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**VOR Weekly E-Mail Update**  
**December 12, 2008**  
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**1. HHS Will Be Shepherding Health-Care Reform**  
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**Note:** This week, former Senator Tom Daschle, was confirmed by the Senate to be President-Elect Obama's Secretary of Health and Human Services. As the following article indicates, as Health and Human Services chief, Daschle will be responsible for helping set health care policy, to include Medicaid, Medicare and related disability programs. Daschle has been the head of the health care working group in the Obama transition team. Democratic officials shied away from a term some are throwing around -- "health care czar" -- but say Daschle "is likely to play a leading role in the passage of health care reform and the strategy to implement it." Daschle has written a book on health care reform - "Critical: What can we do about the health-care crisis" -- which provides ample insight into his personal vision.

**HHS Will Be Shepherding Health-Care Reform  
Even Without That Task, Huge Agency Poses Challenges**  
**By Ceci Connolly**  
**Washington Post Staff Writer**  
**Friday, December 5, 2008; A02**

Under the best of circumstances, overseeing the Department of Health and Human Services is an enormous undertaking. With 65,000 employees and a budget of \$707.7 billion, it accounts for nearly one-quarter of all federal spending, second only to the Defense Department.

But in the Obama administration the job is taking on a second, perhaps more daunting, responsibility: shepherding health-care reform legislation through Congress.

Unlike his predecessors, Thomas A. Daschle, President-elect Barack Obama's choice for HHS secretary, will be given an expanded role, leading administration efforts to overhaul the U.S. health system.

"This really creates a new type of secretary," said Charles N. "Chip" Kahn III, president of the Federation of American Hospitals. In the past, "HHS was more or less a service organization to the White House," while White House advisers drove policy initiatives.

In broad terms, Obama campaigned on the idea of reducing medical costs, improving quality and eventually achieving universal insurance coverage. He promised to cover every child and to reduce the average family's medical bill by \$2,500 a year. He advocated a greater emphasis on prevention and expanding participation in the government-subsidized Medicare and Medicaid programs.

"There are two aspects to the challenge of pushing for health reform," said Dan Mendelson, a budget and health adviser in the Clinton administration. "One is to get the right concepts together with what Congress wants to do, and the other is managing the disparate concepts and generous egos."

A serious restructuring of the health system will require extensive data and analytic capabilities to dissect the proposed changes and the impact they might have, said Karen Davis, president of the Commonwealth Fund, a private, nonpartisan research foundation. "Right now, there's nothing other than the Office of the Actuary to do back-of-the-envelope estimates," she said.

With the expectation that Daschle, a former Senate majority leader, will focus heavily on crafting and pushing legislation, there will be an even greater need for a strong No. 2. HHS is a collection of 11 agencies including the Food and Drug Administration, the National Institutes of Health, the Centers for Medicare and Medicaid Services, and the Centers for Disease Control and Prevention.

"He'll need to have deputies who are well-versed in the agency as a whole and who can manage the ongoing operation of HHS while he leads the health reform discussions," said Len Nichols, director of health policy at the New America Foundation. One of those will likely be Jeanne Lambrew, a veteran of the Clinton administration and a co-author of Daschle's book "Critical: What We Can Do About the Health-Care Crisis."

Lambrew, in a chapter of a book published by the liberal Center for American Progress outlining a proposed agenda for the incoming president, agreed that fixing the health system is a top priority. However, she noted, "these urgent problems overshadow persistent, neglected and potentially deadly infrastructure gaps in the system."

According to her assessment, the nation's ability to respond to natural or man-made crises is weak, as evidenced by the poor response to Hurricane Katrina. Chronic illnesses such as diabetes have been given short shrift, and little has been done to prepare for the long-term health needs of an aging population.

The Commonwealth Fund, after interviewing two dozen health leaders, issued its own set of recommendations. It urged the next administration to make a "real focus on what it takes to improve health outcomes," as opposed to secondary issues related to insurance markets, Davis said. That means tackling childhood obesity, racial disparities and preventable illnesses.

Both Lambrew and Davis cited several instances in which they said ideology or political philosophy trumped science in the Bush administration. Many of those had to do with sexuality and reproductive health, embryonic stem cells and allowing private firms to shape Medicare insurance plans.

Tommy G. Thompson, who served as HHS secretary during the first term of President Bush, did not dispute criticism that politics factored into promotion of abstinence-only programs and Bush's refusal to fund embryonic stem cell research. But Thompson disputed the notion that ideology extended beyond those issues.

He said the next secretary should act swiftly to stabilize the oft-neglected FDA, appoint "competent administrators" in core divisions such as the NIH and the CDC, and continue to bolster the nation's preparedness for biological, chemical, radiological and nuclear attacks.

HHS spokesman Bill Hall offered a similar list of core challenges, including greater attention to food and drug safety, strengthening terrorism preparedness and moving toward wider adoption of electronic medical records.

In his 2004 State of the Union address, Bush promoted the use of electronic medical records, but the administration's efforts have been slow and modest, several experts said.

Beginning in January, Medicare will provide 2 percent bonuses to doctors who write electronic prescriptions. Mendelson said the administration has the leverage as the largest health-care purchaser in the country to push more physicians to adopt more technology, more rapidly. "They could say, 'If you want the privilege of taking care of Medicare patients, you have to use electronic medical records,' " he said.

In her article, Lambrew suggested using expansions of the Medicaid program -- such as raising income eligibility limits -- to extend coverage to more Americans. It is a strategy the Bush administration often opposed. But even if Obama's HHS is philosophically inclined to permit those expansions, it will not be easy. Most states, which help underwrite the program, are broke.

## STATE NEWS

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### 2. ALABAMA P&A group calls for state to shut down Partlow

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**Note:** A Tuscaloosa News article suggests that the Alabama P&As (ADAP) charges relating to quality of care at Partlow Developmental Center may be exaggerated. For example, the Dec. 10 article states that reports of mold come from a building on campus that has not been used by residents for months; and a photo of a dirty bathroom "was made in a building used for storage and not accessible to residents." VOR will continue to seek reforms relating to the federal Protection and Advocacy system.

**Alabama group calls for state to shut down Partlow  
The Birmingham News**

**Dec. 10, 2008**

The Alabama Disabilities Advocacy Program, the state's "protection and advocacy" agency, on Monday urged the state to shut down the state's last institution for people with intellectual disabilities by the fall of 2009.

The W.D. Partlow Developmental Center in Tuscaloosa has 200 residents.

"The institution is antiquated, poorly maintained and a waste of taxpayer money," said Ellen Gillespie, executive director of ADAP.

ADAP held a press conference Monday to present the findings on an investigation into the facility. Gillespie said the report was compiled through personal observations and a review of state inspection reports of the facility.

A spokesman for the state Department of Mental Health disputed the findings. He said many of Partlow's residents have health or behavioral issues that make it difficult for them to live in a group home or were turned down community placement

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**3. ILLINOIS: Families desperate to keep Howe open**  
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**The Southtown Star  
December 7, 2008  
By Elisabeth Kilpatrick, Staff Writer**

Braving the cold and snow, dozens of family members showed up Saturday at Howe Developmental Center with an urgent plea: Don't close the center.

"It would be a tragedy," said a tearful Bonita Nagra, whose son David has lived at Howe for 33 years.

Howe's days may be numbered after the Department of Human Services announced this fall that it wants to close the facility and neighboring Tinley Park Mental Health Center by next July. State Sen. Maggie Crotty (D-Oak Forest) organized Saturday's informal meeting, attended by a half-dozen state legislators, to hear from parents and guardians on the impact of shuttering Howe.

"Every time I meet with you, I learn something new," she told the group.

A deep love for the center and its staff was apparent at the hearing as emotional family members described Howe as a caring home.

"They know him better than anyone else," Nagra said of David's caretakers. "They can read his mind."

Watchdog group Equip for Equality has made allegations of abuse and neglect by Howe caretakers, and the center was decertified and stripped of its federal funding last year for supposedly providing substandard care. But Saturday, family members painted a different picture of Howe's staff, describing them as doting professionals who visit sick residents in the hospital, carefully monitor their health at the center and work to keep them as independent as possible.

Mike Thompson, whose brother Joe has lived at Howe since 1973, said a staffer even organized an overnight trip to a wheelchair-friendly campground downstate for several residents on his own time.

"They don't punch clocks," Thompson said. "These people are involved with their work." Family members also worry that a move would be a shock to the often fragile systems of Howe's residents. Darlene Fagan said her brother Kevin regressed into self-abuse when he had to move from one room to another at Howe.

"To have him uprooted again is very hard," she said, choking back tears.

The question of where residents will go is also troubling their families, who worry that the community-based facilities that Equip for Equality has touted would be a poor substitute for Howe. DHS has said that about 75 of Howe's 300 residents would move to community-based care, while the remaining residents would move to other state-run institutions.

Jack Reed said he toured a community-based home for his sister, who has Down Syndrome, and the caretaker in charge left several residents alone to handle a family emergency.

"My sister would get eaten alive over there," he said.

Family members are also suspicious of the state's intentions, accusing Gov. Rod Blagojevich of eyeing a Howe closure to save money. The state is losing \$30 million a year because Howe's decertification means no Medicaid reimbursement from the federal government.

"I think it's a tragedy that there's more concern about money than the lives of people," said Barbara Moaton, whose brother Roy Haney has lived at Howe for 27 years. "They're not just any people, they're special people."

With commercial development around Howe's site at 183rd Street and Harlem Avenue, Reed said, officials seem tempted to cash in by selling the valuable piece of property.

"There's an element of 'not in my backyard' with this institution, and it's a shame," he said.

Lawmakers at the meeting vowed to make the testimony of Howe families heard in Springfield, though they warned the battle would be difficult. Because of Howe's decertification, the governor has the final say on whether Howe is closed.

"None of us here can make promises, but we'll do our best," state Sen. Ed Maloney (D-Chicago) said.

A formal public hearing on Howe's fate, as well as the Tinley Park Mental Health Center's, is scheduled for 4 p.m. Thursday at the Tinley Park Convention Center, 18501 S. Harlem Ave. The bipartisan Commission on Government Forecasting and Accountability, which is holding the public hearing, will make a recommendation to the governor on the closures.

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#### **4. MARYLAND: Rosewood state hospital begins winding down in Owings Mills**

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##### **Close to 300 employees to find new posts**

**The Community Times**

**By Baxter Smith**

State health officials have said that the closing of the Rosewood Center in Owings Mills is proceeding orderly, with some patients expected to transfer to Springfield Hospital Center in Sykesville shortly and personnel officers trying to find jobs for displaced Rosewood workers.

The state hospital has operated for more than 100 years, treating people with developmental disabilities.

In recent years parts of the Rosewood complex have closed, with buildings going unused and patients sent elsewhere. Some parcels of the complex were sold or redeveloped. The county wants a portion of the land for a public school.

Meanwhile, state health officials sought to assure Sykesville residents at September and October community meetings that the Springfield facility would be secure enough to accommodate nine more so-called "forensic" patients from Rosewood. Springfield already has 180 forensic patients, who are individuals whose mental state is such that they are incompetent to stand trial.

In January officials announced that Rosewood would be closed completely by next June.

As of mid-November, 30 percent of Rosewood employees had been placed in other state jobs, while 12 percent had resigned or retired.

"I recognize that this is a very difficult situation for many of our employees," John M. Colmers, secretary of the Department of Health and Mental Hygiene, said in a statement. "We have and will continue to identify job openings, offer career training seminars, hold job fairs and more so each of these employees remains in the workforce."

The 295 remaining Rosewood staff received letters last month on their employment status. Eighty-eight are to be furloughed Jan. 15. Others will be furloughed at undetermined dates from then until June 30 when Rosewood closes.

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**Tamie Hopp**

**CORRECTION:** The VOR December 12 Weekly E-Mail Update indicates that former Senator Tom Daschle has been confirmed as HHS Secretary. As many alert readers pointed out, he has only been nominated. His nomination will be presented to the Senate after President-Elect Obama takes office in January 2009. A related article for your interest follows.

**Daschle Tapped for HHS Secretary**  
**From Access to Health Care to Questions of Bioethics, Slew of Challenges Await**  
**By LISA STARK, BRIAN HARTMAN and KATE BARRETT**  
**Nov. 19, 2008-**

President-elect Barack Obama Wednesday named former Sen. Tom Daschle to lead the nation's Department of Health and Human Services.

Daschle, D-S.D., is one of Obama's first Cabinet picks. If confirmed by the Senate, he will replace HHS Secretary Michael Leavitt in guiding critical, high-profile federal agencies, including the Food and Drug Administration (FDA), the Centers for Disease Control and Prevention (CDC), the Centers for Medicare and Medicaid Services (CMS) and the National Institutes of Health (NIH). The massive job includes oversight of a department budget that exceeded \$707 billion for fiscal year 2008.

Daschle was Senate majority leader under President Clinton. Even before Obama was elected, he had reportedly told confidantes he was most interested in a position at HHS because he thought health care would be one of the most important issues facing the new administration.

His book, "Critical: What We Can Do About the Health Care Crisis," was published in February this year.

"By almost any measure, the situation is grim," he wrote in his book. "We like to boast that we have the highest standard of living in the world, and yet, at the dawn of the twenty-first century, we are the only industrialized nation that does not guarantee necessary health care to all of its citizens. It is stunning and shameful."

Health care group Families USA Wednesday was quick to react to Obama's selection.

"The appointment of Sen. Daschle as secretary of the Health and Human Services Department is the best news possible for those who want to achieve meaningful health care reform," said Families USA executive director Ron Pollack in a statement.

The RNC, however, took a different stance.

"Barack Obama is filling his administration with long-time Washington insiders," said RNC spokesman Alex Conant. "Since losing his Senate seat, Tom Daschle has worked for a major lobbying firm. For voters hoping to see new faces and fewer lobbyist connections in government, Daschle's nomination will be another disappointment."

### **Challenges Facing HHS**

Daschle will have his work cut out for him, with enormous challenges facing the agencies under HHS' purview. Top priorities awaiting the next secretary of Health and Human Services include:

#### **Access to Health Care**

President-elect Obama said one of his top priorities will be giving everyone access to affordable health care. It's expected to be one of the first orders of business and an aggressive goal -- one that eluded President Clinton. Daschle will lead that charge.

Obama advisers already are working with key members of Congress to hash out the plan for universal coverage. In addition to running the agency that will implement whatever plan comes out of Congress, Daschle also has been named to lead Obama's team that will help create that plan.

At a bipartisan health care strategy meeting today on Capitol Hill, Sen. Mike Enzi, R-Wyo., ranking member of the Senate's Health, Education Labor and Pensions Committee, said he thought a health care bill would be one of the first bills considered after Congress reconvenes in January.

On the campaign trail, Obama promised to let people keep their current insurance if they like it. But they also would have the option of buying coverage from the sort of cooperative that's available to federal employees. People who can't afford to buy coverage would get help from the federal government. His plan also would force insurance companies to cover pre-existing conditions while also trying to block the skyrocketing costs of medical care. Whatever the final contours, this plan will have a huge impact on powerful forces: patients, doctors, hospitals, insurers and drug companies.

Daschle will be at ground zero of the same sort of massive lobbying battle that hamstrung then-first lady Hillary Rodham Clinton.

#### **Medicare Part D**

Passed under the Bush administration, Medicare Part D was the largest expansion to the Medicare program since its inception. Under Part D, the government pays for some of the cost of prescription drugs for seniors and others on Medicare. The president -elect supports the program but with some major changes -- chief among them, allowing the federal government to negotiate for lower drug prices for the Medicare program.

The new administration also wants to try to close the so-called "doughnut hole." Seniors who have already had a certain amount of their drug costs covered by the government fall into that "hole," where the government will no longer reimburse for prescription drugs until seniors have paid out a certain amount of their own money. Then the government again picks up coverage.

### **Food and Drug Safety**

At the FDA, concerns about food and drug safety reached new levels on the Bush administration's watch. Concerns about the safety of diabetes drug Avandia and recalls of the painkiller Vioxx have some wondering whether the FDA is effectively regulating drugmakers. Consumers have also worried about whether the FDA has been doing enough to inspect foreign food and drug plants, as the FDA has recently been tasked with identifying the source of salmonella outbreaks, blocking the import of Chinese milk products, and zeroing in on where along its international supply chain the blood thinner heparin became tainted.

### **Questions of Bioethics**

Whether considering stem cell research, access to birth control, abortion, abstinence education or terminally ill patients, the next HHS secretary will be front and center as the Obama administration navigates complex questions of bioethics. President Bush signed an executive order that banned federal funding for stem cell research -- housed at NIH -- except for lines already in use. The new administration could reverse that decision with a new executive order permitting federal funding for embryonic stem cell research, a stance opposed by the U.S. Conference of Catholic Bishops.

### **Increasing SCHIP and Medicaid Payments**

One of the first orders of business for HHS is likely to be expanding the State Children's Health Insurance Program (SCHIP), which provides health coverage to children of low-income families. Bush has vetoed efforts in Congress to expand SCHIP in the past. House Speaker Nancy Pelosi has said quickly sending a new SCHIP expansion to President Obama will be near the top of the to-do list for the next Congress.

The incoming HHS secretary is likely to take some steps, too. Jeanne Lambrew, a former Clinton HHS official who helped co-write Daschle's health care book, said SCHIP expansion should be first on Daschle's list.

In an essay she wrote for the Center for American Progress, a think tank that appears to provide the intellectual blueprint for much of Obama's agenda, Lambrew said, "An immediate step for the new president is to lift constraints on the expansion of state health insurance programs imposed by a set of administrative policies established by President Bush. Despite a growing uninsured population, the Bush administration implemented a number of executive-branch policies that limit states' ability to expand Medicaid and the State Children's Health Insurance Program. ... The new HHS secretary should immediately roll back or amend these policies."

### **Electronic Health Records**

In an effort to curb medical errors and save time and money, Obama has also advocated requiring a standard for electronic health records. The current administration under Leavitt has made a significant push towards transitioning from paper to electronic records, navigating concerns about patient privacy along the way. It has advocated for a standardized system, free-of-charge, and it's expected the next administration will continue that effort.

### **Number of HHS Positions for Political Appointees**

Of the 64,750 employees with the Department of Health and Human Services, 140 are political appointees. At the FDA, there are just three political positions: commissioner, head of legal affairs, and senior advisor in chief of staff's office.

About a dozen of HHS' political positions require Senate confirmation, including Daschle's. Those requiring Senate confirmation also include the heads of the NIH, CMS, FDA, Administration on Aging and on Children and Families, and Indian Health Service, and the surgeon general.

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**Happy Holidays VOR! Here's my contribution in support of VOR's effective advocacy on behalf of people with mental retardation.**

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THANK YOU!!