

Pete Stark has hardly mellowed after more than 30 years on Capitol Hill. First elected as an anti-Vietnam War candidate, this septuagenarian is still often described as "a firebrand" or "hot tempered." As the senior Democrat on the Health Subcommittee since the mid-80s, Stark of California still wants to get big things done and fast—and he isn't afraid to ruffle a few feathers to do so.

Recently over a turkey and avocado sandwich washed down with a Diet Coke, Stark propped his brown Allen Edmond loafers on his desk and shared what he'd like to accomplish now that he's back wielding the gavel for the first time in 12 years.

*Bipartisanship and comity are buzz words around the Ways and Means Committee since Democrats have taken over. How's it working for you?*

Well, I think thus far, to be fair, we have reached out on our subcommittee perhaps even more than any other group on the Ways and Means Committee. And we've been having bipartisan seminars to bring people up to date about the issues. We have tried to let their staff participate in setting up hearings and then in the end they've, I thought, brought witnesses in who really didn't have any place being there. They brought in a woman to tell her story about how Medicare Advantage was helping to make her life better when the hearing was clearly not on Medicare Advantage. All I say to them is, look... Are you going to use these hearing to make political points or really work with me to make them educational and get us up to speed so we can make some decent decisions?

*Is it your mission to depart from the way it was run under the Republicans where the committee hearings were more for show rather than for education?*

Yeah, I mean one of the reasons I think that the Republican have enjoyed it with us, is that [Former Chairman Bill] Thomas never let them participate. There are 12 other members on the subcommittee and I don't think any of them have gone through a reconciliation process. Thomas laid down the gauntlet and said this is what you are going to do, and they don't disagree with that. And for the most part, Medicare, I mean what's partisan for gosh sake about revising the way we reimburse physicians? I mean we might have different ideas, let's say we do it this way for rural doctors, but this isn't a partisan fight. I mean the doctors are unanimous in saying we got to do something to fix their reimbursement plan.

[Health Ranking Member Dave] Camp and I both say we aren't sure what the best way to go is. So let's bring the doctors in and let them offer suggestions, we bring MEDPAC, we are just trying to learn as much as we can, so we don't get the plans screwed up the way it was in '97. And, I think they appreciate it, but I

think every once in awhile there's something that comes up. I don't know whether it's the staff or whether it's their leadership, but somebody wants to make a political issue of it. Well, I can do that as good as the next guy – I learned from an expert like Bill Thomas.

*But you are trying to not go down that road?*

No, but if they want me to be a jerk, well then I got a good road map on how to get there.

*This is your second time around as chairman of the Health Subcommittee, what's it like this time around?*

I've been a new chairman on the subcommittee three times before. My first subcommittee was called Welfare, I don't know what the hell they call it now [Income Security and Family Support]. That was my first subcommittee. Then it was what I called "The Tiny Tax Committee," what ever the hell that is [Select Revenue Measures]. I chaired that, for a number of years, I was happy as a clam and then [Charlie Rangel] kicked me out. Yeah, I think, when was it? In '84 or '85 I had Select Revenue, Jake Pickle had social security and I think Charlie had Oversight. Jake just reformed the Social Security Reform Act, so there was nothing left to do in Social Security. So Jake decided to take Oversight, so Charlie called me and said "Pete, I'm going to take Select Revenues." So I looked around and all that was left was either Health, or Social Security. Well I knew Social Security wasn't going to be good, so I took Health. And that was it. I had never been on the subcommittee on Health. But that's how it works on the Ways and Means Committee.

*So now that the Democrats are back in the majority and you're chairman of Health, what can be done to distinguish yourself, particular with issues in your jurisdiction?*

When, this year?

*Sure or this Congress?*

Oversight, that's one. We have new majority, we are nervous to keep it, to try and protect it, most of them are conservative Democrats. So that anything that is as radical, I think it would be discouraged and I'm not sure I could pass it out of the caucus.

*The caucus of Ways and Means Democrats or the broader Democratic caucus?*

Well, firstly the broader Democratic caucus, although the Ways and Means members are untested. But for instance, we aren't going to have universal health care, this year. First of all, it takes money and we ain't gonna go vote higher taxes. We're not going to be able to force the drug companies to negotiate or the secretary to negotiate better prices, those will probably get vetoed.

So, we are going to be relegated to maybe raising money to pay for [State Children's Health Insurance Programs], beginning to change the reimbursement plan for physicians. Perhaps, change the way we pay for Medicare Advantage Plan and do a lot of oversight. A consumer protection bill we may be able to get to the floor. Mental health parity is another bill that's bipartisan and doesn't cost any money.

We do have one chance in a million, to expand S-Chip and make it universal, to cover all children, but only we have to renew it this year because it expires.

Then there's '08, we never do anything courageous in even numbered years, because everyone will have their presidential candidates and each of the presidential candidates will have their own universal health care coverage bill. And so, there is no sense fighting that battle until we have a winner on both sides. But when we each have a candidate with a platform it will be too late in '08 to do anything. So, '09 gives us the first real window of opportunity to do some major changes in what we do in the delivery of medical care.

*I want to go back a bit. It's funny when you talked about how all of the presidential candidates on both sides are going to have a universal health care proposal; it almost seems like a no-brainer. But when you took over the Health Subcommittee in the mid-80's that certainly wasn't the case. It was the type of issue you had to educate people in order to get them to understand the importance of the issue. When did things change? What was the tipping point?*

I think universal coverage has come to be accepted outside of the liberal community. We liberals always fought for some kind of universal coverage. But what you've had is [former Massachusetts Governor Mitt] Romney, [California Governor Arnold] Schwarzenegger and others all saying a word that up until now has been a four letter word not to be mentioned in polite society and that's "mandate."

But they all are saying mandate; we are going to pass the law that says you must have insurance. And you got the Republicans and the chamber of commerce coming in and all say "yeah, I think its time." And the big manufacturing companies, General Motors saying we ought to have universal health care coverage because... so, the idea that we should have it, is beginning to become broadly accepted. How we get there we have major differences.

What I predict is that we are going to have four or five states that have it or are about to have it now, and they all work better or worse depending on each state you are in. But in every case they need a Medicare/Medicaid waiver, because we have to pay some of the bills for universal coverage. Give us two or three more big states with universal coverage plans, then pretty soon they'll come to us.