



## Office of Congressman Scott Murphy (NY-20)

*“Today our nation took a critical step forward by passing the Affordable Health Care for America Act. The President’s health insurance reform bill will change our fundamentally flawed health care system, expanding care to millions of Americans and slowing the out of control growth in costs that is bankrupting our families and small businesses.”*

*“This year alone our state has been rocked by premium increases that average between 13.2% to 17.2%. These spikes have devastated our families and small businesses, and this will help bring those increases to an end.”*

*“I am pleased that the final legislation reflects many of my recommendations to encourage individuals to make healthy choices, reward doctors based on quality outcomes, and combat Medicare fraud and abuse. By simply implementing several common sense policies, we can slow the rising costs of health care for New York families.”*

-Rep. Scott Murphy on Health Insurance Reform

### **The Affordable Health Care For America Act**

• Congressman Murphy’s Statement on Health Insurance Reform	2
• What the Bill Does Right Now	4
• How the Health Insurance Reform Bill Affects the 20 <sup>th</sup> Congressional District	5
• Health Insurance Reform Impact on Small Businesses	6
• Fact Sheet on Health Insurance Exchanges	7
• Eight Common Misconceptions about the <i>Affordable Health Care for America Act</i>	8
• Health Insurance Reform and What It Means For You	11
• WSJ Article: “Health Reform Passes the Cost Test”	15
• Analysis of the President’s Health Care Reform Legislation	17
• List of More than 360 Organizations Supporting Health Insurance Legislation	20
• Statements from Organizations Supporting Health Insurance Reform	24

## **CONGRESSMAN MURPHY VOTES TO PASS PRESIDENT'S HISTORIC HEALTH INSURANCE REFORM LEGISLATION**

After many months of public conversation, congressional debate, and changes to legislation, I had the opportunity Sunday night to vote on the President's health insurance reform legislation.

As I've stated since my first day in office, we need true reform of our health care system. Costs have exploded over the last decade, and our nation's fiscal future will remain in serious peril until we bring skyrocketing costs under control. In the past month alone, we've seen double-digit premium increases in New York - highlighting the fact that the system is broken and cannot be sustained. The future of our economy and our families hangs in the balance.

I am thankful for the participation of so many individuals in this discussion – it's why I've held over 100 events and meetings on health care and visited each of the 137 towns in our district. I have truly benefitted from the input of thousands of neighbors, friends, and constituents on this issue.

Last November, I voted against the House health insurance reform legislation because it did not adequately address the fundamentally flawed system that has led to skyrocketing health care costs, bankrupt families, and excessive profits for insurance companies. In the months since that vote, I have worked closely with my constituents, my colleagues in Congress, and with President Obama to address many of these concerns and ultimately strengthen this legislation.

**I voted to pass the President's health insurance reform legislation, which is fundamentally different from the House bill: it will stop the out of control growth of health care costs, protect our local industries and jobs from unfair taxes, and help small businesses create jobs - while cracking down on waste, fraud and abuse. I voted yes because of these changes and for the following reasons:**

- **This bill is fiscally conservative and slows the growth of health care costs and spending**

As a fiscal conservative, I can support a bill that takes strong steps towards reducing the deficit. This bill is fundamentally more fiscally conservative and affordable for our nation. It contains new cost cutting measures that will help to slow health care costs that have been devastating our families and small businesses. This bill represents a major step away from the fee-for-service model that has driven costs upward for far too long. It will result in dramatic savings for the American people by reducing the deficit by \$143 billion the first decade and by \$1.2 trillion in the second decade, according to the non-partisan Congressional Budget Office.

- **Supports small businesses and helps create jobs**

Small businesses are the economic engine for job creation in our economy. As a small businessman, I am keenly aware of the impact rising health care costs have on small businesses and New York's economy. The final bill makes significant improvements over the House-passed legislation by eliminating the employer mandate for small businesses, providing meaningful tax incentives, as well as creating health care exchanges that allow businesses to band together to negotiate better prices from insurance companies. Injecting this market competition into our system is critical to driving better outcomes and lower costs, and is something that I wish had existed when I ran small businesses.

- **Takes steps towards cracking down on waste, fraud and abuse**

I'm very happy to announce that this bill will save billions by cracking down on waste, fraud and abuse in Medicare and Medicaid. This is an issue where we've seen broad bipartisan support. I worked with the President to include provisions in the bill. Administrative changes that will save billions in criminal waste from the system protect tax payer dollars. I am proud that we will take great steps to drive this waste from the system.

- **Fought to protect local employers and jobs**

I am also pleased to report that, unlike in the old House bill, none of the paper mill manufacturers in our district will be subjected to any special tax. I also fought for significant changes to the proposed tax on medical products manufactured in our district. Perhaps more importantly, this bill ensures that these good paying jobs will remain in Upstate New York and won't give an edge to foreign competitors or encourage American companies to move jobs overseas. My priority remains creating jobs and getting our economy moving again, and this bill will do just that.

- **I fought against the "Slaughter Solution"**

As your representative in Congress, fighting for openness and accountability in government is one of my top priorities. In the days leading up to the health care vote, I fought strongly against the "deem and pass" procedures that would have denied the American people the right to witness a straight up or down vote on major legislation. Due to my efforts, the House rejected the so-called "Slaughter Solution" and instead considered the Senate bill and reconciliation amendments separately. I also sent a letter to House leadership asking that they pledge to give the public access to the bill for at least 72 hours before the vote. Rest assured that I will continue to lead the charge for transparency in the political process.

- **The Need for Reform**

These reforms will put health care choices back into the hands of patients and doctors, instead of profit-driven of insurance companies. Insurance companies will be banned from the predatory practices of capping lifetime benefits, refusing those with preexisting conditions, and eliminating coverage for individuals who become sick.

This new legislation will allow every American to purchase health care on an exchange, just like Members of Congress, while expanding coverage for over 30 million Americans, including 29,000 in our own district. This plan will strengthen Medicare and protect our seniors, by closing the donut hole and make prescription drugs more affordable during these tough economic times.

This year, our nation will spend over \$2.6 trillion on health care, up from \$2.3 trillion last year, and the rate of spending is only increasing in the status quo system. If we don't act today to rein in this out of control system, by the next decade we will be spending over \$7 trillion a year on health care. It's simply unaffordable.

This is why we need reform. This is why I voted yes.

## **Ten Important Improvements Health Insurance Reform Accomplishes Right Away**

**SMALL BUSINESS TAX CREDITS**—Offers tax credits to small businesses to make employee coverage more affordable. Tax credits of up to 35 percent of premiums will be immediately available to firms that choose to offer coverage. *Effective beginning for calendar year 2010. (Beginning in 2014, the small business credits will cover 50 percent of premiums.)*

**BEGINS TO CLOSE THE MEDICARE PART D DONUT HOLE**—Provides a \$250 rebate to beneficiaries who reach the Medicare Part D donut hole in 2010. *Effective for calendar year 2010. (Beginning in 2011, institutes a 50% discount on brand-name drugs in the donut hole; also completely closes the donut hole by 2020.)*

**FREE PREVENTIVE CARE UNDER MEDICARE**—Eliminates co-payments for preventive services and exempts preventive services from deductibles under the Medicare program. *Effective beginning January 1, 2011.*

**ENDS RESCISSIONS**—Bans insurance companies from dropping people from coverage when they get sick. *Effective 6 months after enactment.*

**NO DISCRIMINATION AGAINST CHILDREN WITH PRE-EXISTING CONDITIONS**—Prohibits health insurers from denying coverage to children with pre-existing conditions. *Effective 6 months after enactment. (Beginning in 2014, this prohibition will apply to all persons.)*

**BANS LIFETIME LIMITS ON COVERAGE**—Prohibits health insurance companies from placing lifetime caps on coverage. *Effective 6 months after enactment.*

**BANS RESTRICTIVE ANNUAL LIMITS ON COVERAGE**—Tightly restricts new plans' use of annual limits to ensure access to needed care. These tight restrictions will be defined by HHS. *Effective 6 months after enactment. (Beginning in 2014, the use of any annual limits would be prohibited for all plans.)*

**ENSURING VALUE FOR PREMIUM PAYMENTS**—Requires plans in the individual and small group market to spend 80 percent of premium dollars on medical services, and plans in the large group market to spend 85 percent, rather than on administrative and marketing costs. Insurers that do not meet these thresholds must provide rebates to policyholders. *Effective on January 1, 2011.*

**EXTENDS COVERAGE FOR YOUNG PEOPLE UP TO 26TH BIRTHDAY THROUGH PARENTS' INSURANCE**—Requires health plans to allow young people up to their 26th birthday to remain on their parents' insurance policy, at the parents' choice. *Effective 6 months after enactment.*

**INCREASING NUMBER OF PRIMARY CARE DOCTORS**—Provides new investment in training programs to increase the number of primary care doctors, nurses, and public health professionals. *Effective beginning in fiscal year 2010.*

## How Health Insurance Reform Will Affect the 20<sup>th</sup> Congressional District

In New York's Twentieth Congressional District, the President's health insurance reform bill will:

- Improve coverage for **459,000** residents with health insurance.
- Give tax credits and other assistance to up to **151,000** families and **15,500** small businesses to help them afford coverage.
- Improve Medicare for **117,000** beneficiaries, including closing the Medicare Part D donut hole.
- Extend coverage to over **20,000** uninsured residents.
- Guarantee that **8,600** residents with pre-existing conditions can obtain coverage.
- Protect **1,200** families from bankruptcy due to the growth of out of control health care costs.
- Allow **51,000** young adults to obtain coverage through their parents' insurance plans.
- Provide millions of dollars in new funding for **25** community health centers.
- And, reduce the cost of uncompensated care for hospitals and other health care providers by **\$26 million** annually.

*This analysis is based upon the following sources: the U.S. Census (data on insurance rates, small businesses, and young adult population); the Centers for Medicare and Medicaid Services (data on Medicare and Part D enrollment); the Department of Health and Human Services (data on health care related bankruptcies, uncompensated care, and pre-existing conditions); the Health Resources and Services Administration (data on community health centers); and the Congressional Budget Office (estimates of the percentage of citizens with health insurance coverage under health care reform legislation).*

## **President's Health Insurance Reform Legislation: Protecting Small Businesses and Helping Create Jobs**

The *Affordable Health Care for America Act* will help small businesses coping with double digit increases in health care premiums and who need reform in order to stay competitive while providing quality, affordable health care for their employees:

### **Lowers Cost**

- Small Businesses with less than 100 employees can purchase less expensive bulk rates through exchanges.
- Within seven years, all businesses regardless of size will be eligible for the exchange. All 50 states will be eligible for the exchange.
- Establish state-based non-profit health care co-ops to compete with private insurance, and each state exchange will offer at least two multi-state health plans, one being non-profit.

### **Tax Credits**

- Small businesses that contribute at least 50% of premium costs will be eligible for tax credits up to 35% of the employer contribution.
- Full credit will be available to businesses with employees averaging less than \$25,000 in annual wages, and phase out where the average exceeds \$50,000.
- Nonprofit organizations will qualify for credits up to 25% of employer contribution.

### **Stop the Growth of Out of Control Spending**

- Implements an electronic medical records system to improve efficiency.
- Creates the small businesses insurance pool.
- Establishes non-profits for increased competition with private insurers.
- Properly funds efforts to fight Medicare/Medicaid waste, fraud, and abuse.
- Moves away from volume based payment system to one based on value.
- Funds state efforts to enact medical malpractice reform.

### **Insurance Reform and Consumer Protection**

- Eliminates insurance medical screenings for coverage and bans discriminations against pre-existing conditions.
- Prohibits insurers from determining premiums based on health status; mandates insurance companies to spend 85% of premiums on health care.
- Expands coverage for adult children, up to age 26.
- Establishes new federal oversight to reign in unreasonable rate increases.

### **Personal Tax Credits**

- Individuals who don't receive health coverage through work, partner or other means will be eligible for a sliding tax credit.
- Provides exemptions for mandated coverage for financial reasons and religious objection.

## **Health Insurance Exchanges in the President's Health Insurance Plan**

The President's health insurance bill will create state-based and regional-based health insurance "exchanges," which will provide consumers and small businesses with options for health insurance and inject market-based competition into our fundamentally flawed health care system:

### **The legislation will:**

- Create exchanges where individuals and small businesses can compare and purchase health insurance online – among other places – at competitive prices.
- For states that choose not to operate their own Exchange, there will be a multi-state Exchange run by the Department of Health and Human Services.
- State insurance commissioners will continue to provide oversight regarding consumer protections, rate review, and solvency.

### **The exchanges will provide a one-stop shop that promotes choice and competition:**

- Health coverage options available in a zip code will be listed online.
- Presenting consumers with available plans will make purchasing health insurance easier and more understandable.
- Individuals will be able to choose coverage among several benefit packages all including an essential set of benefits that provide comprehensive health care with different levels of cost sharing.

### **Provide information to consumers and promote transparency in health industry:**

- Set basic standards to lower administrative costs and improve the quality of health care.
- Creates a system where consumers and small businesses can determine whether they are eligible for different plans and tax credits online, or sign up through the mail or other government locations.

### **Ensure quality, stable, affordable coverage for consumers and small businesses:**

- Provide premium tax credits to limit the amount individuals and families up to 400% of the poverty level spend on health insurance premiums.
- Provide cost-sharing tax credits for individuals and families up to 250% of the poverty level to help ensure affordable coverage.
- Sliding tax credits are available to employers with fewer than 25 employees and annual wages of less than \$50,000 that purchase health insurance for employees.



## **Eight Common Misconceptions about the Affordable Health Care For America Act**

- 1) *Misconception:* This bill socializes medicine.  
**Truth: This bill focuses on market based insurance reform.**

This bill will encourage individuals to buy private insurance, ensuring that capitalist and American principles of competitiveness and innovation remain in the health insurance industry. Unlike the governments in Britain and Canada, which act as the one and only insurance provider for citizens, the US government will neither provide a mandatory nor a voluntary government-run insurance plan under this bill. This bill introduces measures, such as Independent Insurance Exchanges, that will increase competitiveness of the marketplace and lower costs for consumers. The Wall Street Journal says that this measure will “curb underwriting and inefficient marketing practices that raise costs in the small-group and individual insurance markets.”<sup>1</sup>

- 2) *Misconception:* This bill will harm small businesses.  
**Truth: This bill will provide unprecedented aid and tax credits to small businesses.**

This bill requires businesses to provide insurance coverage to their employees by 2014, but it recognizes that it is simply unaffordable for some small businesses to offer insurance. As a result, the bill exempts all small businesses with fewer than 50 employees from this responsibility. It also offers immediate tax credits for up to 35% of employer contribution to coverage, and a 100% tax credit for businesses with employees averaging less than \$25,000 in annual wages.

- 3) *Misconception:* This bill will provide federal funds for abortion.  
**Truth: This bill will not provide federal funding for abortion.**

Currently, the government does not fund abortion, due to the 1976 Hyde Amendment,<sup>2</sup> which ensures that no taxpayer money is spent to fund abortions, except in case of rape, incest, or to save the life of the mother.<sup>3</sup> The bill will maintain the enforcement of the Hyde Amendment, earning praise from leaders in the Catholic community, who urged passage of the bill and stated that it ensures “that longstanding restrictions on federal funding of abortion have been maintained.”<sup>4</sup> In fact, on March 24, 2010, to strengthen federal restrictions on abortion funding, President Obama signed an Executive Order reaffirming the Hyde Amendment and ensuring that it will not be circumvented.<sup>5</sup>

- 4) *Misconception:* This bill will offer coverage to illegal immigrants.  
**Truth: No illegal immigrants will be covered due to this bill.**

In fact, to be eligible for participation in the insurance exchange, participants must be citizens or legal residents. The language, found on page 106 of H.R. 3590 is below.

*(2) CITIZENSHIP OR IMMIGRATION STATUS.—The following information shall be provided with respect to every enrollee:*

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<sup>1</sup><http://online.wsj.com/article/SB10001424052748703936804575108080266520738.html?KEYWORDS=health+reform+passes+the+cost+test>

<sup>2</sup> <http://www.nchla.org/datasource/ifactsheets/4FSHydeAm22a.08.pdf>;

<sup>3</sup> <http://www.nchla.org/datasource/ifactsheets/4FSHydeAm22a.08.pdf>

<sup>4</sup> <http://ncronline.org/blogs/ncr-today/pro-life-group-urges-congress-pass-senate-health-care-bill>

<sup>5</sup> <http://www.whitehouse.gov/blog/2010/03/21/one-more-step-towards-health-insurance-reform>



*(A) In the case of an enrollee whose eligibility is based on an attestation of citizenship of the enrollee, the enrollee's social security number.*

*(B) In the case of an individual whose eligibility is based on an attestation of the enrollee's immigration status, the enrollee's social security number (if applicable) and such identifying information with respect to the enrollee's immigration status as the Secretary, after consultation with the Secretary of Homeland Security, determines appropriate.*

5) *Misconception:* This bill will allow the government to ration health care.

**Truth: The government will prevent insurance companies from rationing your care and leave those decisions to patients and their doctors.**

Currently, private insurance companies participate in practices that take away decision power from doctors and patients. Congressman Murphy voted for this bill because he believes that no one should make those decisions except patients and their doctors. This bill will stop insurance companies from dropping individuals when they get sick, denying coverage due to preexisting conditions, and imposing annual or life-time limits on coverage. By preventing each of those practices, the government will ensure that your care is not rationed, not by your insurance company and not by the government.<sup>6</sup>

6) *Misconception:* This bill will not apply to Members of Congress.

**Truth: This bill will apply to all Members of Congress.**

Congressman Murphy and his staff will buy into an Insurance Exchange just like every other American citizen under this bill. This section of H.R. 3590 can be found on page 157:<sup>7</sup>

*(D) MEMBERS OF CONGRESS IN THE EXCHANGE.—*

*(i) REQUIREMENT.—Notwithstanding any other provision of law, after the effective date of this subtitle, the only health plans that the Federal Government may make available to Members of Congress and congressional staff with respect to their service as a Member of Congress or congressional staff shall be health plans that are—*

- 1 (I) created under this Act (or an*
- 2 amendment made by this Act); or*
- 3 (II) offered through an Exchange*
- 4 established under this Act (or an*
- 5 amendment made by this Act).*

7) *Misconception:* The Congressional Budget Office (CBO) is a partisan organization, whose numbers cannot be trusted.

**Truth: The CBO is a nonpartisan, career-track organization that is widely respected on both sides of the aisle.**

CBO's mandate is to provide the Congress with objective, nonpartisan, and timely analyses to aid in economic and budgetary decisions on the wide array of programs covered by the federal budget; and the information and estimates required for the Congressional budget process.<sup>8</sup>

Douglas Elmendorf began his tenure as the Director of the CBO in January 2009, and his background includes an assistant professorship at Harvard University and six years working at the Federal Reserve under

<sup>6</sup> <http://www.whitehouse.gov/realitycheck/faq#r1>

<sup>7</sup> <http://thomas.loc.gov/cgi-bin/thomas>

<sup>8</sup> <http://cbo.gov/aboutcbo/>

George W. Bush.<sup>9</sup> In fact, the CBO is well-respected across party lines. In March 2009, Minority Leader of the House, John Boehner, defended the CBO's cost estimate and analysis of the President's stimulus package, touting it as illustrating "the true cost of the President's budget."<sup>10</sup>

- 8) *Misconception:* The IRS will need to hire as many as 16,500 additional auditors, agents and other employees.  
***Truth: Presently, there is no such plan in existence.***

In fact, the bill includes one of the largest tax cuts for health care in history. The IRS will continue directing a substantial portion of its administrative expenses to promote taxpayer services. The calculations used to reach 16,500 new IRS employees, explained in a Committee on Ways and Means Republican Report, are based on a number of assumptions that are not likely to hold true in reality.<sup>11</sup> The bill neither requests that the IRS hire new employees, nor does it appropriate funds for the IRS to do so. The President has no current plans to expand the IRS workforce.

If you have any further questions, please do not hesitate to call Congressman Murphy's office at (202) 225-5614.

You can also view the following websites, which aim to explain certain aspects of the Health Care Reform package:

[http://www.usatoday.com/money/smallbusiness/2010-03-23-health-care-taxpayers\\_N.htm](http://www.usatoday.com/money/smallbusiness/2010-03-23-health-care-taxpayers_N.htm)

<http://factcheck.org/2010/03/a-final-weekend-of-whoppers/>

<http://www.washingtonpost.com/wp-srv/special/politics/what-health-bill-means-for-you/?hpid=topnews>

[http://online.wsj.com/public/resources/documents/st\\_healthcareproposals\\_20090912.html](http://online.wsj.com/public/resources/documents/st_healthcareproposals_20090912.html)

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<sup>9</sup> [http://www.cbo.gov/aboutcbo/organization/elmendorf\\_longbio.pdf](http://www.cbo.gov/aboutcbo/organization/elmendorf_longbio.pdf)

<sup>10</sup> <http://republicanleader.house.gov/blog/?p=474>

<sup>11</sup> <http://republicans.waysandmeans.house.gov/News/DocumentSingle.aspx?DocumentID=177350>

## **Health Insurance Reform and What It Means For You**

### **Small Business**

The *Affordable Health Care for America Act* will help small businesses stay competitive while providing quality, affordable health care for their employees. This bill will:

- Exempt employers with 50 or fewer employees from the employer responsibility payments;
- Lower costs by providing small businesses with access to state-based small business insurance exchanges, providing them with bulk rates typically enjoyed by larger employers;
- Provide an immediate sliding scale tax credit of up to 35% to employers with fewer than 25 employees;
- Provide eligible employers with a tax credit of up to 50% of their contribution to employee health benefits in 2014 and later;
- Implement widespread incentives for wellness and prevention;
- Stabilize skyrocketing health care costs.

### **Agriculture and Farming**

The *Affordable Health Care for America Act* has several provisions that will directly affect those who are involved with farming and agriculture. It will help the family-run farm, the family, and the workers it employs by providing affordable coverage and improving access to care:

- Provides tax incentives to help farmers insure themselves and their employees;
- Does away with the burden of insurance mandates falling onto the small farms;
- Controls the skyrocketing health care costs and insurance premiums;
- Gives more insurance options to farmers;
- Expands coverage choices for the self-employed.

### **Doctors, Nurses, and Medical Professionals**

The *Affordable Health Care for America Act* will help medical professionals and the 65 million Americans living in communities without easily accessible primary care by:

- Expanding the health care workforce by providing significant investments in scholarships and loan repayment programs through the National Health Service;
- Incentivizing primary care practitioners and providers to practice in underserved communities;
- Increasing Medicare payment rates by 10% to primary care physicians;
- **Endorsed by the American Medical Association, American Hospital Association, Federation of American Hospitals, National Association of Childrens Hospitals, American Nurses Association.**

## **Hospitals**

The *Affordable Health Care for America Act* will improve the way our hospitals and health care centers operate by providing affordable coverage and improving access to care for all. The legislation will also strengthen Medicare and Medicaid programs. This bill will:

- Fund community health centers to strengthen primary care and mental health services;
- Create a more efficient payer system;
- Fight Medicare and Medicaid waste, fraud, and abuse;
- Provide new funding for training programs and loan assistance to medical professionals who operate in underserved areas;
- Provide grants to invest in infrastructure to improve services;
- Redistribute unused Medicare-funded residency slots to programs that train primary care physicians and general surgeons;
- Bring down costs by implementing delivery system reforms, which will reward quality of care over quantity of care;
- Streamline medical records sharing process;
- **Endorsed by the American Medical Association, American Hospital Association, Federation of American Hospitals, National Association of Childrens Hospitals.**

## **Veterans**

The *Affordable Health Care for America Act* will not reduce VA benefits. This bill will:

- NOT affect or change the VA's health care system;
- NOT undermine, change or jeopardize the veterans' benefits;
- Recognize as qualifying insurance, VA insurance programs that provide health coverage to members of the military, veterans, and their families;
- Recognize as qualifying insurance, VA health care coverage;
- Recognize TRICARE as qualifying insurance;
  1. TRICARE "already meets the bill's quality and minimum benefit standards." – Secretary of Defense Robert Gates.

*The passage of this bill "keeps our promise to our Nation's heroes of the past, present, and future."*

*– Congressman Bob Filner, Chairman, House Committee on Veterans Affairs*

## **Seniors**

The *Affordable Health Care for America Act* will provide a myriad of direct benefits to seniors. The bill will:

- Make health care for seniors stronger than ever;
- Create electronic medical records to streamline data sharing and prevent clerical errors, saving lives and money;

- Properly fund Medicare fraud task forces, going after those who rob the system of billions of dollars a year;
- Save seniors thousands of dollars each year by closing the Medicare donut hole;
- Endorsed by the **American Association of Retired Persons (AARP)**.

### **Mental Health**

The *Affordable Health Care for America Act* has several provisions that will provide direct relief to those affected by Autism:

- Insurers would be prohibited from denying coverage to individuals based on pre-existing conditions;
- Insurers would be prohibited from selectively refusing to renew coverage;
- Insurers would be prohibited from charging different premiums based on an individual's health status, gender, or occupation;
- Insurers would be prohibited from imposing annual and lifetime benefit caps;
- Insurers would be required to cover mental health;
- Insurers would be required to cover habilitative and maintenance services;
- Endorsed by **Mental Health America, National Alliance on Mental Illness, National Association of Mental Health Planning and Advisory Councils**.

### **Patients and Families Affected by Cancer**

The *Affordable Health Care for America Act* will help patients, families and survivors coping with cancer. This bill will:

- Ensure the availability of adequate and affordable health insurance coverage to nearly all Americans;
- Require all insurance plans to provide coverage for essential, evidence-based preventive measures with no additional co-pays;
- Reduce the disparities in prevention and treatment of cancer among low-income and minority populations through the expansion of Medicaid and inclusion of tax subsidies;
- Prohibit insurers from denying coverage to individuals based on pre-existing conditions;
- Prohibit insurers from selectively refusing to renew coverage;
- Prohibit insurers from charging different premiums based on an individual's health status, gender, or occupation;
- Prohibit insurers from imposing annual and lifetime benefit caps;
- Endorsed by **American Cancer Society**.

### **Community Health Centers**

The *Affordable Health Care for America Act* will provide direct help to community health centers by:

- Making substantial investments in community health centers to expand access to health care in communities in need;
- Providing grants for community health centers for continued operation;
- Providing new funding for 25 community health centers in the 20<sup>th</sup> district.

### **Patients and Families Affected by Heart Disease**

The *Affordable Health Care for America Act* will go a long way toward fighting chronic illnesses like heart disease. This bill will:

- Prohibit insurers from denying coverage to individuals based on pre-existing conditions;
- Prohibit insurers from selectively refusing to renew coverage;
- Prohibit insurers from imposing annual and lifetime benefit caps;
- Create meaningful wellness incentives in Medicare with the elimination of co-pays for preventive services;
- **Endorsed by American Heart Association.**

### **Health Technology Manufacturers**

The *Affordable Health Care for America Act* will:

- Save jobs in our community from going overseas by limiting tax exemption for foreign manufacturers;
- Exempt everyday items like glasses, hearing aids, and Class I medical devices from the medical device tax;
- Delay the medical device tax until 2013;
- Create a new market place for products by insuring 32 million more Americans.

# WALL STREET JOURNAL

## **Health Reform Passes the Cost Test – The Obama plan *will* cut costs— \$600 billion over the next decade. Why walk away from it?**

By DAVID M. CUTLER, March 9, 2010

Many people are worried that the health-care reform proposed by President Obama and congressional Democrats will fail to bend the "cost curve." A number of commentators are urging no votes because of this, and Republicans have asked the president to start health reform over, focusing squarely on the issue of cost reduction.

These calls overlook the actual legislation. Over the past year of debate, 10 broad ideas have been offered for bending the health-care cost curve. The Democrats' proposed legislation incorporates virtually every one of them. Here they are:

- *Form insurance exchanges.* These would help curb underwriting and inefficient marketing practices that raise costs in the small-group and individual insurance markets. This is addressed in all the House and Senate bills, and the president's proposal. Grade: Full credit.
- *Reduce excessive prices, including those of supplemental plans enrolling Medicare beneficiaries.* The president's proposal reduces these Medicare Advantage overpayments and others to different providers, even in the face of Republican claims that reducing such overpayments is tantamount to rationing care for seniors. Grade: Full credit.
- *Moving to value-based payment in Medicare.* Both Democrats and Republicans have called for moving from a system where volume drives reimbursement to one where value drives reimbursement. The president's proposal includes virtually every idea offered for doing this. Grade: Full credit.
- *Tax generous insurance plans.* Health-insurance benefits are excluded from income taxation, providing incentives for excessively generous insurance. Many economists have proposed capping the tax exclusion to reduce these incentives. The president's proposal taxes some of the most generous policies, though it has deferred the date by which these taxes take effect. Grade: Partial credit.
- *Empower an independent Medicare advisory board.* Interest-group politics intrudes too deeply within the mechanics of Medicare policy, raising program costs and hindering efforts to improve care. Despite powerful opposition, the president proposes this independent board and a process for fast-tracking such recommendations through Congress. Grade: Full credit.
- *Combat Medicare fraud and abuse.* The administration has started an active task force to combat these problems. Other ideas to reduce fraud and abuse were presented at the recent health-care summit, and were incorporated in the president's proposal. Grade: Full credit.



- *Malpractice reform.* Defensive medicine is a small but important driver of medical spending. The reform proposal makes some headway, encouraging states to experiment with alternative mechanisms to reduce malpractice burdens. More could be done—for example, specialized malpractice courts and a safe harbor for physicians practicing evidence-based medicine—but the president's proposal makes a start. Grade: Partial credit.
- *Invest in information technology.* Many studies suggest savings in the tens of billions of dollars from IT investment. The stimulus bill passed a year ago contains funds to wire the medical system over the next few years, and the administration is supplementing this with significant funds to analyze the comparative effectiveness of different treatments—even in the face of "death panel" claims. Grade: Full credit.
- *Prevention.* The president's proposal includes significant public-health investments, provides new incentives for physicians to focus on preventive and chronic care, and opens Medicare to finding new ways of supporting prevention. The only area of weakness is the lack of a junk food tax or tax on sugar sweetened beverages. Grade: Partial credit.
- *Create a public option.* A public insurance option would provide competition for insurers in areas that are nearly a monopoly and provide a path for reforms in Medicare to expand readily in the under-65 population. The public option was eliminated because of Republican opposition, however. Grade: No credit.

So reform gets full credit on six of the 10 ideas, partial credit on three others, and no credit on one. The area of no credit (a public option) is because Republicans opposed the idea. One area receives only partial credit because of Democratic opposition (malpractice reform) and two other areas reflect general hesitancy to increase taxes (taxing Cadillac plans and taxing drivers of obesity).

Why is reform viewed so negatively? In part, it may reflect the perfect being the enemy of the good. If the only passing grade is 10 out of 10, then reform clearly fails. But given where the Republican Party is on a public option, no reform will get a passing grade. If both parties were willing to raise taxes and Republicans negotiated malpractice reform for their overall support, we could probably get a nine out of 10.

Reform is also viewed negatively because official scorekeepers do not believe anything on this list other than reducing prices will save much money. The Congressional Budget Office has consistently estimated that policies built around changing incentives and thus encouraging more efficient care will not have any effect on cost trends. My own calculations, mirrored by other observers and a host of business and provider groups, suggest that the reforms will save nearly \$600 billion over the next decade and even more in the subsequent one.

Of course, no one knows precisely how much medical spending increases will moderate. But one cannot doubt the commitment to try. What is on the table is the most significant action on medical spending ever proposed in the United States. Should we really walk away from that?

## **Analysis of the President's Health Insurance Reform Legislation**

**To:** Interested Parties

**From:** Josh Schwerin, Communications Director, Office of Rep. Scott Murphy, 202-225-5614

**Re:** Congressman Scott Murphy's Vote on *The Affordable Health Care for America Act*

On Sunday, the House of Representatives voted on the President's proposed health care reform bill, H.R. 4872, *The Affordable Health Care for America Act* when it passed the House by a vote of 220 to 211. Congressman Scott Murphy voted in favor of the bill citing five primary improvements to the House bill, which passed last November.

The final legislation is:

- Fiscally responsible.
- Slows the out of control growth in costs for our families and small businesses.
- Helps small businesses save money and create jobs.
- Takes strong steps to crack down on waste and fraud in Medicare.
- Includes changes that Congressman Murphy has fought for to protect local jobs.

### **Longstanding Concerns**

Last November, Congressman Murphy voted against the House health care reform legislation because he believed it did not adequately address the fundamentally flawed system that has led to skyrocketing health care costs, bankrupt families, and excessive profits for insurance companies. In the months since that vote, Congressman Murphy has worked closely with his constituents, his colleagues in Congress, and with President Obama to address many of these concerns and ultimately strengthen this legislation.

### **Yes on H.R 4872, *The Affordable Health Care for America Act.***

After reading the entire bill and speaking to thousands of neighbors, medical professionals, educators, and community and business leaders, Congressman Murphy feels that this bill will reform our fundamentally flawed health care system, expand care to millions of Americans and stop the out of control growth in costs that are bankrupting our families and small businesses. Although the bill is not perfect, it takes critical reforms that will ultimately strengthen the health care system.

### **Helping the 20<sup>th</sup> District**

- This bill will improve coverage for **459,000** residents with health insurance.
- Improve Medicare for **117,000** beneficiaries, including closing the donut hole.
- Extend coverage to **29,000** uninsured residents.
- Guarantee that **8,600** residents with pre-existing conditions can obtain coverage.
- Protect **1,200** families from bankruptcy due to unaffordable health care costs.
- Allow **51,000** young adults to obtain coverage on their parents' insurance plans.
- Provide millions of dollars in new funding for **25** community health centers.
- Reduce the cost of uncompensated hospital care and other providers by **\$26 million** annually.

## **Insurance Reforms and Expanded Choices**

This legislation takes health care choices out of the hands of insurance companies and puts them back in the hands of families and doctors.

- Bans insurance companies from denying coverage based on pre-existing medical conditions.
- Prohibits caps on lifetime and annual limits on coverage.
- Ends predatory practices such as rescission.
- Sets basic administrative standards to cut down on bureaucracy and bring costs down.

## **Fiscally Responsible**

From the beginning, Congressman Murphy has fought for meaningful health care reform that is fiscally responsible and stops the out of control growth of health care costs.

- CBO and JCT estimate that enacting both pieces of legislation—H.R. 3590 and the reconciliation proposal— would produce a net reduction in federal deficits of \$143 billion over the next ten years and \$1.2 trillion in the second ten year window.

## **Stops the Out of Control Growth in Health Care Costs**

This bill is serious about slowing the out of control growth of health care costs that are devastating our families and small businesses. In addition, the legislation reflects many of Congressman Murphy's recommendations to eliminate costs from the system.

- Improves quality and value through delivery system reforms that move our system away from the fee-for-service model and towards value-based pricing and bundled payments.
- Promotes Comparative Effectiveness Research to examine medical treatment options with a focus on achieving positive outcomes and an improved quality of care.
- Reforms the Medicare Reimbursement System to encourage high-quality, low-cost care like that in upstate New York and to encourage primary care.
- Creates an Independent Payment Advisory Board to make the recommendations necessary to reduce the per capita rate of growth in Medicare spending. This Board will have the enforcement mechanism to ensure the quality of care is enforced.

## **Health Care Reform Will Help Small Businesses Create Jobs**

As a small businessman, Congressman Murphy is keenly aware of the impact rising health care costs have on small businesses and New York's economy. These reforms in the final health care bill will ensure that our local businesses can continue to provide quality coverage while creating jobs and driving economic growth.

- Establishes new health insurance exchanges for small businesses.
- Allows small business to band together to leverage lower rates as big companies do today.
- Eliminates health care mandates on small businesses with fewer than 50 employees.

- Provides health care tax credits to over 80% of small businesses. (Businesses with less than 25 employees can receive credits for up to two years).

### **Eliminating Waste, Fraud and Abuse in Medicare and Medicaid**

Waste, Fraud and abuse in Medicare lead to over \$60 billion per year in wasteful and criminal spending. Congressman Murphy fought for several common sense reforms that will eliminate waste from the Medicare system and slow the rising costs of health care for New York families.

- Enhanced screening and oversight to more effectively track and prosecute criminal behavior.
- Strengthens enforcement mechanisms and increases penalties to crack down on Medicare waste and abuse.

### **Promoting Wellness**

The final health care bill creates incentives to encourage individuals to make health choices.

- Provides grants for up to five years to small employers that establish wellness programs to encourage healthy lifestyles that lead to better outcomes and lower costs.
- Permits employers to offer employee's rewards—premium discounts, waivers of cost-sharing requirements, or benefits that would otherwise not be provided—of up to 30% of the cost of coverage for participating in a wellness program and meeting certain health-related standards. The reward limit may be increased to 50% of the cost of coverage if deemed appropriate.
- Eliminates co-payments and deductibles by Medicare enrollees for annual visits to discuss wellness and preventative health care.

### **Protects Local Employers and Jobs**

On a local level, Congressman Murphy fought hard to ensure that several of our largest employers—paper mills and medical device manufacturers—are treated fairly under this legislation. These reforms will ensure that our local businesses can continue to provide quality coverage while creating jobs and driving economic growth.

- Worked to ensure that none of the paper mill manufacturers in the 20<sup>th</sup> district will be subjected to a special tax.
- Fought to level the playing field for medical device manufacturers by amending the health technology manufacturer tax from 2.9% to 2.3%, thereby eliminating a series of special carve-outs in the old legislation.

### **Listening to Constituents**

Since coming to Congress, Congressman Murphy has hosted more than 100 town hall and open community events to listen to constituent and facilitate an open and honest debate. He has traveled to all 137 towns in the 20<sup>th</sup> district meeting with local hospitals, physician groups, patient advocacy organizations and local officials.

## **List of More than 360 Organizations that Support the President's Health Insurance Reform Legislation**

AARP	American Dance Therapy Association	American Social Health Association
AFSCME	American Diabetes Association	American Society of Clinical Psychopharmacology
AIDS Action Council	American Federation of Government Employees	Americans for Democratic Action
AIDS Project Los Angeles	American Federation of Labor & Congress of Industrial Organization	Andakusia Regional Hospital
ASPIRA Association	American Federation of State, County and Municipal Employees (AFSCME)	Anxiety Disorders Association of America
Academic Medical Centers	American Federation of Teachers	Arthritis Foundation
Alliance for Children and Families	American Federation of Television and Radio Artists	Asian & Pacific Islander American Health Forum
Alliance for Retired Americans	American Foundation for Suicide Prevention/ SPAIN USA	Asian American Justice Center
Alzheimer's Foundation of America	American Foundation for the Blind	Association for Ambulatory Behavioral Healthcare
American Academy of Child and Adolescent Psychiatry	American Friends Service Committee	Association for Clinical Pastoral Education
American Academy of Family Physicians	American Group Psychiatric Association	Association for the Advancement of Psychology
American Academy of Pediatrics	American Group Psychotherapy Association	Association of American Medical Colleges
American Academy of Physician Assistants	American Heart Association	Association if Assistive Technology Act Programs
American Art Therapy Association	American Hospital Association	Association of Asian Pacific Community Health Organizations
American Association for Cancer Research	American Hospice Foundation	Association of Assistive Technology Act Programs
American Association for Geriatric Psychiatry	American Library Association	Association of Community Affiliated Plans
American Association of Colleges of Pharmacy	American Medical Rehabilitation Providers Association	Association of Hispanic Healthcare Executives
American Association of Homes and Services for the Aging	American Mental Health Counselors Association	Association of Jesuit Colleges and Universities
American Association of Nurse Anesthetists	American Music Therapy Association	Association of University Centers on Disabilities
American Association of Pastoral Counselors	American Network of Community Options and Resources	Asthma and Allergy Foundation of America
American Association of People with Disabilities	American Nurses Association	Autism National Committee
American Association on Health and Disability	American Occupational Therapy Association	Autism Society of America
American Association on Intellectual and Developmental Disabilities	American Public Health Association	Bazelton Center for Mental Health Law
American Cancer Society Cancer Action Network (ACS CAN)	American Psychiatric Association	Black Women's Health Imperative
American College of Nurse Midwives	American Psychiatric Nurses Association	B'nai B'rith International
American College of Physicians	American Psychological Association	Brain Injury Association of America
American College of Seniors	American Public Health Association	Breast Cancer Network of Strength
American Council of the Blind		Bourbon Community Hospital
American Counseling Association		Building and Construction Trade

Department	Consumers' CHECKBOOK/Center for the Study of Services	Helen keller National Center
Burton Blatt Institute	Consumers Union	Hillside Hospital
California Public Employees Retirement System (CalPERS)	Corporation for Supportive Housing	Hispanic Association of Colleges and Universities
Campaign for Tobacco Free Kids	Council for Exceptional Children	Hispanic Chamber of Commerce
Castleview Hospital	Crocket Hospital	Hispanic Dental Association
Catholic Health Association	Danville Regional Medical Center	Hispanic National Bar Association
Center for Adolescent Health & the Law	Defeat Diabetes Foundation	Hispanic Federation
Center for Community Change	Delta Sigma Theta Sorority, Inc.	HIV Health Care Access Working Group
Center for Clinical Social work	Disability Rights Education and Defense Fund	HIV Medicine Association
Center for Integrated Behavioral Health Policy	Disciples Justice Action Network	IDEA Infant Toddler Coordinators Association
Center for Medicare Advocacy, Inc.	Division for Early Childhood of the Council for Exceptional Children	International Association of Bridge, Structural, Ornamental & Reinforcing Iron Workers
Center for Rural Affairs	Doctors for America	International Brotherhood of Boilermakers, IronShip Builders, Blacksmiths, Forgers, and Helpers
Center for the Study of the American Electorate	Dolores Huerta Foundation	International Brotherhood of Electrical Workers
CenterLink: The Community of LGBT Centers	Easter Seals	International Brotherhood of Teamsters
Change That Works	Eastern Diocese of the Armenian Church	International Union of Bricklayers & Allied Craftworkers
Child Welfare League of America	Eating Disorders Coalition	International Union of Painters and Allied Trades
Children and Adults with ADHD	Epilepsy Foundation	International Union, United Automobile, Aerospace and Agricultural Implement Workers of America (UAW)
Children's Defense Fund	Evangelicals for Social Action	Japanese American Citizens League
Clergy Strategic Alliances, LLC	Every Child Matters Education Fund	Jewish Reconstructionist Federation
Clinch Vally Medical Center	Faithful America	LA County Federation of Labor
Clinical Social Work Association	Faithful Reform in Health Care	Labor Council for Latin America Advancement
Coalition on Human Needs	Families USA	Latin American & Caribbean Office of Planned Parenthood
Colon Cancer Alliance	Family Equality Council	Latinos For National Health Insurance
College of American Pathologists	Family Violence Prevention Fund	Latinos United For Health Care Leadership Council of Aging Organizations
Committee for Education Funding	Family Voices	League of Latin American Citizens
Common Cause	Farmers Union	League of Women Voters of the United States
CommonHealth ACTION	Federation of American Hospitals	Legal Momentum
Communities Advocating	Fight Crime: Invest in Kids	Learning Disabilities Association of America
Emergency AIDS Relief Coalition	First Focus Campaign for Children	LIVESTRONG
Community Access National Network	Forrest City Medical Center	
Community Action Partnership	Friends Committee on National Legislation	
Community Catalyst	Friends Fiduciary Corporation	
Community Health Councils	Generations United	
Community Health Partnership: Oregon's Public Health Institute	Harris Center for Disability and Health Policy	
Community Transportation Association of America	Health Care For All	
Consortium for Citizens with Disabilities	Health Care for America Now	
Consumer Action	Healthcare Access Project	
Consumer Federation of America	HealthHIV	



Lutheran Health Network  
Malecare Prostate Cancer Support  
MANA - A National Latina  
Organization  
Medicare Rights Center  
Memorial Medical Center  
Mental Health America  
Mental Health Liaison  
Mexican American Legal Defense  
and Educational Fund  
Mimbres Memorial Hospital  
MomsRising  
NAACP  
NAADAC, the Association for  
Addiction Professionals  
National Academies of Practice  
National Alliance for Caregiving  
National Alliance of State and  
Territorial AIDS Directors  
National Alliance on Mental Illness  
National Association for Children's  
Behavioral Health+A86  
National Association for Rural  
Mental Health  
National Association of Anorexia  
Nervosa and Associated Disorders  
National Association of Area  
Agencies on Aging  
National Association of Childrens  
Hospitals  
National Association of  
Community Health Centers  
National Association of County  
Behavioral Health and  
Developmental Disability Directors  
National Association of Hispanic  
Nurses  
National Association of Human  
Rights Workers  
National Association of Jewish  
Chaplains  
National Association of Mental  
Health Planning and Advisory  
Councils  
National Association of  
Neighborhoods  
National Association of Psychiatric  
Health Systems  
National Association of Public  
Hospitals and Health Systems  
National Association of Social  
Workers

National Association of State  
Directors of Special Education  
National Association of State Head  
Injury Administrators  
National Association of State  
Mental Health Program Directors  
National Black Leadership  
Initiative on Cancer III,  
Community Networks Program  
National Breast Cancer Coalition  
National Center for Learning  
Disabilities  
National Center on Caregiving,  
Family Caregiver Alliance  
National Cervical Cancer Coalition  
National Coalition for Cancer  
Survivorship  
National Coalition for LGBT  
Health  
National Coalition of Anti-  
Violence Programs  
National Coalition of Mental  
Health Consumer/Survivor  
Organizations  
National Coalition on Deaf-  
Blindness  
National Coalition on Health Care  
Action Fund  
National Committee to Preserve  
Social Security and Medicare  
National Congress of American  
Indians  
National Congress of Black  
Women, Inc.  
National Consumer Voice for  
Quality Long Term Care  
National Consumers League  
National Council for Community  
Behavioral Healthcare  
National Council of Asian &  
Pacific Islander Physicians  
National Council of Churches,  
USA Health Task Force  
National Council of La Raza  
National Council of Negro Women,  
Inc.  
National Council of Urban Indian  
Health  
National Council on Aging  
National Council on Independent  
Living  
National Disability Rights Network  
National Down Syndrome  
Congress

National Education Association  
National Family Caregivers  
Association  
National Farmers Union  
National Federation of Families for  
Children's Mental Health  
National Forum for Latino  
Healthcare Executives  
National Foundation for Mental  
Health  
National Gay and Lesbian Task  
Force  
National Health Council  
National Health Equity Coalition  
National Health Law Program  
National Hispanic Caucus of State  
Legislators  
National Hispanic Council on  
Aging  
National Hispanic Environmental  
Council  
National Hispanic Leadership  
Agenda  
National Hispanic Medical  
Association  
National Indian Health Board  
National Legal Aid and Defender  
Association  
National Lung Cancer Partnership  
National Medical Association  
National Multiple Sclerosis Society  
National Native American AIDS  
Prevention Center  
National Partnership for Women &  
Families  
National Patient Advocate  
Foundation  
National Physicians Alliance  
National Policy and Advocacy  
Council on Homelessness  
National Public Sector HealthCare  
Roundtable  
National Puerto Rico Coalition  
National REACH Coalition  
National Research Center for  
Women & Families  
National Resource Center for  
Hispanic Mental Health  
National Respite Coalition  
National Rural Health Association  
National Senior Citizens Law  
Center



National Senior Corps Association  
National Spinal Cord Association  
National Spinal Cord Injury Association  
National Urban League  
National Women's Law Center  
NCCNHR: The National Consumer Voice for Quality Long-Term Care NETWORK, A National Catholic Social Justice Lobby  
Nurse-Family Partnership National Service Office  
OCA  
Opinion Leaders Advocacy Network  
Our Bodies Ourselves  
Out of Many, One  
OWL - The Voice of Midlife and Older Women  
Paralyzed Veterans of America  
Partnership for Prevention  
PHI - Health Care for Health Care Workers  
Physicians for Reproductive Choice and Health  
Prescription Policy Choices  
Progressive States Network  
Project Inform  
Racial and Ethnic Health Disparities Coalition  
RESULTS  
Ryan White Medical Providers Coalition  
Sargent Shriver National Center on Poverty Law  
School Social Work Association of America  
Self-Governance Communication and Education Tribal Consortium  
Seniors to Seniors  
SER - Jobs For Progress  
Service Employees International Union  
Sisters of Mercy of the Americas Institute Justice Team  
Small Business Majority  
Society for Adolescent Medicine  
Society of Thoracic Surgeons  
Southern TN Medical Center  
South Texas Health Reform

Southwest Voter Registration and Education Project  
SparkLight Communications  
State Legislators for Health Care Reform  
Summit Health Institute for Research and Education, Inc.  
The Access Project  
The AIDS Institute  
The Arc of the United States  
The Center for Health Care Policy Research and Analysis  
The Children's Partnership  
The Healing of the Nations Foundation  
The Leadership Conference on Civil and Human Rights (LCCR)  
The LGBT Cancer Project - Out With Cancer  
The Main Street Alliance  
The Shomer Shalom Network for Jewish Nonviolence  
Therapeutic Communities of America  
Tourette Syndrome Association  
Trust For Americas Health  
US Hispanic Leadership Institute  
U.S. PIRG (Public Interest Research Group)  
U.S. Positive Women's Network  
US Psychiatric Rehabilitation Association  
Union for Reform Judaism  
Unitarian Universalist Association of Congregations  
United Association of Journeymen & Apprentices of the Plumbing & Pipe Fitting Industry of the US and Canada  
United Cerebral Palsy  
United Food and Commercial Workers International Union  
United Methodist Church - General Board of Church and Society  
United Neighborhood Centers of America  
United States Student Association  
United Spinal Association  
United Steel Workers  
Universal Health Care Action Network (UHCAN)

Urban Coalition for HIV AIDS Prevention Services  
Us TOO International Prostate Cancer Education & Support Network  
USAction  
VetsFirst  
Voices for America's Children  
Volunteers of America  
Washington Health Foundation  
Wider Opportunities for Women  
WISC Health Care Working Group  
Witness Justice  
Women of Reform Judaism  
Women Together for Change

## **Statements From Organizations Supporting Health Insurance Reform**

### **AARP**

“We believe this legislation brings us so much closer to helping millions of older Americans get quality, affordable health care. For too long, our members and others have faced spiraling prescription drug costs, discriminatory practices by insurance companies and a Medicare system awash in fraud, waste and abuse.”

### **American Hospital Association**

We are “writing to express our support for passage of the *Patient Protection and Affordable Health Care Act* ... As hospitals, our goal is to ensure universal coverage for health care services. Like you, we believe that goal is achievable, and this legislation moves the nation closer to that goal. We also appreciate the important provisions contained in the legislation that will provide caregivers with important tools.”

### **Federal of American Hospitals**

“Equally vital, [the legislation] provide(s) a framework for health care delivery reform that will improve health care for Americans and by extension, strengthen our economy and global competitiveness by reducing costs and increasing efficiency.”

### **National Association of Children’s Hospitals**

“On behalf of children’s hospitals and the thousands of children and families we serve, we appreciate your hard work to improve health care coverage.”

### **American Academy of Pediatrics**

“The Academy urges Congress to act swiftly and decisively to prioritize the needs of children and pediatricians by passing this legislation as soon as possible. We must continue to make the life success of every child our highest national priority.”

### **American Nurses Association**

“This legislation will enact very real and much-needed insurance reforms, it will place a new focus on wellness and prevention, improving access to primary care ... America’s nurses understand the cost of inaction—we cannot afford to wait, and doing nothing must not be an option.”

### **American Heart Association**

The bill “emphasizes value over volume, promotes quality over quantity and thus addresses the cost curve, and of particular importance to the AHA, the legislation places a greater emphasis on prevention and wellness... The time has come. Without reform, the problems that heart disease and stroke patients face in the current system will clearly worsen: an additional 20 million Americans are expected to lose their insurance coverage over the next decade; health care costs are projected to nearly double; and Medicare’s trust fund will become insolvent in seven short years.”

**American Cancer Society**

“After analyzing the legislation specifically through the eyes of cancer patients, survivors and their families, we believe its provisions will make far-reaching improvements to the nation’s health care system that will benefit millions of Americans.”

**National Association of Community Health Centers**

“The health reform package also emphasizes cost-effective preventative and primary health care, begins to address long needed payment reform, and moves our health care system in the right direction – toward quality-focused health care for all.”

**Consumers Union**

“The bill “begins to ‘bend the cost curve’ ... will save tens of thousands of lives per year by reducing healthcare-acquired infections and improving access, quality and safety ... [and] extends Medicare solvency while making major drug and preventive care improvements.”