CWA-UAW Legislative Alliance

Ron Gettelfinger, *UAW President*

Larry Cohen, *CWA President*

October 29, 2009

Dear Representative:

The House soon will take up health care reform legislation that combines measures previously approved by the Ways & Means, Energy & Commerce, and Education & Labor Committees. CWA and UAW strongly support this critically important legislation. On behalf of our over two million active and retired workers, the CWA-UAW Legislative Alliance urges you to vote for this bill, and to oppose any weakening amendments.

Our nation's health care system is in crisis. Costs continue to escalate at unsustainable rates, placing ever increasing burdens on working families, businesses and government. Meanwhile, millions of Americans lack any health care coverage.

The health care reform legislation that will be taken up by the House takes major steps to address these serious problems. In particular, it would:

- extend health insurance coverage to millions of uninsured persons, thereby ensuring that most Americans have quality, affordable coverage;
- require most employers to share in the responsibility for financing health care coverage, either by providing coverage directly to their workers or by contributing a meaningful amount to pay for most of the costs of their coverage;
- provide substantial subsidies to help make coverage more affordable for middle income families, and expand Medicaid to guarantee that coverage will be affordable for lower income persons;
- help employers and other entities continue coverage for pre-Medicare retirees, thereby providing greater protection for this vulnerable population;
- implement insurance market reforms to prevent individuals from being denied coverage because of pre-existing conditions, and to limit premium differentials based on age and other factors;
- reduce costs for individuals and businesses by eliminating uncompensated care, reforming the delivery and provider payment systems, and creating a national exchange to facilitate coverage in a cost-effective manner; and
- establish a public insurance option to ensure there is adequate competition in all areas of the country, which will help to hold down rates charged by private insurers.

CWA and UAW believe that the foregoing reforms would provide enormous benefits to our nation. Workers would no longer have to fear the loss of health care for themselves and their families if they are laid off. Pre-Medicare retirees would be less vulnerable to cutbacks in their health care benefits. There also would be more effective restraints on the constant escalation in health care costs, which has driven up deductibles, copays and premiums for working families and made American businesses less competitive.

CWA and UAW are pleased that the House health care reform legislation is paid for by requiring most employers to share in the responsibility for financing health care coverage for workers and their families, and by requiring wealthy individuals to pay their fair share. Shared responsibility for employers and the rich is especially important to ensure that coverage is affordable for working families, and to establish a level playing field among all employers.

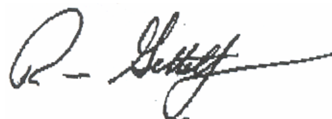
CWA and UAW also are pleased that the House bill rejects any tax on health care plans (like the tax contained in the bill reported by the Senate Finance Committee). Although proponents of this type of tax have claimed it would only affect "gold plated" plans, the reality is it would impact plans that happen to cover older workers and retirees, or workers in high cost regions or high risk occupations. Inevitably, this discriminatory tax would force plans to cut back important health care benefits that are now enjoyed by millions of Americans. The number of persons adversely affected by this tax would rise dramatically over time, since the thresholds for the tax are tied to an index that is significantly below actual health care cost increases. In our judgment, the provisions in the House bill requiring employers and wealthy individuals to pay their fair share represent a much better way to finance health care reform.

For all of the foregoing reasons, the CWA-UAW Legislative Alliance strongly supports the health care reform bill that will be taken up by the House. We urge you to vote for this bill and to oppose any weakening amendments.

Thank you for considering our views on health care reform, which is a priority issue for CWA and UAW.

Sincerely,

Larry Cohen
President, CWA



Ron Gettelfinger
President, UAW

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FOR IMMEDIATE RELEASE
October 29, 2009
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FAH RESPONSE TO HOUSE HEALTH REFORM LEGISLATION

The following statement was released today by Chip Kahn, President of the Federation of American Hospitals (FAH).

The House health reform bill announced today by Speaker Pelosi reflects further progress toward a reformed health care system anchored by meaningful coverage for virtually all Americans. The bill achieves a threshold level of coverage that is essential for effective and durable reform. Equally important is maintaining a market-based health care system, and we are pleased that the bill moves in this direction.

Today's announcement is an important milestone on the road to reform. The FAH is grateful to Speaker Pelosi, the Democratic Leadership and the Committee Chairmen for succeeding in reaching this pivotal moment. We look forward to continue working with Congress and the Administration as the process moves to a House-Senate Conference so that we can achieve our shared goal – President Obama signing into law a bill that gives Americans the health care reforms that they need and deserve.

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The Federation of American Hospitals is the national representative of investor-owned or managed hospitals and health systems. Our members include general community and teaching hospitals in urban and rural areas as well as rehabilitation, long-term, cancer and psychiatric hospitals.

A big vision for small business

November 2, 2009

The Honorable Nancy Pelosi
Speaker
U.S. House of Representatives
Washington, DC 20515

Dear Speaker Pelosi:

On behalf of the thousands of small business owners participating in the Main Street Alliance, I want to extend our sincere thanks to you and the leadership of the U.S. House of Representatives for introducing the "Affordable Health Care for America Act of 2009" (H.R. 3962). Following the work of the three House committees with jurisdiction over the many aspects of health reform, this historic legislation meets the objectives of Main Street small business owners in reforming our nation's health care system: giving small employers real choices in affordable health coverage including the option of a competitive public health insurance plan. We are proud to give this bill our strong support and pledge to work with you and your colleagues to secure its prompt adoption by the full House of Representatives.

By taking crucial steps toward providing more affordable options for quality health coverage, we are confident that this legislation will help small businesses become more competitive by giving them greater control over one of the most costly and unpredictable aspects of doing business. H.R. 3962 includes a number of reforms that address the key priorities of our small business owners: promoting transparency and giving small businesses simplified choices through a robust federal Health Insurance Exchange, increasing bargaining power and driving down costs through a strong public health insurance option that will keep private insurers honest, prohibiting pre-existing condition exclusions and ending discrimination against small groups based on health status, and making coverage more affordable through a strong system of shared commitment. These elements are essential to making health care work for Main Street.

The owners and employees of small businesses believe that health care reform must be a shared responsibility of all stakeholders – individuals, businesses, providers, insurers and the government. The Main Street Alliance is pleased to see that this legislation asks all parties to play a role in improving health care. As long as affordable coverage options are available, we support giving employers the choice of either offering coverage to employees or making a contribution toward the cost of that coverage. We appreciate the inclusion of tax credits to help smaller, low-wage businesses offset the expense of providing coverage, as well as subsidies to assist low-income employees and their families to afford their contribution.

The Main Street Alliance is proud to extend its strong support for this legislation, and we look forward to working with you and other leaders in Congress and the Administration to see comprehensive health care reform enacted into law this year. This is a historic opportunity to address the nation's health care crisis, and the "Affordable Health Care for America Act of 2009" is an important step in seizing that opportunity.

Sincerely,

Dave Mason

Dave Mason
Legislative and Policy Director
The Main Street Alliance

November 2, 2009

Honorable Nancy Pelosi
Speaker
U.S. House of Representatives
Washington, DC 20515

Honorable Steny Hoyer
Majority Leader
U.S. House of Representatives
Washington, DC 20515

Honorable Henry Waxman
Chairman
House Energy & Commerce Committee
Washington, DC 20515

Honorable Frank Pallone
Chairman
House Energy & Commerce Health Subcommittee
Washington, DC 20515

Honorable Charles Rangel
Chairman
House Ways & Means Committee
Washington, DC 20515

Honorable Pete Stark
Chairman
House Ways & Means Health Subcommittee
Washington, DC 20515

Honorable George Miller
Chairman
House Education and Labor Committee
Washington, DC 20515

Honorable Robert Andrews
Chairman
House Education and Labor Health Subcommittee
Washington, DC 20515

Honorable John Dingell
Chairman Emeritus
House Energy & Commerce Committee
Washington, DC 20515

Dear Representatives Pelosi, Hoyer, Waxman, Pallone, Rangel, Stark, Dingell, Miller and Andrews:

The American College of Physicians, representing 129,000 internal medicine physician and medical student members, is pleased to inform you of our support for the key policies in the "Affordable Health Care for America Act," H.R. 3962, that will expand health insurance coverage to 96% of all legal residents in the United States; promote the value and importance of primary care, prevention and wellness; and reform payment and delivery systems to achieve better value for patients, defined as the best care delivered as efficiently as possible. ACP is the nation's largest physician specialty society and the second largest physician membership organization in the United States.

Specifically, ACP strongly supports the following policies in H.R. 3962:

Coverage:

- A health exchange to provide small businesses, individuals and families who do not have access to affordable coverage through their employer, and who do not qualify for other federal programs, with the group purchasing discounts and choices of plans available to larger employers and federal employees. We believe that a public plan could be among the choices available through the exchange, provided that

it is funded out of premiums, is not tied to Medicare physician participation agreements, and pays negotiated and competitive rates instead of the Medicare rates, as H.R. 3962 would do.

- Sliding scale, advance, refundable tax credits to help eligible persons, up to 400% of the FPL, to buy coverage through the exchange.
- Requirements that all health plans cover essential benefits, including preventive services with no cost-sharing.
- Requirements that all insurers, including those in the small and individual markets, abide by rules to prohibit them from turning down, charging higher rates, or cancelling coverage based on a person's health status or pre-existing condition.
- Annual and lifetime caps on how much individuals and families would be required to pay for health care so that no American has to declare bankruptcy because of health care.
- A requirement that larger employers either provide coverage or pay into a pool to help fund coverage for the uninsured, and a requirement that individuals purchase coverage once affordable options are available to them.
- Conversion of Medicaid from a categorical program to one that covers all of the poor and near-poor, with sufficient federal funding so this does not become an unfunded mandate on states, and with reforms in Medicaid physician payments to ensure increased access to primary care physicians.

Primary care, prevention and wellness:

- Investment of $57 billion to increase Medicaid payments to primary care physicians so that they are no less than the comparable Medicare rates. Without such steps to bring Medicaid payments up to par with other payers, the tens of millions of persons who will be added to the Medicaid program will find it increasingly difficult to find a primary care physician who is accepting additional Medicaid patients.
- Investment of $4.7 billion to fund a 5% increase in Medicare payments for evaluation and management services provided by primary physicians (10% in health professional shortage areas). We are pleased that the increased payments will now apply to hospital visits—as well as office, home, nursing home, and emergency room visits-- and that the criteria to qualify for the increased payments has been revised from the earlier bill to ensure that primary care physicians who see a large number of patients in the hospital are not unintentionally excluded. We also are pleased that the increased payments would be permanent and not subject to expiration after five years. We urge you to work with your colleagues on the Senate side so that the final bill increases the primary care bonus to at least 10% nationwide, based on the services and eligibility criteria in H.R. 3962.
- A national commission to recommend the appropriate numbers and mix of health professionals; new community-based training programs for primary care; increased funding and expansion of the National Health Services Corp and Title VII health professions training programs; increased funding for need-based scholarships; increased funding for primary care intern and residency programs; new loan repayment programs for physicians who go into and meet a service obligation in a specialty, including a primary care specialty, in an area of the country that has a critical need for such specialists; and redistribution of unused Graduate Medical Education residency positions to primary care internal medicine and family practice. We believe that additional expansion of primary care GME positions will be needed in the future to reverse an estimated shortage of 45,000 primary care physicians for adults.
- Investment of $34 billion to fund public health investments in wellness and prevention and another $10.7 billion to fund coverage of preventive services under Medicaid.

Reform of delivery and payment systems:

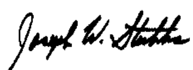
- A combined investment of $2.3 billion to fund Medicare and Medicaid pilots of the Patient-Centered Medical Home. We are pleased that the Medicare community-based medical home pilot no longer will be restricted to "high cost" beneficiaries, as proposed earlier, but recommend that the same change be made for the independent practice-based pilot.

- Study by the Institute of Medicine (IOM) on geographic variation and growth in volume and intensity of services in per capita health care spending among the Medicare, Medicaid, privately insured and uninsured populations. The IOM is instructed to conduct public hearings and provide an opportunity for comment prior to completion of the study report. Based upon findings, the IOM shall recommend changes to payment for items and services under Medicare Part A and B to promote high value care. The recommendations shall also consider an appropriate phase-in that takes into account the impact of these payment changes on providers and facilities. ACP agrees that the IOM has the necessary expertise and credibility to conduct such a study, and we are pleased that Congress would have the final legislative authority to accept or not accept, by a simple majority vote, changes in payment methodologies based on the IOM study.
- A better process to review potentially mis-valued services under the Medicare fee schedule. ACP supports the need for a better and more rigorous process to identify mis-valued services, but recommends that an independent advisory expert panel be convened to advise HHS on the selection and review of such RVUs. This process should supplement and not replace the existing RVS Update Committee (RUC) process.
- Center for Innovation to accelerate selection, testing, and implementation of innovative models to align Medicare incentives with value.
- Positive and non-punitive incentives for successful participation in the Physicians Quality Reporting Initiative.
- Independent research on the comparative effectiveness of different treatments to inform clinical decision-making and coverage decisions.
- Funding for state programs to improve patient safety and pilot test alternatives to the current medical liability tort system. We believe that additional steps are needed, though, to reduce the costs of defensive medicine, to limit excessive and unwarranted awards for non-economic damages, and to design and implement new models, such as health courts, to provide alternatives to costly and unpredictable jury trials.

It is important to recognize that the goal of reforming physician payments to achieve better value cannot be achieved unless Congress repeals the flawed Medicare sustainable growth rate formula (SGR) and replaces it with a new update system that will yield positive and predictable updates. Although H.R. 3962 does not have any provisions relating to the SGR, we appreciate your support for "The Medicare Physician Payment Reform Act of 2009," H.R. 3961, and your commitment to seeing this bill enacted into law this year. H.R. 3961 would repeal the SGR, eliminate all of the accumulated payment cuts, and create a new system that would provide a growth target of GDP plus two percent for primary care and preventive services and GDP plus one percent for all other services.

In conclusion, the American College of Physicians believes that H.R. 3962 has the key policies needed to make health insurance coverage affordable for almost all Americans, to begin to re-align federal policies to support primary care, prevention and wellness, and to reform delivery and payment systems to create better value for patients. Although we believe that additional steps will be required to reverse a catastrophic shortage of primary care physicians for adults, to make the cost of health care sustainable, to reduce the costs of defensive medicine, and to ensure that all Americans have access to affordable coverage, H.R. 3962 would represent an historic step forward to achieving ACP's desired future of a U.S. health care delivery system that provides access, best quality care and health insurance coverage for 100% of its people.

Yours truly,



Joseph W. Stubbs, MD, FACP
President

AMERICAN ACADEMY OF FAMILY PHYSICIANS

STRONG MEDICINE FOR AMERICA

November 3, 2009

The Honorable Nancy Pelosi
Speaker
U.S. House of Representatives
Washington, DC 20215

Dear Speaker Pelosi:

On behalf of the American Academy of Family Physicians, whose 94,600 members throughout the country are deeply committed to the improvement of the delivery of health care for their patients, thank you for your leadership in the development of the *Affordable Health Care for America Act* (HR 3962) and the *Medicare Physician Payment Reform Act* (HR 3961), introduced by Representative John Dingell and other health care leaders in the House. I am pleased to inform you that, after a review of the legislation, the AAFP Board of Directors has decided to support both bills. While there are several areas where we think these bills can be modified to improve care to our patients, they are consistent with the principles of reform that the AAFP believes are necessary to begin the long-term process of reforming health care in this nation.

Family physicians particularly appreciate that the revised legislation would provide health insurance coverage for some 96 percent of Americans and would reduce the federal deficit by $30 billion. It is particularly noteworthy that the Congressional Budget Office has estimated that the revised bill would also lower health care costs overall by accelerating the applicability of the medical home and other health care delivery improvement models.

We greatly appreciate a number of improvements that have been made to the original version of the bill, HR 3200, especially:

- Making permanent the 5-percent bonus payment for primary care services (increased to 10 percent in underserved areas), changing the eligibility requirements for this bonus, and applying the bonus to all Medicare claims. We appreciate that the new legislation retains the provision to bring Medicaid payment for primary care services to at least Medicare payment rates and prohibiting the imposition of cost-sharing on recommended preventive services.

www.aafp.org

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- Broadening the eligibility for patients in the Medicare community-based medical home demonstration beyond high-need patients. We believe that all the medical home demonstration programs will show the best results if they are available to all patients so that physician practices can transform their delivery of health care without regard to segments of their patient populations. If the demonstration program needs data on how the medical home serves specific subpopulations, then segmenting the data from the program still will be available.

- Allowing the Secretary to negotiate payment rates for those physicians who choose to participate in the public plan option.

- Adding the Innovation Center to CMS, which will allow the agency needed authority to explore health delivery and payment options more expeditiously.

- Equalizing services in the Commonwealth of Puerto Rico and the U.S. Territories by allowing each territory to elect to participate in the Health Insurance Exchange.

We will continue to recommend improvements to the bill, based on several concerns our members have, including:

- Tort reform. We appreciate that the bill has been revised to establish a new voluntary program designed to encourage states to implement alternatives to traditional medical malpractice litigation. This is similar to the *Fair and Reliable Medical Justice Act*, sponsored by Senator Enzi of Wyoming, which AAFP supported several years ago. We continue to recommend that Congress consider other reforms, like caps on non-economic damages, that have proven effective in several states, including California.

- Additional investment in payments to primary care physicians. AAFP applauds the commitment in both the original and revised legislation to improved payment for primary care services. But given a decade-long declining trend in students choosing primary care, we will continue to request additional investments in this area. This is crucial for growing the number of medical students who choose primary care as their medical career. Increasing the number of primary care physicians is fundamental to building a health care delivery system that improves quality and cost efficiency based on the strength of the trusted relationship with a personal physician.

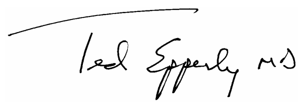
- Ensuring payment for health care services reflects the training and the expertise of the provider of those services. We believe that sections of the bill that adjust payments for non-physician providers should be examined with this principle in mind.

There is one important issue that will affect health reform significantly on which we strongly recommend that Congress not act. We are concerned that Congress not legislate changes to the 2010 Medicare Physician Payment rule that Centers for

Medicare and Medicaid Services (CMS) issued on Friday, October 30, except of course to remove the pending 21.2 percent cut in payments. The physician expense (PE) provisions of the final rule are based on a valid, scientifically rigorous survey, and CMS should be allowed to use that accurate and more current survey to determine physician expenses and ultimately payment rates.

In the short time that Congress has left to enact meaningful health care reform, AAFP will continue working with you and the Congressional committees to help make better health care, based on primary care, available to as many as possible in this country. Thank you again for being bold advocates for the future health care system that our country needs.

Sincerely,



Ted Epperly, MD, FAAFP
Board Chair

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November 4, 2009

The Honorable Nancy Pelosi
Speaker
United States House of Representatives
Washington, D.C. 20515

RE: United Cerebral Palsy Supports H.R. 3962

Dear Speaker Pelosi:

I am writing to express United Cerebral Palsy's (UCP) strong support for the Affordable Health Care for America Act of 2009 (H.R. 3962). UCP is one of the nation's largest health charities with an affiliate network of almost 100 organizations that provide direct services to more than 176,000 children and adults with all types of disabilities.

Achieving access to affordable, comprehensive health care has been a high priority for the disability community for decades. Several provisions of the America's Affordable Health Choices Act (H.R. 3962) will make significant strides toward meeting that goal.

Insurance Market Reforms

The insurance market reforms in H.R. 3962, such as the elimination of pre-existing condition exclusions, requirements of guaranteed issue and renewal, prohibition of discrimination based on health status, and the elimination of annual and lifetime caps constitute a sea change in the American health care system. We are especially pleased that effective January 1, 2010, H.R. 3962 shortens the time that plans can look back for pre-existing conditions from six months to thirty days and shortens the time plans may exclude coverage of certain benefits generally from twelve months to three months.

Long Term Services and Supports

Ensuring that individuals with disabilities can live in the community is the top priority for United Cerebral Palsy. We recognize the importance of Medicaid in providing long term services and supports to our constituents. We also believe that it is time to develop an approach that takes some of the pressure off of the Medicaid program and helps individuals and families avoid poverty. We applaud the inclusion of the Community Living Assistance Services and Supports (CLASS) Act, a new actuarially sound, premium-based, national long term services insurance program to help adults with severe functional impairments to remain independent, employed, and a part of their communities, without having to

impoverish themselves to become eligible for Medicaid. In addition to increasing independence for people with disabilities, this measure, as the Congressional Budget Office has determined, will decrease Medicaid costs over time.

Medicaid

We are especially pleased that H.R. 3962 includes a six month extension, through FY 2011, of the American Recovery and Reinvestment Act's increase to the federal share of Medicaid spending (FMAP). Medicaid is a critical resource that finances the services our affiliates provide to children and adults with disabilities across the country. As you know, due to the recession, many states have been forced to make severe cuts in Medicaid spending. The extension of the FMAP increase is an important step in stabilizing Medicaid programs throughout the nation and ensuring that individuals receive the services they desperately need.

In addition, United Cerebral Palsy is very grateful that H.R. 3962 increases the Medicaid reimbursement rate for primary care providers to the Medicare rate with federal support. Low Medicaid reimbursement rates have been a significant barrier in accessing quality primary care for Medicaid beneficiaries with disabilities across the country. We believe that this critical provision will go a long way toward improving quality health care for the individuals we serve.

We also believe this is the right time to address the institutional bias in the Medicaid program. Approximately 73% of Medicaid long term services funds are spent on institutional services, even though most beneficiaries prefer getting services in their own home. Therefore, when considering the final House and Senate legislation, we strongly urge you to support the provisions in the Senate Finance Committee bill that expand Medicaid home and community based services, including the Community First Choice option program and increased FMAP for states that undertake structural reforms to increase diversions from institutions to the community. We believe this is a not only right for the individuals, but fiscally sound for the nation.

The Health Insurance Exchange

H.R. 3962 requires the essential benefits package of plans in the new Health Insurance Exchange to contain critical services for children and adults with disabilities such as:

- Rehabilitation and habilitation services;
- Durable medical equipment (e.g. wheelchairs), prosthetics, orthotics, and related supplies; and
- Behavioral health treatment.

These services are critical to enabling the children and adults we serve to function and live independently. We therefore applaud the House for including them in the Exchange's essential benefits package.

Other Important Provisions

We are extremely pleased that the following provisions which are of great importance to people with disabilities are included in H.R. 3962:

- Requirements for the development of standards for accessible diagnostic and other medical equipment;
- Inclusion of "disability" as a category for purposes of health disparities; and
- Inclusion of "disability" as a subpopulation in the Comparative Effectiveness Research (CER) provisions.

Thank you for your tremendous leadership on health care reform. UCP looks forward to working with you and your staff to secure swift passage of the Affordable Health Care for America Act.

Sincerely,

Christopher Thomson
Vice President Corporate Affairs
General Counsel

CC: The Honorable Steny Hoyer
The Honorable Henry Waxman
The Honorable Charles Rangel
The Honorable George Miller
The Honorable Frank Pallone
The Honorable Pete Stark

October 30, 2009

The Honorable Nancy Pelosi
Speaker of the House of Representatives
H-232, US Capitol
Washington, DC 20515

Dear Madam Speaker:

On behalf of the more than 1,200 community health centers nationwide and the 20 million people they serve, I write you today to express our heartfelt appreciation for your leadership in shepherding landmark legislation, the "Affordable Health Care for America Act of 2009," to this special moment in history. With the introduction of H.R. 3962, our country is closer than ever before to achieving the most significant health reform advances since the enactment of Medicare in 1965. I want to commend your leadership and that of other key Members who worked tirelessly with you on this history-making collaboration, in particular House Majority Leader Steny Hoyer, House Majority Whip Jim Clyburn, Energy and Commerce Committee Chairman Henry Waxman, Ways and Means Committee Chair Charles Rangel, and Education and Labor Committee Chair George Miller.

Community Health Centers strongly share your goal of achieving universal coverage that is available and affordable to everyone, and especially to low-income individuals and families. H.R. 3962 emphasizes cost-effective preventive 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. We whole-heartedly appreciate your dedication to bringing the bill to this juncture and pledge our collective efforts to support the final passage and signing of this legislation into law.

We are especially supportive of the bill's expanded Medicaid coverage to all individuals and families with incomes below 150 percent of the federal poverty level, which will extend vital Medicaid benefits and cost-sharing protections to some 15 million poor and low-income uninsured Americans. Medicaid is, by design, specifically focused on meeting the health care needs of this population, making it central to the success of health reform.

We also appreciate the vital subsidies that H. R. 3962 will provide to lower-income individuals and families who are above the Medicaid eligibility level, not only to make coverage affordable but also to eliminate barriers to care as well, through cost-sharing protections – and in particular by eliminating cost-sharing for vital preventive care.

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We are also particularly thankful and supportive of the additional provisions that will dramatically improve access to affordable, accessible, continuous care for low-income and underserved Americans, including:

- An investment in Community Health Centers that anticipates the need for increased access to health care as millions of Americans gain health insurance coverage. This legislation directs $12 billion in new, dedicated funding to grow the Health Centers program over the next 5 years, allowing Community Health Centers to expand their primary health care capacity dramatically – to serve up to 12 million new patients by the time the expanded insurance coverage goes into effect in 2013, and up to 20 million new patients by 2015.

- Investments in health workforce training, including an additional $1.8 billion in funding for scholarship and loan repayment assistance to primary care clinicians who agree to serve in provider-short communities, along with increased support for vital public health and prevention activities.

These key elements will ensure that all Americans will benefit from <u>both</u> expanded health coverage <u>and</u> increased access to health care. Community Health Centers stand ready to continue building on the resources made available by Congress earlier this year to strengthen and expand our proven health center system of care, providing preventive and comprehensive primary health care for all. We look forward to working with you as the legislative process continues to ensure the best provisions of the House and Senate proposals are enacted into law.

Once again, Madam Speaker, on behalf of Community Health Centers and the communities we serve, we thank you for your continued leadership.

Sincerely,

Tom Van Coverden
President and CEO

cc: The Honorable Steny Hoyer, House Majority Leader
The Honorable Jim Clyburn, House Majority Whip
The Honorable Henry Waxman, Chairman, House Energy & Commerce Committee
The Honorable Charles Rangel, Chairman, House Ways & Means Committee
The Honorable George Miller, Chairman, House Education & Labor Committee

October 30, 2009

The Honorable Nancy Pelosi
Speaker
U.S. House of Representatives
Washington, DC 20515

Dear Speaker Pelosi:

On behalf of the more than 1,100 affiliates of the National Alliance on Mental Illness (NAMI), I am writing to offer our support for the Affordable Health Care for America Act (HR 3962). As the nation's largest organization representing children and adults living with serious mental illness and their families, NAMI looks forward to working with you and your colleagues to ensure swift House passage of this important legislation.

NAMI supports strong health care reform legislation that meets the overriding goals set forth by President Obama for expanded coverage, cost containment, quality improvement, long-term sustainability and protections to ensure that individuals and families can keep the coverage they have if they choose. NAMI would like to highlight several key provisions in the Affordable Health Care for America Act that we believe mark important steps to further comprehensive health reform.

Insurance Market Reforms

NAMI supports the full range of insurance market reforms included in HR 3962. These changes are critically important to people living with serious mental illness excluded from coverage on the basis of pre-existing medical conditions. Among these important new protections are:

- Requirements for guaranteed issue and guaranteed renewal of coverage in the individual and small group markets;
- A prohibition of pre-existing health condition exclusions as well as restrictions to severely limit the use of health status in determining premium rates;
- A prohibition on the application of annual and lifetime insurance caps and limits on out-of-pocket spending; and
- Creation of a high-risk pool to provide immediate assistance to those currently uninsured with pre-existing conditions before insurance market reforms go into effect.

Inclusion and Equitable Coverage of Mental Health and Substance Abuse Benefits

NAMI is extremely proud of what Congress was able to accomplish in 2008 with passage of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act. This landmark law will ensure that group health plans provide equal coverage for mental illness and substance abuse treatment relative to medical-surgical coverage with respect to durational treatment limits and financial limitations.

NAMI is strongly supportive of language in HR 3962 that ensure that all health plans offered through the Health Insurance Exchange will be required to BOTH offer coverage of mental illness and substance use treatment AND do so in compliance with the new Wellstone-Domenici parity law. It is critical that all plans offered through the Exchange – whether purchased through the individual or small group market – comply with this important new law. New coverage made available to uninsured and underinsured must equitably cover treatment for mental illness.

Improvements to Medicare and Medicaid

NAMI is extremely grateful for the landmark improvements to the Medicare and Medicaid programs that are included in HR 3962. Among these are:

- Expansion of Medicaid eligibility to 150% of the federal poverty level (FPL), extending health coverage and security to literally millions of Americans living with serious mental illness, including childless adults not able to qualify for Medicaid in their state;
- Enhancements to the Medicare Part D program including filling the "doughnut hole" coverage gap, expansion of the Low-Income Subsidy (LIS) program and additional protections for dual eligible beneficiaries;
- Elimination of cost sharing for preventive services under Medicare and a new requirement for state Medicaid programs to cover preventive services without cost sharing;
- Authorization for a Medicaid demonstration program for emergency psychiatric services; and
- A new Medicare "medical home" pilot program to provide more coordinated and comprehensive care for beneficiaries with multiple medical co-morbidities.

Comparative Effectiveness Research (CER)

NAMI recognizes that improvements have been made in the provisions in the Energy and Commerce Committee bill setting forth structure and oversight to guide implementation of CER. New protections in HR 3962 will help ensure that differences among ethnic and minority subpopulations are more accurately measured in CER. New language will also ensure that CER is not used to inappropriately mandate payment, coverage or reimbursement policies. NAMI would urge further improvements such as those in Representative Kurt Schrader's legislation (HR 2502) ensuring that CER is overseen and implemented by an independent, non-governmental institute that genuinely represents the interests of patients, researchers and providers and reflective of how CER can best be used in real world treatment settings.

Community Living Assistance Services and Supports (CLASS) Act

NAMI is extremely pleased that HR 3962 includes the late Senator Edward Kennedy's CLASS Act, a new voluntary, public, long-term care insurance program to help support people with significant functional limitations, including serious mental illness. After a contribution period, individuals determined to need assistance as a result of functional limitations would qualify to receive assistance to purchase services to maintain personal

and financial independence. CLASS Act assistance would supplement, and not supplant, other long-term care assistance such as Medicaid.

Finally, NAMI would like to express our gratitude for a provision in HR 3962 that would establish new standards for Federally Qualified Behavioral Health Centers (FQBHCs) under the Public Health Service Act (Section 2513). These new standards include outpatient mental illness treatment services, targeted case management, crisis intervention services, family psychoeducation, peer support and family supports. This provision, authored by Representative Doris Matsui is an important step forward in creating greater accountability in the public mental health system.

Thank you for your leadership in bringing this important legislation forward. NAMI is anxious to work with you and your colleagues in the House to achieve a strong health reform bill this year. It is critical that health reform meets the needs of children and adults living with mental illness.

Sincerely,

Michael J. Fitzpatrick, M.S.W.
Executive Director

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Rebecca M. Patton, MSN, RN, CNOR
President

Marla J. Weston, PhD, RN
Chief Executive Officer

November 3, 2009

The Honorable Nancy Pelosi
Office of the Speaker
H-232, US Capitol
Washington, DC 20515

Dear Madam Speaker:

On behalf of the American Nurses Association (ANA), I am writing to affirm our strong support for the *Affordable Health Care for America Act,* HR 3962. ANA commends the work of the House Energy and Commerce, Ways and Means, and Education and Labor committees as this legislation clearly represents a movement toward much-needed, comprehensive and meaningful reform for our nation's healthcare system. America's nurses understand that this reform cannot wait; it must be done today.

The ANA is the only full-service professional organization representing the interests of the nation's 2.9 million registered nurses (RNs) through its 51 constituent member associations. The ANA particularly wants to express our appreciation for the recognition that, in order to meet our nation's health care needs, we must have an integrated and well resourced national healthcare workforce policy, a system that focuses on wellness and prevention, and a high-quality public insurance option that complements and competes fairly with options offered by private insurers.

ANA remains committed to the principle that health care is a basic human right and that all persons are entitled to ready access to affordable, quality health care services. ANA supports a restructured health care system that ensures universal access to a standard package of essential health care services for all individuals and families – as is illustrated in the *Affordable Health Care for America Act*. That is why ANA strongly supports the inclusion of a public health insurance plan option as an essential part of comprehensive health care reform in H.R. 3962.

ANA believes that inclusion of this public health insurance plan option would assure that patient choice is a reality and not an empty promise, and that a high-quality public health insurance plan option will above all, provide the access to prevention and early intervention that is missing from our current health care environment. ANA deeply appreciates the commitment to a public health insurance plan in H.R. 3962, and we look forward to partnering with you to make this plan a reality.

As the largest single group of clinical health care professionals within the health system, licensed registered nurses are educated to practice within a holistic framework that views the individual, family and community as an interconnected system that can keep us well and help us heal. Registered nurses are fundamental to the critical shift needed in health services delivery, with the goal of transforming the current "sick care" system into a *true* "health care" system.

Advanced practice registered nurses (APRNs), in particular nurse practitioners and certified nurse midwives, are proven providers of high-quality, cost effective primary care. ANA has

been advocating for the use of provider neutral language and believes that any type of demonstration or pilot project that focuses on primary care should include nurse practitioners and certified nurse midwives and that nothing should preclude them from leading those models of care. The *Affordable Health Care for America Act* clearly recognizes that support, development and deployment of this keystone profession is essential for any quality health reform plan to succeed.

ANA deeply appreciates the recognition of the need to expand the nursing workforce, and thanks you for your commitment to amend the Title VIII Nursing Workforce Development Programs under the Public Health Service Act. We also are grateful for the financial commitment to the Title VIII programs made in H.R. 3962. The funding stream created through the Public Health Investment Fund and the dollars committed through 2015 would offer vital resources and much needed funding stability for these important programs. We are pleased to see so many important provisions included in the bill that will help address the growing nursing shortage. We also appreciate the inclusion of the definition of the Nurse Managed Health Centers under the Title VIII definitions.

In addition, ANA applauds the use of "community-based multidisciplinary teams" to support primary care through various demonstrations and pilot programs. These models demonstrate a commitment to quality, coordinated care by all health providers, and represents a focus, not just on treating illness, but on emphasizing wellness and prevention. ANA is especially pleased that nurse practitioners have been recognized as primary care providers and authorized to lead various models of care, including the Medical Home and Independence at Home pilot programs. APRNs' skills and education, emphasizing patient and family-centered, whole-person care, makes them particularly well-suited providers to lead these models. ANA commends the many measures in the H.R. 3962 that would bolster the nursing profession, and for its demonstrated commitment to fostering full integration, coordination, and collaboration at all levels among our nation's health care workforce.

Once again, the need for fundamental reform of the U.S. health care system is critical. Bold action is called for to create a health care system that is responsive to the needs of consumers and provides equal access to safe, high-quality care for all in a cost-effective manner. ANA and nurses around the country are ready to work with you to advance and enact into law H.R. 3962, the *Affordable Health Care for America Act* this year.

Sincerely,

Rebecca M. Patton MSN, RN, CNOR
President
American Nurses Association

CC: The Honorable George Miller
The Honorable Charles Rangel
The Honorable Henry Waxman

November 4, 2009

The Honorable Harry Reid
Majority Leader
United States Senate
Washington, D.C. 20510

Dear Leader Reid:

On behalf of the over 240,000 surgeons and anesthesiologists we represent and the millions of surgical patients we treat each year, the 21 organizations listed below share your goals of expanding coverage, promoting better access to high quality care and reducing costs. Our commitment to preserving access and improving high-quality care for surgical patients across the country remains steadfast.

We are writing today to reiterate our serious concerns with several provisions that were included in the health care reform bill that was considered by the Senate Finance Committee and to let you know that if these concerns are not adequately addressed when a health care reform package is brought to the Senate floor, we will have no other choice but to oppose the bill. The surgical community strongly believes that these provisions are not based on sound policy, do little to build a solid foundation on which to build true reform, and will ultimately have an immediate and continuing negative impact on both access to surgical care and efforts to improve the quality of surgical care.

In addition to failing to permanently fix Medicare's broken payment system and to include any meaningful proven medical liability reforms, the surgical community opposes the following provisions:

- ***Establishment of an Independent Medicare Commission whose recommendations could become law without congressional action;***

- ***Mandatory participation in a seriously flawed Physician Quality Reporting Initiative (PQRI) program with penalties for non-participation;***

- ***Budget neutral bonus payments to primary care physicians and rural general surgeons;***

- ***Reducing payments to physicians who are found to the have the highest utilization of resources—without regard for patient acuity or complexity of the care being provided;***

- ***Establishes a budget-neutral value-based payment modifier which CMS does not currently have the capability to implement and placing the provision on an unrealistic and unachievable timeline; and***

- ***Requiring physicians to pay an application fee to cover a background check for participation in Medicare despite already being obligated to meet considerable requirements of training, licensure, and board certification.***

Since late last year and as recently as last month, the surgical community has on multiple occasions offered detailed comments on how the Senate's policy options and legislative proposals can be amended to not only preserve but also improve Americans' access to quality surgical care. We urge you and your colleagues to address these concerns in advance of the Senate's consideration of health reform legislation.

Sincerely,

American Academy of Facial Plastic and Reconstructive Surgery
American Academy of Ophthalmology
American Academy of Otolaryngology-Head and Neck Surgery
American Association of Neurological Surgeons
American Association of Orthopaedic Surgeons
American College of Obstetricians and Gynecologists
American College of Osteopathic Surgeons
American College of Surgeons
American Osteopathic Academy of Orthopedics
American Society of Anesthesiologists
American Society of Breast Surgeons
American Society of Cataract and Refractive Surgery
American Society of Colon and Rectal Surgeons
American Society for Metabolic & Bariatric Surgery
American Society of Plastic Surgeons
American Urological Association
Congress of Neurological Surgeons
Society for Vascular Surgery
Society of American Gastrointestinal and Endoscopic Surgeons
Society of Gynecologic Oncologists

cc: United States Senate

AMERICAN OSTEOPATHIC ASSOCIATION

1090 Vermont Avenue NW, Suite 510, Washington D.C. 20005 ph 202 414 0140 | 800 962 9008

November 4, 2009

The Honorable Nancy Pelosi
Speaker
House of Representatives
H-230, The Capitol
Washington, DC 20515

Dear Madam Speaker:

On behalf of the American Osteopathic Association (AOA) and the 67,000 osteopathic physicians it represents, I would like to express our support for the comprehensive health system reforms set forth in the "Affordable Health Care for America Act" (H.R. 3961) and the "Medicare Physician Payment Reform Act" (H.R. 3962). Together, the interdependent policies contained in these two bills offer increased access to health care for all Americans, the promise of innovation in health care delivery models, a more robust physician workforce and a stable, equitable Medicare reimbursement system. Recognizing that the preservation of the physician-patient relationship is paramount to ensuring the success of broad systemic change, we applaud your commitment to the concurrent advancement of H.R. 3961 and 3962. We commend you on your tireless dedication to bringing about true health system reform through these transformational proposals.

<u>Access to Affordable Health Care Coverage</u>

The AOA believes that every American should have access to affordable health care coverage. We support provisions in H.R. 3962 that would preserve access to employer-sponsored health care. Since the majority of Americans receive their health care coverage through their employers, we firmly believe that individuals should be allowed to maintain their employer-sponsored coverage. The AOA has long advocated for comprehensive reforms of insurance practices that hinder access to obtaining coverage. Accordingly, we support provisions in this bill that would prohibit commercial insurance companies from excluding coverage for pre-existing conditions. Furthermore, we support reforms that would prohibit differential pricing based upon race, gender, or other demographic criteria that unnecessarily and unfairly limit access to care for those most in need.

The AOA is also supportive of provisions in the bill that would establish a health insurance exchange, whereby individuals could purchase insurance for themselves and their families. We applaud your recognition of the challenges facing the individual and small group markets and support the bill's provisions enabling small businesses to participate in the Exchange. With respect to the public plan option, the AOA is not convinced that a public insurance option is necessary to achieve our mutual goals. We have not taken a formal position on the plan contained in H.R. 3962. However, we are very appreciative of your recognition that participation in a public plan should be voluntary and in order to preserve a competitive marketplace, providers must be allowed to

negotiate payment rates under a public insurance option. We remain firmly opposed to any public plan option based on the Medicare program.

Innovations in the Health Care Delivery System

The AOA has long urged Congress to implement delivery system reforms that place a renewed focus on the importance of primary care. We believe, and evidence supports, that an emphasis on patient-centered primary care improves health outcomes and decreases the overall cost of health care. For these reasons, we are strongly supportive of provisions that would expand the patient-centered medical home and implement it fully in the nation's health care delivery system. We also view Accountable Care Organization models as a promising innovation that should be further examined and developed through the programs laid out in this legislation. The AOA strongly supports this move toward a model of coordinated health care delivery that is based on an ongoing personal relationship with a physician. We thank you for including provisions aimed at promoting primary care.

We share the House's commitment to ensuring that all insurers provide a broad range of medical services, including prevention and primary care, reflecting the critical importance of these services. This legislation effectively increases access to preventive care through the elimination of co-pays for these services. Additionally, the authorization of a personalized prevention plan and routine wellness visit under Medicare will not only encourage individuals to adopt healthier lifestyles, but also reinforce the continuous physician-patient relationship. In addition to the development of the patient-centered medical home, we view these standards for coverage as an essential step toward a model of health care delivery that is based on comprehensive, continuous primary care conferred by a physician-directed team. We urge the federal government to use its influence to encourage all health plans, whether public or private, to promote delivery models that place a greater emphasis on prevention and primary care services.

Ensuring a Robust Physician Workforce

We are pleased that the legislation includes provisions to reform the nation's graduate medical education system in order to foster a more robust physician workforce. We salute your decision to include provisions that would remove disincentives that exist regarding training in non-hospital settings. By clarifying in statute the definition of "all or substantially all" as it relates to the training costs of resident physicians in non-hospital settings, this legislation will foster training opportunities in outpatient practice settings and improve the quality of graduate medical education programs – especially for primary care physicians. This has been a long-standing priority for the AOA for several years. We are pleased that your legislation would allow teaching programs to utilize these settings unburdened by onerous regulations. Providing experiences in non-hospital settings for resident physicians, especially those in primary care specialties, increases the likelihood that they will seek practice opportunities in those settings. Additionally, we are supportive of provisions that would allow for the development and evaluation of new training models whereby community health centers and other care delivery sites would be allowed to participate in the training of resident physicians.

H.R. 3962 also addresses those disparities in physician payment that deter medical students from entering careers in primary care and general surgery, both of which face growing shortages over the next decade. We strongly support the establishment of permanent "bonus payments" of five percent to primary care physicians providing designated services and 10 percent to primary care physicians in health profession shortage areas. We are equally appreciative of bonus payments established for

general surgeons practicing in shortage areas. On top of the restructured payment formula contained in H.R. 3961, these bonuses offer a solid foundation upon which to build our physician workforce. Additionally, the AOA strongly supports provisions that would more closely align Medicaid payments to Medicare payment rates for primary care physicians. We believe that this provision will facilitate greater participation in the Medicaid program and increase access to these vital services. We applaud its inclusion.

Overhauling the Flawed Physician Payment System

The AOA firmly believes that Congress must seize upon this unprecedented opportunity to address the existing failures in our current health care system and to build upon its strengths. However, it is impossible to achieve meaningful health system reforms independent of establishing long-term stability in physician payment methodologies. The approach taken in H.R. 3961 whereby the current payment methodology is eliminated, permanently, is strongly supported by the AOA. We applaud your decision to establish a new methodology whereby physicians services are bifurcated into independent service targets. This is consistent with AOA policies. Under your proposal all evaluation and management services, along with designated preventive care services, would be reimbursed using a methodology that promotes their delivery and provides adequate compensation to both primary care and specialty physicians. Fundamentally flawed Medicare physician payment policies have stifled the prospects for reform for over a decade. In conjunction with the comprehensive reforms contained in H.R. 3962, we urge you to remain steadfast in your commitment to enacting long-term physician payment system reform now.

Madam Speaker, we applaud your leadership and dedication to improving the nation's health care system. We also must acknowledge the outstanding leadership of Chairmen Rangel, Waxman, and Miller, Stark, Pallone, and Andrews. We recognize the prodigious efforts required to produce legislation of this scope and magnitude and offer our sincere appreciation to all who were involved in its development.

In closing, the AOA would reiterate our sincere belief that the policies proposed in H.R. 3962, a majority of which are supported by the AOA, cannot achieve their full potential for the American people independent of the enactment of H.R. 3961. Physicians and physician services are the foundation upon which our health care system is built, and, today this foundation resembles quicksand versus bedrock. H.R. 3961 allows the health care system of the future to be built upon the bedrock of our nation's health care system – patients and physicians. The AOA and our members stand ready to assist you in securing the concurrent enactment of these vital and integrally linked health care reforms.

Sincerely,

Larry A. Wickless
President

C: The Honorable Steny Hoyer, Majority Leader
The Honorable John Boehner, Republican Leader

The Honorable James Clyburn, Majority Whip
The Honorable Eric Cantor, Republican Whip
The Honorable Charles Rangel, Chairman, Ways and Means Committee
The Honorable Henry Waxman, Chairman, Energy and Commerce Committee
The Honorable George Miller, Chairman, Education and Labor Committee

American College of Surgeons

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Secretary
James K. Elsey, MD, FACS
Atlanta, GA

November 4, 2009

The Honorable John D. Dingell
2328 Rayburn House Office Building
Washington, D.C. 20515

Dear Representative Dingell:

On behalf of the more than 74,000 members of the American College of Surgeons (College), I write to express the College's support for the *Medicare Physician Payment Reform Act* (H.R. 3961) and the *America's Affordable Health Choices Act* (H.R 3962). The College shares your desire and commitment to make quality health care more accessible to all Americans. We strongly believe that H.R. 3961 and H.R. 3962 are intrinsically interdependent and that true health care reform cannot be fully achieved unless the current system is rebuilt on a solid foundation.

As you know, one of the greatest threats to our health care system is the instability of the Medicare program and its impact on beneficiaries and physicians. H.R. 3961 takes the critical first step of establishing a firm foundation on which to build comprehensive health care reform by permanently repealing the flawed Medicare reimbursement system and resetting the budget baseline – a problem that has crippled Medicare for nearly a decade.

In addition, the College supports the goals of H.R. 3962 that collectively expand coverage, promote and incentivize high quality care and help to ensure patient access to surgical care. There are many areas of the legislation that the College supports including the bill's emphasis on using comparative effectiveness research as a tool to establish high quality clinical decision-making rather than cost-effectiveness decisions. The College also supports the legislation's commitment to trauma care including the establishment of grants to trauma centers, the creation of pilot programs to develop regionalized systems of emergency and trauma care, and the authorization of the Emergency Care Coordination Center.

The College's support of H.R. 3962 also centers on provisions the legislation does not contain. While the bill does address reimbursement challenges facing primary care, it does not finance these increased payments through reductions in payments for all other physician services. We are grateful for the recognition that such payment cuts would exacerbate existing surgical workforce shortages. Furthermore, we strongly support the purposeful exclusion of an independent Medicare commission that would shift responsibility of making difficult Medicare payment and coverage decisions away from Congress and to an un-elected and largely unaccountable executive branch agency.

We look forward to working with you to advance these important pieces of legislation. The provisions in H.R. 3961 and H.R. 3962, along with needed efforts to address the surgical workforce crisis and additional implementation of proven medical liability reform initiatives will help ensure that Americans have continued access to both quality coverage and care.

Sincerely,

A. Brent Eastman, MD, FACS
Chair, ACS Board of Regents

The Arc of the United States

People First, Visionary Leadership,
Community Participation, Diversity, Integrity and Excellence

Reply to:
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Reply to:
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November 4, 2009

The Honorable Nancy Pelosi
Speaker
United States House of Representatives
Washington, D.C. 20515

RE: The Arc of the United States Supports H.R. 3962

Dear Speaker Pelosi:

On behalf of The Arc of the United States, I am writing to express our strong support for the Affordable Health Care for America Act of 2009 (H.R. 3962). The Arc is the world's largest community-based organization of and for people with intellectual and developmental disabilities and their families. The individuals we represent are among the most medically underserved populations in our country. Ensuring that community health supports for our constituents address physical and mental health needs in an affordable, accessible, comprehensive, and non-discriminatory manner has been a top priority of The Arc's since its founding.

The provisions of H.R. 3962 that will benefit our constituents are too numerous to mention in this letter. We are especially grateful for the following provisions which are of specific importance to people with disabilities.

Insurance Market Reforms

The insurance market reforms in H.R. 3962, such as the elimination of pre-existing condition exclusions, requirements of guaranteed issue and renewal, prohibition of discrimination based on health status, and the elimination of annual and lifetime caps constitute a sea change in the American health care system. We are especially pleased that effective January 1, 2010, H.R. 3962 shortens the time that plans can look back for pre-existing conditions from six months to thirty days and shortens the time plans may exclude coverage of certain benefits generally from twelve months to three months.

Long Term Services and Supports

Ensuring that individuals with intellectual and developmental disabilities can live in the community is the top priority for The Arc. We recognize the importance of Medicaid in providing long term services and supports to our constituents. We also believe that it is time to develop an approach that takes some of the pressure off of the Medicaid program and helps individuals and families avoid poverty. We applaud the inclusion of the Community Living Assistance Services and Supports (CLASS) Act, a new actuarially sound, premium-based, national long term services insurance program to help adults with severe functional impairments to remain independent, employed, and a part of their communities, without having to impoverish themselves to become eligible for

Medicaid. In addition to increasing independence for people with disabilities, this measure, as the Congressional Budget Office has determined, will decrease Medicaid costs over time.

Medicaid

The Arc is especially grateful that H.R. 3962 increases the Medicaid reimbursement rate for primary care providers to the Medicare rate with significant federal funding. Low Medicaid reimbursement rates have been a significant barrier in accessing quality primary care for Medicaid beneficiaries with intellectual and developmental disabilities. We believe that this critical provision will go a long way toward improving quality health care for our constituents.

As you know, the recession has taken a significant toll in the ability of states to provide Medicaid services across the country. Many of our chapters have experienced serious reductions in their programs, primarily due to state budget crises. We are therefore thrilled that H.R. 3962 contains a six month extension in the American Recovery and Reinvestment Act's increase in federal Medicaid spending.

We also believe this is the right time to address the institutional bias in the Medicaid program. Approximately 73% of Medicaid long term services funds are spent on institutional services, even though most beneficiaries prefer getting services in their own home. Therefore, when considering the final House and Senate legislation, we urge you to support the provisions in the Senate Finance Committee bill that expand Medicaid home and community based services, including the Community First Choice option program and increased FMAP for states that undertake structural reforms to increase diversions from institutions to the community.

The Health Insurance Exchange

H.R. 3962 requires the essential benefits package of plans in the new Health Insurance Exchange to contain critical services for children and adults with disabilities such as:

- Rehabilitation and habilitation services;
- Durable medical equipment (e.g. wheelchairs), prosthetics, orthotics, and related supplies;
- Behavioral health treatment, and
- Mental health services in compliance with the Wellstone-Domenici parity law.

Many of our constituents have multiple disabilities and chronic conditions. These services will increase their ability to function independently.

Other Important Provisions

We are extremely pleased that the following provisions are included in H.R. 3962. All are of great importance to people with disabilities:

- Wellness grants that prohibit the use of discriminatory incentives;
- Inclusion of "disability" as a category for purposes of health disparities; and
- Inclusion of "disability" as a subpopulation in the Comparative Effectiveness Research (CER) provisions. Thank you for your tremendous leadership on health care reform. The Arc looks forward to working with you and your staff to secure swift passage of the Affordable Health Care for America Act.

On behalf of the millions of individuals with intellectual and developmental disabilities that we represent, thank you for your tremendous leadership. We look forward to working with you, your colleagues, and your staff to secure swift passage of the Affordable Health Care for America Act of 2009.

Sincerely,

Lynne A. Cleveland
President

cc: The Honorable Steny Hoyer
The Honorable Henry Waxman
The Honorable Charles Rangel
The Honorable George Miller
The Honorable Frank Pallone
The Honorable Pete Stark

1101 17th Street, NW
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P 202.296.7477
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November 4, 2009

The Honorable Nancy Pelosi
Speaker
H-232, The Capitol
Washington, DC 20515

Dear Speaker Pelosi:

On behalf of the National Breast Cancer Coalition (NBCC), I am writing to support H.R. 3962, *Affordable Health Choices for America Act of 2009* as we continue to work to ensure that we have language in the bill that would require that a significant number of educated consumers be included on all boards, commissions, and panels that will make decisions that affect our health care.

NBCC is made up of over 600 member organizations from across the country representing millions of patients, health care professionals, women, their families and friends. Our grassroots are working tirelessly to make certain that we have affordable, quality care for all.

The *Affordable Health Choices for America Act of 2009* includes components that meet or come close to many elements of the NBCC *Framework for a Health Care System Guaranteeing Access to Quality Health Care for All*, including provisions that provide guaranteed access to quality health coverage that includes a basic set of comprehensive benefits, strive to make health care affordable for all individuals and create a system that is accountable and transparent. As you know, NBCC's framework supports shared responsibility of individuals, employers and government in health care reform. In addition, we believe it is vital that the reformed system supports comparative effectiveness research to obtain and evaluate scientific evidence on various health interventions and supports efforts to control health care costs.

In June, I testified before the House Education and Labor Committee strongly supporting the House Tri-Committee draft bill's approach to health care reform and in July, NBCC endorsed H.R. 3200, the *America's Affordable Health Choices Act of 2009*. In October, I also testified before the House Energy and Commerce Committee in support of health care reform. At the hearing, in the NBCC endorsement letter and in our meetings on the Capitol Hill, NBCC continues to urge Congress to include language that would require that a significant number of educated consumers be included on all boards, commissions, and panels that are making decisions that will affect our health care. This includes but is not limited to entities established to review and assess the best evidence-based treatment options, their effectiveness and value, decide the level and scope of benefits packages and determine effective methods for communicating health care information to consumers, providers and plans.

Patient advocates – members of the lay public who are educated and trained – can play an integral role in ensuring that the health care system is responsive to the needs of health care consumers, of

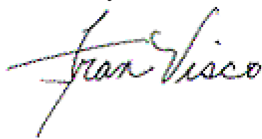
the patients, as well as the medical and scientific communities. We appreciate that the most recent version of your bill includes changes to ensure that patient/consumer advocates have a voice on the *Health Benefits Advisory Council* and the *Comparative Effectiveness Research Commission* but we urge the House to go further to ensure that educated patient/consumer advocates have a voice by including the following language in the final House bill:

All advisory panels, boards and committees charged with decision making on any aspects of the health care system shall whenever possible include a significant number of educated patients and consumer advocates as voting members. The term 'educated consumer or patient' means an individual who is accountable to, represents and reports back to organizations that represent consumers or individuals affected by a disease or health conditions, and is knowledgeable about the health care system and has received training to make informed decisions regarding relevant health, medical or scientific matters.

We thank you for your leadership in advancing meaningful health care reform and ask that you include this language in *Affordable Health Choices for America Act of 2009.*

Since its inception in 1991 NBCC has been working toward the goal of ensuring access to affordable quality health care for all. We believe that, working together, this is the year to make it happen.

Sincerely,



Frances M. Visco
President

cc: The Honorable Steny Hoyer, Majority Leader
The Honorable George Miller, Chairman of the House Education and Labor Committee
The Honorable Henry Waxman, Chairman of the House Energy and Commerce Committee
The Honorable Charlie Rangel, Chairman of the House Ways and Means Committee

November 4, 2009

The Honorable Nancy Pelosi
Speaker
United States House of Representatives
Washington, D.C. 20515

RE: Disability Community Supports Critical Provisions in H.R. 3962

Dear Speaker Pelosi:

The following members of the Consortium for Citizens with Disabilities (CCD) are writing to express our deep gratitude and strong support for critical elements of H.R. 3962, the Affordable Health Care for America Act of 2009. CCD, a coalition of national consumer, service provider, and professional organizations advocates on behalf of persons with disabilities and chronic conditions and their families.

We believe that the goal of health care reform should be to assure that all Americans, including people with disabilities and chronic conditions, have access to high quality, comprehensive, affordable health care that meets their individual needs and enables them to be healthy, functional, live as independently as possible, and participate in the community. H.R. 3962 goes a long way toward meeting that goal. Many of its provisions mark a sea change in improving access to quality, affordable health care for people with disabilities and chronic conditions.

The provisions in the bill that benefit people with disabilities and chronic conditions are far too many to list in this brief letter, but the following provisions stand out as signature achievements of the legislation for our community:

- Major insurance market reforms such as the elimination of discrimination based on health status, a prohibition on pre-existing condition exclusions, guaranteed issue and renewal requirements, and elimination of annual and lifetime caps;
- Creation of a high-risk pool to provide immediate assistance to those currently uninsured with pre-existing conditions before insurance market reforms are implemented;

- Inclusion of critical services for people with disabilities in the new Health Insurance Exchange's essential benefits package such as rehabilitation and habilitation services, durable medical equipment, prosthetics, orthotics and related supplies, vision and hearing services, equipment and supplies for children under 21 years of age, behavioral health treatment, and mental health and substance abuse services in compliance with the Wellstone-Domenici parity law;
- Inclusion of the Community Living Assistance Services and Supports (CLASS) Act, a new actuarially sound, premium-based, national long term services insurance program to help adults with severe functional impairments to remain independent, employed, and a part of their communities, without having to impoverish themselves to become eligible for Medicaid;
- Inclusion of a Sense of Congress Regarding Community First Choice Option to Provide Medicaid Coverage of Community-Based Attendant Services and Supports which expresses support for allowing states to offer such services to people otherwise eligible for Medicaid institutional services;
- Significant investments in Medicaid to dramatically expand eligibility, including EPSDT services for millions of children, increased reimbursement for physicians to Medicare rates with significant federal funding to offset the burden on states, a Maintenance of Effort (MOE) provision, and a six month-extension of the American Recovery and Reinvestment Act's increase to the federal share of Medicaid spending;
- Substantial federal subsidies and out-of-pocket limits to make coverage as affordable as possible;
- Creates new mechanisms and payment methods to better coordinate care for people with disabilities and chronic conditions (e.g., the Continuing Care Hospital ("CCH") and other concepts), and establishes important patient protections to address some of the legitimate concerns involving "bundling" of payments to providers;
- A two-year extension of the exceptions process to the Medicare therapy caps on physical, occupational, and speech and language therapies;
- Requirements for the development of standards for accessible diagnostic and other medical equipment;
- Inclusion of "disability" as a category for purposes of health disparities;
- Inclusion of "disability" as a subpopulation in the provisions regarding Comparative Effectiveness Research (CER); and
- Provision of wellness grants that prohibit the use of discriminatory incentives.

Thank you for your tremendous leadership in developing the Affordable Health Care for America Act of 2009. We look forward to working with you and your staff to secure final passage of meaningful and comprehensive health reform legislation that meets the needs of all Americans this year, including people with disabilities and chronic conditions.

Sincerely,

ACCSES

Alexander Graham Bell Association for the Deaf and Hard of Hearing
American Academy of Physical Medicine and Rehabilitation
American Association of People with Disabilities
American Association on Health and Disability
American Association on Intellectual and Developmental Disabilities
American Council of the Blind
American Foundation for the Blind
American Medical Rehabilitation Providers Association
American Music Therapy Association
American Network of Community Options and Resources
American Occupational Therapy Association
American Physical Therapy Association
American Therapeutic Recreation Association
Amputee Coalition of America
Association of University Centers on Disabilities
Autism Society
Bazelon Center for Mental Health Law
Brain Injury Association of America
Burton Blatt Institute
Center for Disability Issues and the Health Professions
CHADD - Children and Adults with Attention-Deficit/Hyperactivity Disorder
Community Access National Network
Council for Exceptional Children
Council for Learning Disabilities
Disability Rights Education and Defense Fund
Easter Seals
Epilepsy Foundation
Family Voices
Helen Keller National Center
Learning Disabilities Association of America
Mental Health America
National Alliance on Mental Illness
National Association for the Advancement of Orthotics and Prosthetics
National Association of Councils on Developmental Disabilities
National Association of Social Workers
National Association of State Directors of Special Education
National Association of State Head Injury Administrators
National Coalition on Deaf-Blindness
National Council for Community Behavioral Healthcare
National Council on Independent Living
National Disability Rights Network
National Down Syndrome Congress
National Industries for the Blind
National Multiple Sclerosis Society
National Respite Coalition
National Spinal Cord Injury Association

NISH
Paralyzed Veterans of America
Rehabilitation Engineering and Assistive Technology Society of North America
Teacher Education Division of the Council for Exceptional Children
The Arc of the United States
Tourette Syndrome Association
United Cerebral Palsy
United Spinal Association
World Institute on Disability

cc: The Honorable Steny Hoyer
The Honorable Henry Waxman
The Honorable Charles Rangel
The Honorable George Miller
The Honorable Frank Pallone
The Honorable Pete Stark

November 4, 2009

The Honorable Nancy Pelosi
Speaker
U.S. House of Representatives
Washington, D.C. 20515

Dear Speaker Pelosi:

On behalf of Mental Health America (MHA), I am writing to express strong support for the Affordable Health Care for America Act (H.R. 3962). This bill would make ground-breaking steps to provide health care benefits to almost all of those Americans who are currently uninsured. Moreover, it also includes a number of provisions that would significantly improve access to mental health and substance use disorder treatment services.

We applaud the provision applying mental health and substance use parity requirements enacted last year to all qualified health benefits plans regardless of whether they are offered in the individual or group markets. These provisions are crucial in light of the fact that mental health and addiction treatment services have traditionally been subject to blatantly discriminatory limits on coverage that block access to effective and critically needed therapies.

Another top priority for us which H.R. 3962 addresses is inclusion of mental health and substance use disorder services as well as rehabilitative services as components of the essential benefits package that must be offered through this federal initiative to cover the uninsured. Ensuring coverage of mental health and substance use disorder services will be critical in light of recent findings that a large proportion of low-income, uninsured individuals have poor mental health. Studies have also indicated that economic turmoil and recession increase the rates of psychiatric symptoms and demand for services.

In light of the long history of discrimination against individuals with mental health or substance use conditions, we also strongly support the insurance market reforms in the bill that would establish guaranteed issue and renewal requirements and prohibit pre-existing condition exclusions, premium rating based on health status as well as annual and lifetime limits on benefits.

We are encouraged by the provision identifying individuals with mental health conditions as a group that should be prioritized in outreach efforts to inform vulnerable populations about the new federal programs in order to increase access to health care coverage.

Medicaid provides comprehensive benefits and support services to millions of individuals with mental health and/or substance use conditions. But many do not currently have access to the vital coverage that Medicaid provides. Because of the early age of onset of many mental health

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conditions and often long delay in treatment, these conditions often interfere with a young person's ability to succeed in school and gain employment and increase the likelihood of developing a costly disability. As a result, many individuals with serious mental health conditions have very low-incomes and would greatly benefit from the provisions in your bill to expand Medicaid to 150% of poverty. We also support the provisions to clarify Medicaid coverage of therapeutic foster care and community-based mental health services through a new category of providers entitled federally qualified behavioral health centers.

In addition, we very much support the provision to require states to suspend Medicaid coverage for youth incarcerated in public institutions instead of dropping coverage. A large majority of youth in juvenile detention centers have mental health and substance use disorders. Requiring them to re-enroll in Medicaid upon release creates a significant barrier to them receiving greatly needed behavioral health therapy.

We appreciate the provision to fill in the Medicare Part D doughnut hole. Prescription medication is often a key component of effective behavioral health care and the existing gap in Medicare prescription drug coverage has proven very burdensome for many mental health consumers.

As more individuals with mental health conditions receive health care coverage, it will be important to ensure the availability of behavioral health service providers. Thus, we strongly support the provision establishing a new interdisciplinary training program for mental health and substance use disorder treatment professionals.

Mental illnesses often accompany and greatly increase the cost of treating other chronic conditions. Research has also shown that individuals with chronic conditions like diabetes, asthma, heart disease, and obesity who also have a mental health disorder are likely to experience greater functional disability and sometimes higher mortality than individuals whose chronic health conditions are not co-morbid with mental health disorders. Thus we strongly support provisions in the House bill to improve chronic care coordination through medical homes and other models. We encourage the Committee to ensure that the medical home programs include behavioral health specialists on treatment teams and allow mental health or addiction treatment facilities to serve as medical homes.

People with serious mental illnesses are among those most in need of improved care coordination and access to primary care services. Research indicates that those treated in our public mental health systems die on average 25 years earlier than the general population due primarily to other co-occurring health disorders including diabetes, heart disease, cancer, and asthma. Thus, in addition to the medical home proposals, we are pleased to see the provision in the House bill to fund an interdisciplinary care training program that includes models integrating physical, mental, and oral health services.

We are heartened by the many provisions in H.R. 3962 to improve access to preventive services. In recent decades there has been an explosion in research on the prevention of mental health and

substance use conditions, particularly among children. Many interventions can result in long term reductions in behavioral health disorders as well as other positive outcomes such as improved academic achievement. In this regard, we strongly support the provisions to establish a Medicaid state option to cover nurse home visitation programs and a grant program to improve access to home visitation programs.

We support the proposed grant program to fund school-based health clinics that would offer among the core primary health services -- mental health assessments, crisis intervention, counseling, treatment, and referral to emergency psychiatric care and community support programs along with inpatient and outpatient care.

Eliminating cost-sharing for preventive services will encourage individuals take the time and effort to participate in these activities. We also support the establishment of a Prevention and Wellness Trust Fund to support community-based prevention programs. The bill includes a key requirement that the Secretary consult with the Substance Abuse and Mental Health Services Administration in developing a national prevention and wellness strategy.

The grant program to help small employers provide workplace wellness programs is another important provision that prominently features mental health promotion. We appreciate that this provision would not authorize increased financial penalties on those unable to achieve health status benchmarks as has been included in other health care reform bills.

We are please to see the provision to expand research and public education regarding postpartum conditions, including depression.

In addition, we enthusiastically support the provisions in the H.R. 3962 bill to improve the quality of care, including through enhanced support for comparative effectiveness research (CER). Consumers/patients should be fully represented in all phases of research priority-setting, development, and interpretation. Consumers/patients bring valuable perspectives and expertise to discussions regarding research priorities and how clinical research should be conducted.

Finally, we urge you to incorporate into the merged House bill an amendment adopted during the Education and Labor Committee mark-up that ensure mental health and substance use disorder screening, brief intervention, and referral to treatment services would be covered as reimbursable preventative services.

We commend you for your leadership in guiding this important legislation through the committees of jurisdiction and support your efforts to bring it before the full House. Thank you for your consideration of our views.

Sincerely,

David L. Shern, Ph D
President and CEO

ACAP | Association for Community Affiliated Plans

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Tel. 202.204.7508 | Fax 202.204.7517 | www.communityplans.net
Bob Thompson, Chairman | Margaret A. Murray, Chief Executive Officer

November 5, 2009

The Honorable Nancy Pelosi
Speaker of the House of Representatives
Washington, DC 20515

The Honorable John Boehner
Minority Leader, U.S. House of Representatives
Washington, DC 20515

The Honorable Henry Waxman
Chairman, Energy and Commerce Committee
U.S. House of Representatives
Washington, DC 20515

The Honorable Joe Barton
Ranking Member, Energy and Commerce Committee
U.S. House of Representatives
Washington, DC 20515

The Honorable Charles Rangel
Chairman, Ways and Means Committee
U.S. House of Representatives
Washington, DC 20515

The Honorable Dave Camp
Ranking Member, Ways and Means Committee
U.S. House of Representatives
Washington, DC 20515

The Honorable George Miller
Chairman, Education and Labor Committee
U.S. House of Representatives
Washington, DC 20515

The Honorable John Kline
Ranking Member, Education and Labor Committee
U.S. House of Representatives
Washington, DC 20515

The Honorable Steny Hoyer
Majority Leader, U.S. House of Representatives
Washington, DC 20515

Madam Speaker and Gentlemen:

On behalf of the Association for Community Affiliated Plans (ACAP) and our 44 member health plans in 24 states serving nearly seven million Americans, I am writing to express our support for H.R.3962, the "Affordable Health Care for America Act." Overall, this legislation will expand coverage to more Americans, protect the interests of low-income and medically-needy people, and preserve vital safety net programs in a manner that merits ACAP's support.

ACAP represents America's safety net health plans, not-for-profit health plans that disproportionately serve people enrolled in Medicare, Medicaid, SCHIP, and other government health coverage programs. This legislation includes many of ACAP's top legislative priorities, including:

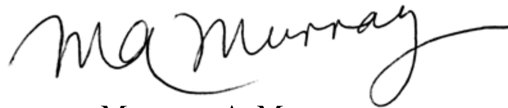
- The expansion of Medicaid coverage to everyone in America below 150% of the federal poverty level, a very strong improvement over H.R.3200;
- The preservation of Medicaid as an independent program that serves existing and future beneficiaries outside the proposed health insurance exchange;
- The extension of the Medicaid drug rebate program to health plans that will maintain the integrity of health plans' care management systems;

- The extension of the grandfather to allow certain states to continue with MCO provider tax programs;
- The reauthorization of the Medicare Advantage Special Needs Plans program;
- Addressing inadequate risk adjustment for Medicare Advantage plans serving beneficiaries that are dually eligible for Medicare and Medicaid; and
- Improving the coordination with the Centers for Medicare and Medicaid Services for dual eligibles.

ACAP believes that these provisions are critical to move the country forward by expanding coverage and improving vital programs intended to serve the poor, medically needy, and elderly. We look forward to working with you in conference to preserve these important policies and perfect others, including those related to CHIP and the health insurance exchange.

ACAP and our member plans stand prepared to support H.R.3962 as it is voted on in the House floor and towards a future where all Americans receive affordable, high-quality health coverage. Please do not hesitate to contact us if we can be any further assistance to you.

Sincerely,



Margaret A. Murray
Chief Executive Officer