

## **2006–2007 Viste Public Policy Fellowship Final Report**

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The year passed quickly during my tenure on the Senate Finance Committee's health team. The adjustment to a new and different environment was longer and more difficult than I expected, but well worth it. Capitol Hill is truly a unique environment that is almost impossible to describe, and input from professionals is both needed and appreciated. The inner workings of Capitol Hill need to be experienced [first-hand] for it to be fully understood; making this fellowship all the more valuable.

After the initial adjustment, I was able to work on many different projects including, policy development, hearings, mark-ups of legislation, speech writing, directly advising the Senator, and meetings with industry and constituents. Because the Finance Committee has jurisdiction over Medicare and Medicaid, I was able to contribute to issues that directly impact the practice of medicine. My real world experience was sought after and greatly valued by the committee staff and Senators. I worked on broad health care reform, but primarily worked on Medicare Part B and D, and Medicaid disability issues.

The Medicare Part B issue that I worked on was physician payment. This included evaluation of the current complicated SGR formula, ideas to replace it, a hearing, and legislation to address the scheduled 10-percent physician payment cut next year. There were many consultations with MedPAC, academicians and economists on how to fix the flawed system, in addition to meetings with physicians, patients and advocates.

The primary Medicare Part D issue I worked on was the exclusion of benzodiazepines and barbiturates as a protected class of drugs on the Part D formulary. The cost estimate to include them as a protected class from the congressional budget office was \$8 billion annually. I worked with the congressional budget office to re-do the estimate and consider how the exclusion influenced the cost of increased emergency room visits, substitutions to more expensive medicines and quality of life when forced to switch to a less effective medication. It was very satisfying when the new cost estimate was 1/10th of the initial estimate after considering these and other factors. My background was instrumental to the understanding of the issue and it is likely that benzodiazepines and barbiturates will be added as another protected class in the Part D program.

The most gratifying experience was taking the lead on a hearing on Medicaid payment for long-term care and home and community-based services from beginning to end. I worked with the minority staff to interview witnesses and agree on the scope of the hearing, wrote memos, the Senator's opening statement and questions to be asked at the hearing, gathered background material and acquired a complete understanding of the issues. I also prepared a legislative assistant briefing for the other Senators on the committee. I was able to brief the Senator, review his opening statement with him, and answered any questions he had during the hearing.



Health care reform will be a prominent issue in the coming years. It is vital that physicians be part of the process. I learned many valuable lessons this year, with the most important that you must get involved and be at the table for your issues to be heard.