

Dear Friend,

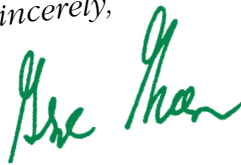
This newsletter is focused on health care reform and senior citizens. In March, Congress passed HR 3590, the Patient Protection and Affordable Care Act (P.L. 111-148). This legislation will provide health care coverage to approximately 32 million American citizens. In our district alone, HR 3590 will provide 217,000 uninsured individuals with access to quality and affordable health insurance and improve Medicare benefits for 56,000 seniors.

Under HR 3590, Medicare benefits are enhanced by providing free preventative and wellness care, improving primary and coordinated care, and enhancing nursing home care. Additionally, HR 3590 will provide assistance for individuals who are in the Medicare Part D donut hole and are forced to pay the full cost of their prescription drugs. HR 3590 will allow these beneficiaries to receive a \$250 rebate in 2010, 50% discounts on brand name drugs beginning in 2011, and complete closure of the donut hole within a decade. A typical beneficiary who enters the donut hole will see savings of over \$700 in 2011 and over \$3,000 by 2020. The first rounds of \$250 rebate checks were mailed to beneficiaries on June 10th.

In the many months we worked to craft HR 3590 and even after passage of the legislation, there has been a lot of misinformation regarding health reform and Medicare. Nothing in HR 3590 reduces Medicare benefits for seniors. The Medicare provisions included in the legislation achieve savings by cracking down on inefficiency, fraud and waste in Medicare—targeted at private insurance companies and providers, not beneficiaries. These savings include cutting large and unnecessary overpayments to private insurance companies that offer Medicare Advantage plans. This bill strengthens Medicare and many of the cost savings achieved are reinvested into Medicare—improving benefits and extending the life of the Medicare Trust Fund by nine years.

We hope this newsletter will provide you with some helpful information on health reform. If you have additional questions or issues of immediate concern, please call any of my offices and I will return your call. It is an honor to serve my district.

Sincerely,



Gene Green  
Member of Congress



## Benefits of Health Reform:

- Keeps Medicare viable for almost 10 more years and will reduce the deficit by an estimated \$143 billion.
- Guarantees basic benefits for all Medicare beneficiaries, gradually closes the Medicare Part D “donut hole,” and provides preventative services at no cost for most.
- Will leave all medical decisions to be made between you and your doctor.
- Provides immediate tax credits for small businesses to assist in buying employee coverage.
- Prevents insurance companies from denying coverage based on pre-existing conditions.
- Expands health insurance to 32 million more Americans.
- Requires Members of Congress to buy health coverage through state-run insurance exchanges that begin in 2014.
- Prohibits illegal immigrants from buying insurance through exchanges or receiving subsidies.

## Frequently Asked Questions

- Q.** I've heard that the bill pays for providing coverage for millions more Americans by cutting Medicare by billions of dollars. Won't that mean cuts to my benefits and care?
- A.** The Medicare cost savings in health reform affect insurance companies and health care providers, not seniors. Studies show at least 5 percent of Medicare spending currently goes to waste, fraud, and abuse. That five percent is all this bill would cut. The savings are achieved by reducing excessive profits that private insurance companies are making off Medicare Advantage; requiring hospitals, doctors, and other providers to be more efficient; calling for more coordinated care; and cracking down on waste, fraud and abuse. The AARP has concluded that none of these savings will hurt seniors or cut their benefits.

The reform bill also plows some of the Medicare cost savings right back into Medicare—making key improvements in Medicare benefits for seniors.

- Q.** What if I'm on Medicare Advantage? Will Medicare Advantage plans still be available?
- A.** Yes, private Medicare Advantage plans will still be available under health care reform. Currently, about 24 percent of America's seniors are in Medicare Advantage plans rather than in traditional Medicare. Since 2003, these plans have cost U.S. taxpayers more than traditional Medicare—overpaying private insurance companies by an average of 14%, and in some regions of the country as much as 20%. Those profits cost all Medicare enrollees more. In fact, a typical older couple enrolled in traditional Medicare will pay \$90 extra in premiums next year to help pay for profits to the Medicare Advantage private insurance companies. The reform bill significantly reduces these overpayments to Medicare Advantage plans.

Many MA plans will continue to offer their services under the new payment system. The plans that are able to operate efficiently and provide extra value to their enrollees through care coordination will continue to flourish. Indeed, under the reform bill, high-quality MA plans will be able to earn bonus

payments, which will encourage these plans to move toward higher quality and better care for their enrollees. If an MA plan chooses to leave the market, people will have choices of other MA plans in their community as well as the choice of a stronger traditional fee-for-service Medicare program to choose from.



The nonpartisan Congressional Budget Office estimates that, under health reform, there will be about 9 million seniors enrolled in Medicare Advantage plans in 2019—not many fewer than the 10.5 million seniors enrolled today.

- Q.** What if I'm a veteran and get care through the VA? Will my care be cut?
- A.** Not at all. Veterans' health services have seen historic funding increases under this Congress and care continues to improve. Nothing in health care reform will hurt or change Veterans' health care.
- Q.** Will there be a shortage of doctors if we're suddenly insuring millions of people who aren't covered now?
- A.** Health reform expands the number of trained doctors in our country—to ensure that access to doctors is not a problem. These provisions include providing new scholarships, loans, and loan repayment help to help recruit new doctors and nurses into the profession—especially primary care providers. The bill will make sure we are training the right kinds of doctors to meet our needs and provide incentives for them to better coordinate your care. And it will help move us to a system of more computerized medical records to save your time and your doctor's time—as well as money and lives.

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## What's in the Reform Bill for Seniors?

**Better Primary Care** Ensuring you have access to and can spend more time with your primary care doctor, and making sure your care is better coordinated to ensure you get recommended treatments, particularly for chronic diseases. Right now, about 12 million seniors lack access to a primary care doctor in their community.

**Lower Drug Costs** Ending the 'donut hole' for prescription drug coverage, starting with a \$250 rebate for those in the donut hole in 2010—and phasing out the donut hole completely over time. The reform bill will result in lower overall prescription drug costs for seniors, according to the non-partisan Congressional Budget Office. Right now, evidence suggests the “donut hole” coverage gap reduces seniors' use of drugs prescribed by their doctor by an average of 14%, posing a real health threat to seniors who simply cannot afford the drugs.

**Free Preventive Care** You will pay nothing on recommended preventive services that will keep you healthier longer, including a free annual wellness visit. Right now, one in five women age 50 or over did not have a mammogram in the last two years, and 38% of adults age 50 or over have never had a colonoscopy—with costs often a factor.

**Protection of Medicare** Extending the solvency of the Medicare Trust Fund by at least nine years, to help ensure Medicare can cover every American as they get older. Right now, the Medicare Trust Fund is projected to be exhausted in just seven years, in 2017, which if not addressed, could cause cuts to services.

**Tighter Oversight** Focusing health care dollars on your care and benefits and cracking down on waste, fraud, abuse, and overpayments to enrich private companies. In the last year alone, improper Medicare payments that were discovered and stopped totaled more than \$450 million.

## Clearing up Misinformation

“Under Health Reform, a government panel or bureaucrat will tell me how to handle end of life issues.”

**FALSE!** Decisions about your health will still be made by you, your doctor, and your family. There's nothing in health reform that would affect your end of life decision-making. Earlier versions of the bill would have compensated your Medicare doctor for having a conversation with you about such planning at your request—but that's no longer part of reform at all.

Some scare tactics have focused on “comparative effectiveness research” in the bill to try to claim government panels would decide what care you can get. The bill explicitly prohibits using this research to define, limit, or deny any treatment or services. In reality, this research would provide doctors with the best information on what treatments work—in effect, making them smarter and better able to treat you.

“Health Care Reform will lead to rationed care.” **FALSE!** Nothing will stand between you and your doctor, or prevent you from making the best health care decisions. Reform actually takes insurance company bureaucrats out of the decision making process for your family—and if you're enrolled in Medicare—improves the level of care you get, at a lower cost, with no government bureaucrats making decisions for you.

“Health Care Reform is a government takeover.” **FALSE!** Under this bill, there is no government takeover of health care. Every American will still be able to choose your own doctor and health insurance plan—and make care decisions with that doctor. The health reform bill builds on the current system of private health insurance. Indeed, according to the nonpartisan Congressional Budget Office, private insurance coverage will expand by 16 million under the reform bill.

“Health Care Reform will end Medicare.” **FALSE!** Reform is about strengthening Medicare—a part of our health care system that's working well. For Medicare enrollees, the health reform bill lowers prescription drug costs, makes preventive care free, ensures that you can keep your doctor, improves the quality of your care, and extends the program's solvency by nearly a decade.

“We can't afford to fix health care during an economic crisis.” **FALSE!** We can't afford not to fix it. Rising health care costs are hurting our families and businesses now, and driving up the budget deficit. If we do nothing, the cost of health care premiums will eat up more and more of your monthly check—and the prescription drug 'donut hole' won't get fixed. Indeed, lowering costs for small businesses through health reform is projected to create up to 4 million new jobs in the coming decade.



*Rep. Green meets with local seniors to take questions on how the Health Reform law impacts Medicare coverage.*

*Congressman Gene Green*

# *Reports to Seniors*

*29th Congressional District of Texas | Summer 2010*



*Rep. Green meets with Veterans at the recent Veterans Forum on May 8 to discuss current legislation affecting Veterans and answer questions regarding Health Reform.*

This mailing was prepared, published, and mailed at taxpayer expense.

Si le gustaría recibir una copia de este noticiero en español, hágame el favor de escribirme a 256 N. Sam Houston Pkwy E., Ste. 29, Houston, TX 77060. Si es más fácil, también puede llamar a nuestra oficina para recibir el noticiero al 281 999-5879.

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