundation for the delivery system reforms that will make health insurance reform sustainable over the long term.

Mr. Chairman, and members of this subcommittee, I thank you for the opportunity to testify here today, and I look forward to working with you to ensure passage of a health care reform bill that will improve access to quality, affordable and equitable care for all Americans.

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