POLITICAL DELIBERATION, NEW SOCIAL MEDIA, AND
THE PATIENT PROTECTION AND AFFORDABLE CARE
ACT OF 2010
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I. Introduction:

Social networking is a concept that has been around much longer than the internet or even mass communication. People have always been social creatures; our ability to work together in groups, creating value that is greater than the sum of its parts, is one of our greatest assets. At its bare essentials, a social network consists of three or more entities communicating and sharing information. Since the explosion of the internet age, more than one billion people have become connected to the World Wide Web, creating seemingly limitless opportunities for communication and collaboration. In the context of today’s electronic media, social networking has become the mean for individuals using the internet and web applications to communicate in previously impossible ways. This is largely the result of a culture-wide paradigm shift in the uses and possibilities of the internet itself.¹

Social media sites have exploded all over the web over the past few years. Some of these new media sites include Facebook and most recently, the explosion of the website known as Twitter. It is even more recent that the use of these websites has entered the political realm. Many congressional legislators now have their own Facebook profiles and more and more congressional legislators are now twittering. Much of what our congressional legislators post on these sites is their own political opinion on current debates as well as articles that discuss their own political agenda.

Because social media sites are so new in the political world and the debate process that are country uses has been around since its founding, this paper is going to take a look at the effects, if any, that new social media has had on political deliberation as

¹“The Public Congress”, Malecha & Reagan Chapter 4
applied to the Patient Protection and Affordable Care Act. New social media research is fairly new and there has been very little research done in relation to social media sites and its relationship to the political world. The ultimate goal of this paper is to give its readers some insight into the realm of new social media and the political world through research and analysis to come to a conclusion if whether or not new social media has had an effect on the way our politicians have debated and view the Affordable Care Act.

Before directly assessing the impact new social media had on the Congress’s consideration of Patient Protection and the Affordable Care Act, I will first provide some background information and analysis on the rise of new social media, congressional deliberation and the substance of The Affordable Care Act. This will provide a foundation from which I can begin to assess how members of Congress, and particularly our chamber leaders, explained their reasoning for the positions they took for and against the Act on Facebook and Twitter.

II. New Social Media:

More than a decade after the first graphics-based web browser became widely available; the internet has become a mainstream avenue for political participation. Some online forms now rival traditional forms of media. Nearly as many U.S. residents now contact their representatives over the internet rather than by mail or telephone. Not only is the internet a popular venue for political participation, it has also increased in political
importance. New social media has also begun to have a major impact on how our chamber leaders portray themselves on the internet, more specifically on Facebook and Twitter. John Culberson, a Republican from Texas stated that, “I’m convinced that the use of social media that we see today is just the tip of the iceberg, adding that the use of social media will become as commonplace in our everyday lives as flipping a light bulb or as natural as breathing.”

Our Chamber leaders consist of the Speaker of the House. Nancy Pelosi, the House Majority Leader, Steny Hoyer, the House Minority Leader, John Boehner, the Senate Majority Leader, Harry Reid, the Senate Minority leader, Mitch McConnell, the President Pro Tempore, Dan Inouye, and the President of the Senate, Joe Biden. Currently all of our chamber leaders have a Facebook profile and all but two have a twitter profile which will be explained later in more detail. According to data collected in June of 2010 from “Congress on Facebook” which is a group on facebook.com, there are currently 35 out of the 100 Senators that have their own Facebook profile or 35% of all Senators. There is an average of 116,000 “fans” combined for all 35 profiles. This number is constantly fluctuating though due to more users becoming “fans” of their pages. The lowest number of “fans” for a Senator is an average of 27 while the highest number of “fans” per page for a Senator is 33,606.


Twitter takes Washington by Storm 1, March, 2009 http://www.google.com/hostednews/afp/article/ALeqM5je7Zy2XLhWpTjwFJ7daDnPwNZYQ

Congress on Facebook http://www.facebook.com/#!/congress?ref=ts
As expected, these numbers are much higher in the House of Representatives, mainly due to the higher number of individuals serving. According to data collected in June of 2010 from “Congress on Facebook,” 216 Representatives out of the 435 currently have their own Facebook profile which is the equivalent to 49.66% of all Representatives. There is an average of 450,530 total “fans” combined for all 216 active profiles. As previously stated, this number is constantly fluctuating though due to more users becoming “fans” of their pages. On average, the lowest number of “fans” for a Representative is 5 while the highest number of “fans” per profile for a Representative is 32,860. Also, as of June of 2010, there are currently 16 different committee pages located on Facebook.5

Facebook was founded in February, 2004. It is a social utility that helps people communicate more efficiently with their friends, family and coworkers. The company develops technologies that facilitate the sharing of information through the social graph, the digital mapping of people’s real-world social connections. Facebook is made up of core site functions and applications. Fundamental features to the experience on Facebook are a person’s home page and profile. The home page includes a news feed, a personalized feed of his or her friends and constituents updates. The profile displays information about individuals that they choose to share, including interests, education, contact information, and work background.6 Work background can include everything from your place of employment, your job description, and in the case of our chamber leaders, their political party and the current office that they hold.

5 Congress on Facebook http://www.facebook.com/#!/congress?ref=ts
Facebook has designed a page for our congressional leaders as well as all other users to participate in. The page is called “Congress on Facebook.” The page is run by Facebook and it highlights innovative uses of Facebook by members of Congress, list members, pages and communicates news and information about Facebook and Congress. The page allows you to retrieve information about all of our congressional leaders’ as well as allowing its users to enter two separate pages for the House of Representatives and the Senate. It provides links to other Facebook pages that relate to Congress and its daily operations and is an excellent source to follow what our congressional legislators are accomplishing in Washington as well as their districts.

Twitter, however, is somewhat different.

Twitter is a website that offers a social networking and microblogging service, enabling its users to send and read other users’ messages which are called “tweets.” Tweets are text-based posts of up to 140 characters displayed on the users’ profile page. Tweets are publicly visible by default; however, senders can restrict message delivery to their friends. Users may subscribe to other authors tweets, known as “following” and subscribers are known as “followers.”

Twitter usage in Congress is still in its infancy. When the House is in session, GOP Representatives as a whole send out an average of 131 tweets per day. Democrats as whole only send out on average 48 tweets per day.

Now that we have a background of the two most popular social media sites on the web,

7 Congress on facebook http://www.facebook.com/#!/congress?ref=ts
8 There is a list for that 30, October, 2009 http://blog.twitter.com/2009/10/theres-list-for-that.html
we will take a more in depth look at Facebook and Twitter and its relationship to the Affordable Care Act.

As we discussed earlier about the Congress on Facebook page and how it provides links to other pages relating to Congressional topics, there is a Facebook page specifically tailored towards the new healthcare bill. The page is called “Health Care Reform” and it presented a multitude of different topics ranging from grants being sent out to the states to curb healthcare costs, to rebate checks being sent out to senior citizens, to reports claiming that there is substantial improvement in long-term financial stability.\(^{10}\) Appendix A presents several examples of media articles posted about the Affordable Care Act. Given the information listed in Appendix A, this page’s consensus is that the Affordable Care Act’s two most important issues relate to the impact changes in Medicare might have on senior citizens, and to informing Americans about what the Act has to offer.\(^{11}\)

All seven chamber leaders are extremely active on Facebook. Both Democrats and Republicans constantly post links on their pages that lead their viewers to news articles that support their point of view on different congressional issues that are currently working their way through Congress. My research demonstrates a sharp partisan difference in the specific articles posted on Facebook by chamber leaders\(^ {12}\). Congressional members’ Facebook also possess an inter-active component which allows members the opportunity to voice their own opinion, and permits the chamber leaders the ability to respond to them. Hence this relatively new congressional media invites citizens

\(^{10}\) Facebook, Health Care Reform [http://www.facebook.com/?ref=home#!/HealthReform?v=wall\&ref=ts]

\(^{11}\) Health Care Reform [http://www.facebook.com/?ref=home#!/HealthReform?v=wall\&ref=ts]

\(^{12}\) See Appendix A
to engage in policy conversations with these members, and thus works to expand the
number of those involved in congressional deliberation.\textsuperscript{13}

As previously stated, Facebook has become one of the most popular social media
sites being used by our chamber leaders and Twitter is rapidly catching up to Facebook’s’
popularity. The halls of the U.S. Congress are alive with the sounds of Twitter. Members
of the Senate and the House of Representatives are tapping out dozens of messages a day
on cell phones and computers from offices, committee meetings and even the floor of the
legislature. A website, tweetcongress.org keeps track of Representatives and Senators
who send out messages and ranks them in terms of their number of followers and
messages sent.\textsuperscript{14} The total tweeters by party are as follows. The Democrats currently
hold 318 seats Congress and 115 are currently active tweeters which is equal to 36%;
Republicans currently hold 219 seats in Congress and 134 are currently active tweeters
which is equal to 61%, and there are 2 Independents serving in Congress, both currently
active on Twitter which bring the total percentage of tweeters in Congress to 98%.\textsuperscript{15}

Culberson stated that, “Twitter gives people a chance to take back control of our
government by letting us see and hear how our laws are made and participate in local,
state, and federal government in a way we never could before.”\textsuperscript{16} Both Democrats and
Republicans are using Twitter to advance their political agenda. According to Mark
Senak, in the Senate, Democrats have fewer Senators who are using Twitter and they
have fewer followers than their Republican counterparts. As for the House of

\textsuperscript{13} See Appendix A
\textsuperscript{14} Twitter http://www.google.com/hostednews/afp/article/ALeqM5je7Zy2XLhWpTjwFJ7daDnPwNZYQ
\textsuperscript{15} TweetCongress http://tweetcongress.org/parties
\textsuperscript{16} Twitter http://www.google.com/hostednews/afp/article/ALeqM5je7Zy2XLhWpTjwFJ7daDnPwNZYQ
Representatives, Republicans are also the most active group of bloggers. Republicans have sent out more tweets than Democrats by far and are following many times more individuals on Twitter than Democrats, indicating a higher level of engagement. As of January of 2010, Republican House members sent out 29,162 tweets, compared to 5,503 sent by Democrats. In addition, Republicans in both the House and Senate have as many followers on Twitter than the Democrats.17

Twitter is rapidly becoming one of the most popular social media sites on the web, it is important to analyze the content that is being posted on this site, not just by Congress and our chamber leaders but the general public as well. Pear Analytics, a San Antonio-based market research firm presents a chart based on six categories of the different types of content posted by individuals using Twitter.18

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Content of Tweets according to Pear Analytics.

- News
- Spam
- Self-promotion
- Pointless babble
- Conversational
- Pass-along value

According to the chart, the top two content categories are pointless babble and conversational. This is important considering the majority of the tweets posted by our congressional leaders would fall into the categories of news, and self-promotion which fall under the smallest percentages of tweets posted by users. Appendix B suggests that our congressional leaders have one goal, and that goal is to express their political views by posting links to articles that support their views as well as state their own political opinions in an attempt to sway the general public to support them. This contrasts with the goal most people seem to pursue on Twitter, which is to inform their followers what they are doing and how they are feeling.

As Twitter has become popular not only with the general public but also in the halls of Congress, the Library of Congress has also taken an interest in Twitter. At its request, Twitter has donated its digital public archive of public tweets to the Library of Congress. James H. Belington, a librarian of Congress reported that:

“This information provides detailed evidence about how technology based social networks form and evolve over time. The collection also documents a remarkable range of social trends. Anyone who wants to understand how an ever-broadening public is using social media to engage in an ongoing debate regarding social and cultural issues will have need of this material. The library looks at this as an opportunity to add new kinds of information without subtracting from our responsibility to manage our overall collection. Working with the Twitter archive will help the
library extend its capability to provide stewardship for very large sets of born-digital materials.”

A lot of individuals think that the Library of Congress is just a collection of books; however, the Library has been collecting materials from the web since it began harvesting congressional and presidential campaign websites in 2000. The Library now holds 167 terabytes of web-based information, including legal blogs, websites of candidates for national office, and websites of Members of Congress. This new archive creates an easy way for individuals to access all of the tweets that our congressional leaders and other members of Congress are posting in order to have a better understanding of our congressional legislators’ political views. The ongoing political debate over the Affordable Care Act is no exception to this opportunity.

As previously stated, Twitter has become an excellent tool that our congressional leaders are now using and the Library of Congress realizing is that. Congressional leaders have taken action using Twitter to discuss the Affordable Care Act. Democrats are using Twitter to advance their political agenda to attempt to try and ensure the American public that the deliberative process has worked and that the Affordable Care Act will be successful in ensuring uninsured Americans. Their Republican colleagues are using Twitter to advance their political agenda in an attempt to try to make the American public realize that this new bill is a mistake and needs to be repealed. Appendix B, which,

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presents an extensive list of both Democratic and Republican tweets by congressional leaders about the new healthcare bill can be referred to validate this observation.\textsuperscript{21}

There has been a lot of disagreement and animosity between the Democrats and Republicans and Twitter has been an excellent way to view this political debate as it is happening in real time and as you will see throughout this paper, the debate has been intense and has no signs of letting up any time soon. Just as Twitter and Facebook are rapidly evolving in ways that allow congressional leaders to voice their political views, their websites now have the ability to do the same, especially in the area of blogging.

Online congressional offices have expanded rapidly over the past two decades, and they represent yet another computer-based arena for congressional conversations and dialogues. Most offices today now have their own individual web pages, also known as “virtual district offices.” Both chambers took their first steps into the new information age in 1993. In 1994 the House of Representatives launched THOMAS, an internet web portal that promised the public immediate and easily accessible online access to a wealth of congressional information. At first, however, many members were hardly enthusiastic about taking themselves and the institution on the new information highway.\textsuperscript{22}

Some feared that these new tools would lead to exponential increases in public correspondence, swamping their staffs and overloading their circuits and equipment. Some also feared that it threatened to displace the sorts of communications exchanges that define one of the principle roles (deliberation) the institution plays in the American political system. An internet caucus was established in 1996. Its goals included

\textsuperscript{21} See Appendix B
\textsuperscript{22} “The Public Congress”, Malecha & Reagan, Chapter 4
educating fellow lawmakers about the new information technologies and their growing presence in today’s society. It took five years from the founding of the internet caucus before all senators had their own websites and 2001 marked the first time that all members’ offices were linked up to the internet.23

Today’s Capitol Hill online office remains a work in progress. These virtual district offices vary considerably, both in content and technological sophistication. One aspect that is probably most important when it comes to websites is all the variations in virtual district offices. These virtual offices reflect the differences in individual members’ inclinations or the goals they choose to accentuate. News stories, media clips, editorials, and most recently blogging have emerged as fairly common items on congressional websites.24

All congressional leaders have their own personalized web page. On each of their web pages, there are several informative links that their visitors can click on to retrieve vital information. Some of these links consist of information pertaining to the congressional legislator’s personal and professional background, a link to a news room where visitors can research media articles relating to that congressional legislator’s and their agenda, a link to current legislation presently going through the House and Senate, as well as a link to a personal blog page where visitors can research legislator’s political views. One of the reasons why Congressional leaders and the rest of Congress have web pages is so the American public can stay informed about what is happening on Capitol Hill and it is a great asset to utilize in this new information age.

23 Malecha & Reagan, Chapter 4
24 Malecha & Reagan, Chapter 4
Congressional leaders’ web pages have a blogging link and all engage in extensive blogging by voicing their political views about the Affordable Care Act. Appendix C lists many of the blogs and media articles that congressional leaders post about the new healthcare bill. Their posts suggest that all of them are extremely passionate about their views on the bill and they all argue that they want what they believe to be best for the Country. If you refer to appendix C, you can see that our congressional leaders on both sides of the floor all have differing opinions in relation to whether or not the bill will be successful which will be discussed later in greater detail. All of our congressional leaders want to make a difference and through deliberation and the use of social media sites, that is how they intend to accomplish their agenda’s.

There have been hundreds of articles and blogs posted by congressional leaders just in relation to healthcare and it is easy to recognize the importance of this bill through the use of Facebook, Twitter, and web pages. One in three Americans are on Facebook each week and Twitter recently surpassed 100 million accounts and those numbers are double what they were just one year ago. Unlike traditional sources of information like newspapers and television, all of these social networks are interactive, allowing people to communicate with each other and share their own information and opinions. For these reasons, social networks are a great way for constituents to engage with their Members of Congress. The rest of this paper will focus on political deliberation as well as taking a more in depth look at the Affordable Care Act and the impact that new social media has had on both. As this chapter has demonstrated, however, social media is an emerging,

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25 Steny Hoyer, Engaging on Social Networks 14, June, 2010
new arena of congressional communication, and all signs suggest that its importance is likely to increase in the near future.

III. Political Deliberation and the Legislative Process:

According to Joseph Bessette, the individuals who formed the American Constitutional order sought to infuse their fledgling democracy with two essential qualities. The founders envisioned a deliberative democracy; one which would foster rule by the informed and reasoned judgments of the citizenry and they also envisioned an energetic democracy; one in which the nation’s security and vital interests would be defended against external threats and its national laws and policies would be effectively enforced. The Framers designed Congress to be the principle locus of information in American national government. They hoped that it and the other governing institutions they created, while being firmly grounded in the interests and desires of the American people would, nevertheless have the capacity to deliberate well and make informed policy decisions. 26

Of course much has changed since 1787. In order to adequately assess contemporary congressional deliberation, we first need to notice, however briefly, some of the ways that Congress has changed over time. Understanding the institutional development of Congress is critical to understanding how it relates to media today. Congressional resources such as the development of the media in Congress helps to yield

information, expertise, and staff support that assists Congress in influencing bureaucratic behavior. They use their news visibility to push an issue to the top of the congressional agenda so as to create pressure for some sort of legislative response. They use news to communicate their intentions to other political actors as well as to provide reassurances to their support staffs for policies favored by key advocacy groups or interested partisans.\textsuperscript{27} Furthermore, legislation is shaped not only by the 535 members of Congress and attendant thousands of staff but also influences arising in the executive, organized lobbies, the media, and from private individuals.\textsuperscript{28} Scholars studying Congress note the importance associated with congressional resources. Resource enhancements to a particular branch of government can augment institutional power.\textsuperscript{29} As Congress has developed, is has become a very complex institution.

The Congress of the United States is a very complex legislative institution subject to a myriad of formal and informal rules. Legislative action typically requires the assent of numerous committees and subcommittees, as well as the support of party leaders. Deliberative democracy demands that the Representatives of the people share the same basic values and goals as their constituents’ and that their own deliberations about public policy be rooted in popular interests and inclinations.\textsuperscript{30}

Deliberation is the reasoning on the merits of public policy. Participants consider information and arguments and seek to persuade each other as to what constitutes good

\textsuperscript{27} Malecha & Reagan, Chapter 2
\textsuperscript{29} G. Krause, Separated Powers and Institutional Growth in the Presidential and Congressional Branches: Distinguishing between Short-Run versus Long-Run Dynamics March, 2002 \url{http://www.jstor.org/stable/3088065}
\textsuperscript{30} Bessette
public policy. Participants must also be open to the facts, arguments, and proposals and must share a willingness to learn from their colleagues. The proximate aim of a deliberative process is the conferral of some public good or benefit. Representatives have an obligation to prefer the interest of their constituents to their own personal interests. They have equally important obligations to exercise their independent judgment as to what policies would best promote the good of their constituents as well as the nation. The task of representatives is too reason together to ascertain and foster the peoples’ true interests.\(^3\)

The formal legislative process starts with the introduction of a bill in the House or Senate by a member of the respective body. The actual deliberative process may begin weeks and months before and in some cases this formulation stage may occur entirely outside Congress. It is more common for members of Congress to contribute directly to the formulation of policy proposals with the assistance of personal or committee staff as well as interested parties outside of Congress. However, only members have the authority to introduce bills; and although they may perform this task as a courtesy to the executive branch, interest groups, or they may refuse to be closely associated with a new proposal unless persuaded by its merits.\(^4\) This is where deliberation comes into action.

The heart of governance is choice. Deliberation as a decision-making process is central to the legitimacy of liberal democratic regimes because it gives effect to two fundamentally important values – reason and consent. According to contemporary liberal thought, by subjecting one’s political positions to public justification and reasoned

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\(^3\) Bessette
\(^4\) Bessette
argument, deliberation removes a large degree of arbitrariness from choice, thereby increasing the likelihood that the rules we obey are universally transparent in their rightness, worthy of honor, and consistent with worldviews.\textsuperscript{33} For consent to be meaningful, however, it must be adequately informed and reasonable. At its finest, then, deliberation is that process through which the reasonable consent of a public group is ascertained. As a decision process, deliberation relies on neither force nor the mobilization of biases but on the common interests of all.\textsuperscript{34} Deliberation relies on three specific and very important elements.

The three elements involved during the deliberative process are information, arguments, and persuasion. Information is the weaponry of legislative battles. Arguments connect mere facts with desirable goals. There are five arguments that can be used on the merits of policy proposals and they are oral and written testimony presented at congressional hearings, formal committee reports submitted to the full bodies, debate on the floor of the House and Senate, conference committee reports, and veto messages. Persuasion is the final mark of a deliberative process. It occurs when information and arguments on the merits of an issue lead a participant in the policymaking process to take a substantive position that he/she had not taken prior to engaging in the process and it involves some change or development in the policymakers’ understanding.\textsuperscript{35} Throughout history, Congress has evolved to meet the demands of cultural characteristics. As it has

\textsuperscript{33} M. Bailey, Surrogates for Deliberation and the United States Constitution 2002
\textsuperscript{34} Bailey
\textsuperscript{35} Bessette
adopted to meet the demands of its members contemporary communication needs, Congress has helped to change the locus of much of its deliberative activity.

Floor debate represents one of the most public and official expressions of Congress’s deliberative character; its responsibility to reason about the merits of public policy. In the Senate, it is not uncommon for important bills to be debated with as few as three or four senators present. In the House, while attendance is usually higher, many of those present seem more interested in conversing with colleagues, reading the paper, napping, and in today’s political culture, twittering than in attending or contributing to debate on the floor. A few hours of debate cannot on most measures begin to provide the opportunity for the searching analysis of issues that a full-fledged deliberative process requires.  

In an American representative democracy, legislators serve, in effect, as surrogate deliberators for their constituents. They are chosen to devote full care and attention to public matters. They have the responsibility to review information and arguments on legislative proposals and to exercise their best judgment on behalf of the citizenry they serve. It bears directly on how legislators spend their time. Also, they should not delegate excessive deliberative responsibilities to their staff.

Congress must also be open to what they can learn from their colleagues and others and be willing to reach conclusions that deviate from, and perhaps contradict their original dispositions on an issue and the duty to deliberate may often be inconsistent with attempts to conduct policy deliberations on the plane of public opinion. Formal

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36 Bessette
37 Bessette
legislative deliberations in today’s contemporary Congress are, with few exceptions, now conducted in public. This necessarily creates multiple audiences for questions, comments, and speeches delivered in committee rooms or on the floor. The audiences may include members of the full body, interests groups, constituents, the American public, and the media. As has been emphasized throughout this chapter, political deliberation is the backbone of Congress and it would be virtually impossible for the deliberative process to take shape if it were not for committees and subcommittees.

Committees are the instruments by which Congress defines public problems and shapes policies. Here the political soundings are taken, the delicate compromises worked out and the technical language of bills drafted and redrafted. Floor debate may illuminate problems, and crucial questions may even be resolved in the clash of voting in the chamber, however, it is quite impossible for a large body of legislatures to write complex pieces of legislation during floor debate. Thus, Congress has decided to delegate its work to committee and subcommittee specialists.

According to Bessette, by design it is in the committees and subcommittees that the most extensive policy deliberation occurs within Congress. The committees and subcommittees structure the House and Senate as an institutional devise intended to solve the fundamental deliberative problem that faces a finite legislative body entrusted with hundreds of issues. Committees and subcommittees provide members an arena where they have the time to develop genuine policy expertise on the issues that come to them.

Public hearings are an essential element of committee deliberation. They serve purposes

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38 Bessette
39 R. Davidson, Representation and Congressional Committees January, 1974
http://www.jstor.org/stable/1041000
such as generating public support of bills. Not only do hearings serve the information needs of committee and subcommittee members entrusted with making the initial recommendation on a proposed bill, they may also shape the subsequent debate in Congress by surfacing the major arguments for and against the pending issue and by clarifying the strengths and weaknesses of each position.  

Legislatures can be judged in terms of the extent to which they promote deliberation and findings that they fall short are often linked with proposals for reform. A wide variety of reform measures ostensibly aimed at promoting deliberation have been advanced, among them measures which would reduce the number of committee assignments set aside for floor debate on major issues at the beginning of each legislative session and proposals to give the minority caucus more power over floor procedures. Persuasion through floor debate is also an important aspect of the deliberative process.

Persuasion is most easily discerned when members of the legislative chamber actually change their minds after listening to or participating in floor debates. Genuine persuasion, however, does not require an actual change of mind; for it also includes the process whereby the reasoned consideration of information and arguments moves a legislature from broad initial dispositions or preferences to specific decisions or actions. Different ways in which House and Senate members can be informed and influenced by what is said on the floor are their staff, congressional records which are delivered to all House and Senate offices the morning following each days debate, live broadcasts, and

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40 Bessette
informal word of mouth.\textsuperscript{42} In today’s culture, however, the internet and new social media are becoming popular ways to inform and influence House and Senate members about what is said on the floor as well as in shaping public opinion. Legislatures can only be influenced to a certain extent before the principles that they live by come into play and there are several characteristics involved in those principles.

Our legislatures are not satisfied to simply just serve in Congress. They all want to make a difference. They feel a sense of responsibility to something beyond their personal advantage and they seek to earn the respect of their colleagues and of those outside of Congress. They have developed substantive expertise in the areas under their jurisdiction through careful and thorough analysis. They seek to influence others on legislative matters principally through reasoned persuasion and they are willing to take political risks for the sake of good public policy.\textsuperscript{43} Our congressional legislators do their best to live by these set of principles which in turn affects the way in which they go about the deliberation process.

Deliberative democracy must be guided by a body of thoughts; an understanding of individual rights, of the duties of citizenship, and of the means and ends of self-government.\textsuperscript{44} Deliberation is the backbone of today’s contemporary Congress. It puts a premium on commonality of interests, reason, information, order, and farsightedness. Deliberation will only be an important force in a legislative body only if they are moved by something more than mere private advantage, by a desire to accomplish some good for

\begin{footnotes}
\item[42] Bessette
\item[43] Bessette
\item[44] Bessette
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others through their lawmaking efforts. If there is to be sound deliberation, there must be legislators who feel a sense of duty or responsibility to the public good.\footnote{Bessette}

IV. Patient Protection & Affordable Healthcare Act of 2010

The healthcare system is a large and growing segment of the American economy. In 1995, the county’s expenditures totaled $994 million dollars and by the year 2002 was expected to increase to nearly $2 trillion and continue to rise in the years there after. This indeed happened. Since the 1970’s, market-based healthcare reforms have increasingly been introduced in an effort to stem the escalating cost of healthcare. These reforms have gradually been changing the way healthcare is delivered in the United States. Although the U.S. healthcare system has been the focus of a great deal of attention in recent years, most of this attention has focused on the issues of cost and the quality of care.\footnote{P. Clark, D. Clark, D. Day, & D Shea, Healthcare Reform and the Workplace Experience of Nurses: Implications for Patient Care and Union Organizing October, 2001 http://www.jstor.org/stable/2696190} This is where the Patient Protection and Affordable Care Act come into focus.

The Patient Protection and Affordable Care Act (PPACA) is the product of the healthcare reform agenda of the Democratic 111th Congress and the Obama administration and was signed into law by President Barack Obama on March 23, 2010. The PPACA includes numerous health-related initiatives that are scheduled to take effect over a four-year period, including expanding Medicaid eligibility, subsidizing insurance premiums, providing incentives for businesses to provide healthcare benefits, prohibiting denial of coverage/claims based on pre-existing conditions, establishing health insurance

\footnote{Bessette}
exchanges, and supporting medical research. The costs of these provisions are said to be offset by a variety of taxes, fees, and cost-saving measures; such as a new Medicare tax for high-income brackets, taxes on indoor tanning, improved fairness in the Medicare Advantage program relative to traditional Medicare, and fees on medical devices and pharmaceutical companies. There is also a tax penalty for citizens who do not obtain health insurance unless they are exempt due to low income or other reasons.\textsuperscript{47}

This summary of the PPACA focuses on provisions to expand coverage, control healthcare costs, and improve our healthcare delivery system. You may refer to Appendix D for a more in depth look at the provisions to be discussed in this chapter. The overall approach to expanding access to coverage is to require U.S. citizens and legal residents to have health insurance. The legislation mandates the creation of a state-based American Health Benefit Exchange system as well as separate employer requirements. The exchange system is a list of requirements to have coverage. Individuals can purchase coverage, with premium and cost-sharing credits available to individuals/families with income between 133-400\% of the federal poverty level (FPL). The FPL for a family of four for example is $22,050.\textsuperscript{48} Employers are required to offer coverage to their employees to provide a free voucher with incomes less than 400\% of the FPL. This legislation also requires employers to pay penalties for employees who receive tax credits for health insurance through the state-based employer requirements, with exceptions for small employers as well as imposing new regulations on health plans in the Exchange and

in the individual and small group markets.\textsuperscript{49} The benefit tiers offered is one important aspect of this new legislation.

The PPACA creates four benefit plans plus a separate catastrophe plan to be offered through the Exchange, and in the individual and small group markets. The \textit{Bronze} plan represents minimum creditable coverage and provides the essential health benefits. It covers 60\% of the benefit costs of the plan with an out-of-pocket limit equal to the Health Savings Account (HSA) current law limit.\textsuperscript{50} The \textit{Silver} plan also provides the essential health benefits. It covers 70\% of the benefit costs of the plan with the HSA out-of-pocket limits. The \textit{Gold} plan provides the essential health benefits; however, it covers 80\% of the benefit costs of the plan with HSA out-of-pocket limits.\textsuperscript{51}

The \textit{Platinum} plan provides the essential health benefits and it covers 90\% of the benefit costs of the plan with the HSA out-of-pocket limits and the \textit{Catastrophe plan} is available to those up to the age of 30 or those who are exempt from the mandate to purchase coverage and provides catastrophe coverage only with the coverage level set at the HSA current law levels except that prevention benefits and coverage for three primary care visits would be exempt from the deductible. The plan is only available in the individual market.\textsuperscript{52} To reduce the out-of-pocket limits for those with incomes up to 400\% FPL, the following levels are to be assessed.

\begin{itemize}
\item 100-200\% FPL: one-third of the HSA limits
\item ($1,983/individual and $3,967/family)
\end{itemize}

\textsuperscript{49} Focus on Heath Reform \url{www.kff.org/healthreform/upload/8061.pdf}
\textsuperscript{50} $5,950 for individuals and $11,900 for families in 2010
\textsuperscript{51} Focus on Health Reform
\textsuperscript{52} Focus on Health Reform
- 200-300% FPL: one-half of the HSA limits
  ($2,975/individual and $5,950/family)
- 300-400% FPL: two-thirds of the HSA limits
  ($3,987/individual and $3,973/family)

The out-of-pocket reductions are applied within the actuary limits of the plan and will not increase the actuarial value of the plan.\(^{53}\)

Another important aspect of the PPACA is the creation and structure of health insurance exchanges. As previously stated, the goal is to create state-based American Health Benefit Exchanges and Small Business Health Options Program (SHOP) Exchanges, administered by a governmental agency or non-profit organization. These are organizations, through which individuals and small businesses with up to 100 employees can purchase qualified coverage. It will permit states to allow businesses with more than 100 employees to purchase coverage in the SHOP Exchange beginning in 2017. The public option plan requires the Office of Personnel Management to contract with insurers to offer at least two multi-state plans in each Exchange. At least one plan must be offered by a non-profit entity and least one plan must not provide coverage for abortions beyond those permitted by federal law. Each multi-state plan must be licensed in each state and must meet the qualifications of a qualified health plan.\(^{54}\) The qualifications include the following.

The PPACA requires qualified health plans participating in the Exchange to meet marketing requirements, have adequate provider networks, contract with essential community providers, and have a contract with navigators to conduct outreach and enrollment assistance. They must also be accredited with respect to performance on

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\(^{53}\) Focus on Health Reform

\(^{54}\) Focus on Health Reform
quality measures, use a uniform enrollment form, and a standard format to present plan information. The legislation also requires qualified health plans to report information on claims payment policies, enrollment, disenrollment, number of claims denied, cost-sharing requirements, out-of-network policies, and enrollee rights in plain language.\textsuperscript{55}

When discussing the different Exchange programs it is of the upmost importance to discuss the basic health plan. Nevertheless, this program is its own entity and is not part of the Exchanges.

The basic healthcare plan permits states the option to create a plan for uninsured individuals with incomes between 133-200\% (FPL) who would otherwise be eligible to receive premium subsidies in the Exchange. States opting to provide this coverage will contract with one or more standard plans to provide at least the essential health benefits and must ensure that eligible individuals do not pay more in premiums than they would have paid in the Exchange and that cost-sharing requirements do not exceed those of the platinum plan for enrollees with income less than 150\% FPL or the gold plan for all other enrollees.\textsuperscript{56}

States will receive 95\% of all the funds that would have been paid as federal premium and cost-sharing subsidies for eligible individuals to establish the Basic Health Plan. Individuals with incomes between 133-200\% FPL in states creating Basic Health Plans will not be eligible for subsidies in the Exchanges.\textsuperscript{57} The provisions discussed in the above paragraph is just an overview of the entire bill itself. As previously stated, you may refer to appendix D for the full details of the PPACA. This piece of legislation

\textsuperscript{55} Focus on Health Reform
\textsuperscript{56} Focus on Health Reform
\textsuperscript{57} Focus on Health Reform
contains provisions that went into effect immediately after its enactment as well as provisions that went into effect six months later on September 23, 2010 and provisions that will go into effect between now and through 2018.

Some of the provisions that went into effect on the day that the bill was enacted are; the FDA is authorized to approve generic versions of biologic drugs: grant biologics manufacturers twelve years of exclusive use before generics can be developed: the Medicaid drug rebate for brand name drugs is increased to 23.1% and the rebate is extended to Medicaid managed care plans: the creation of task forces on Preventive Services and Community Preventive Services to develop, update, and disseminate evidenced-based recommendations on the use of clinical and community prevention Services. ⁵⁸

A couple provisions that went into effect during the six months following the bills enactment are; on June 21, 2010, adults with preexisting conditions are eligible to join a temporary high-risk pool, which will be superseded by the healthcare exchange in 2014: the applicant must have a preexisting condition and have been uninsured for at least the past six months: there is no age requirement and there is a limit out-of-pocket spending to $5,950 for individuals and $11,900 for families, excluding premiums. ⁵⁹ On July 21, 2010, President Obama established a council to be known as the National Prevention, Health Promotion and Public Health Council to help begin to develop a National Prevention and

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⁵⁸ Health Reform Implementation Timeline http://www.kff.org/healthreform/8060.cfm
⁵⁹ A. Tergeson, Insurance Relief for Early Retirees June 5, 2010 http://online.wsj/article/SB127570667448201583.html
Health Promotion Strategy and the Surgeon General serves as the Chairperson of the new Council.⁶⁰

A few provisions that went into effect as of September 23, 2010 are insurance companies are prohibited from imposing lifetime dollar limits on essential benefits such as hospital stays in new policies issued, dependents will be permitted to remain on their parents insurance plan until their 27th birthday, insurers are prohibited from dropping policyholders if they get sick, and Medicare is now expanded to small, rural hospitals.⁶¹

A couple provisions that will take effect as of January 1, 2011 are that the Centers for Medicare and Medicaid Services will be responsible for developing the Center for Medicare and Medicaid Innovation and overseeing the testing of innovative payment and delivery models and healthcare reimbursement arrangements and health savings accounts cannot be used to pay for the over the counter drugs, purchased without a prescription, except for insulin.⁶²

Some provisions that will take effect between 2011 and 2018 are as follows. Insurers will be prohibited from discriminating against or charging higher rates for any individuals based on pre-existing medical conditions, insurers will be prohibited from establishing annual spending caps, and all existing health insurance plans must cover approved preventive care and checkups without a co-payment by 2018.⁶³ All of the key

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⁶³ J. Binckes & N. Wing
provisions listed above are important to mention because at some point, one of those provisions will affect each and every American citizen or legal immigrant in some way. It remains to be seen how some of these provisions will affect the American people. As can easily be determined from the information listed in the above paragraphs, the U.S. healthcare system is in the process of a transformation that will forever change the U.S. healthcare system. This transformation is clearly visible not only through the PPACA itself but also through public opinion, and political debate both in Congress and the public through the use of websites and new social media as discussed in Chapter one.

V. Deliberative process and new social media as applied to the Patient Protection and Affordable Care Act:

Online political deliberation/discussion differs in fundamental ways from that carried out face to face. Its distinctive features, however, may well prove to help rather than hinder the core attributes of sound deliberation. The reduction in social cues, by restricting the projection of social status, may produce less deferential behavior and so undercut status hierarchies. What this means is hierarchy levels within Congress are narrowed because of the ability communicate feely online and not having to wait your turn to speak on the floor. The ability to input “statements” simultaneously through websites such as Facebook and Twitter can assist in the sharing of ideas, while
anonymity should reduce inhibitions and anxieties about expressing one’s honest views, particularly when they are likely to be unpopular.64

An online opinion poll conducted by Fox News, asked the question; “Thinking about the healthcare law that was passed earlier this year, would you favor repealing the new law to keep it from going into effect, or would you oppose repealing the new law?”

As of September 28, 2010, 46% favor repealing the law; 42% oppose repealing the law and 12% are unsure. An online CNN opinion poll asked this question,

“Thinking about the healthcare bill that Congress passed earlier this year, which of the following statements best describes your view of what Congress should do in the future? Congress should leave the bill as it is. Congress should make additional changes to increase the government’s involvement in the nation’s healthcare system. Congress should repeal most of the major provisions in that bill and replace them with a completely different set of proposals.”

As of September 21, 2010, 23% said to leave it as it is, 26% had said to increase the government’s involvement, 47% had said to repeal and replace, and 4% were unsure.65

Online public opinion polls are anonymous, unless they choose to include identifying information by allowing your personnel information to be posted with your opinion.

As Chapter two observes, persuasion is one of the fundamental elements of the deliberative process. It includes the process whereby the reasoned consideration of information and arguments moves a legislature from broad initial dispositions or preferences to specific decisions or actions. House and Senate members can be informed and influenced by arguments that are presented in a variety of off-line venues, including:

64 V. Price, Citizens deliberating Online: Theory and Some Evidence
www.hks.harvard.edu/...11_13_06_seminar_Price_citizens-delib_online.pdf
floor speeches, conversations with staff, remarks in the Congressional Record, television broadcasts, radio programs and informal talks with colleagues and others.\textsuperscript{66} In today’s culture, however, the internet and new social media are becoming popular ways to inform and influence House and Senate members about what is said on the floor as well as in shaping public opinion.

All of our Chamber leaders have their own Facebook profile as discussed in Chapter one. Each of our leaders have expressed their views to users by stating their stance on the PPACA. This has given the American public the opportunity to comment on those views and deliberate not only with our fellow Americans but with the congressional legislator who entered that post on their site. It has provided an opportunity for us to be able to express our opinion, present information, argue with our fellow constituents, and attempt to persuade them to concur with our views which coexists with the three fundamental elements of political deliberation which is information, arguments, and persuasion as discussed in Chapter two.

John Culberson, a Republican from Texas stated that, “I’m convinced that the use of social media that we see today is just the tip of the iceberg, adding that the use of social media will become as commonplace in our everyday lives as flipping a light bulb or as natural as breathing.”\textsuperscript{67} Culberson also stated that, “Twitter gives people a chance to take back control of our government by letting us see and hear how our laws are made and participate in local, state, and federal government in a way we never could before.”\textsuperscript{68}

\textsuperscript{66} Bessette
\textsuperscript{67} Twitter takes Washington
\textsuperscript{68} Twitter takes Washington
This is clearly evident when discussing the PPACA and our chamber leader’s use of Facebook and Twitter.

When discussing deliberation and assessing the way that congressional members talked about healthcare in new social media, I will alert to whether there seemed to be any common ground between the two parties. Other researchers have reported that our chamber leaders want to make a difference. They feel a sense of responsibility to something beyond their personal advantage and they seek to earn the respect of their colleagues and of those outside of Congress. It is evident that congressional legislator’s on Capitol Hill have used new social media in an attempt to advance their own political agenda as well as their preferred parties’ political agenda. Appendices A and B provide examples of how our legislators have utilized social media in an attempt to persuade Americans in agreeing with their particular political views.

An example from Appendix A shows House Speaker Nancy Pelosi attempting to advance her parties political agenda in favor of the PPACA by posting a statement on her Facebook profile stating that; “The Affordable Care Act passed in Congress in March lowers costs, improves and strengthens Medicare and gives seniors more control over their healthcare.” An example from Appendix B shows House Minority leader John Boehner attempting to advance his parties political agenda in wanting the PPACA repealed by posting a tweet on Twitter stating; “the new healthcare law socks middle class with a $3.9 billion dollar tax increase.” These are just two examples of the ways in which Congress is using new social media to advance their own political agenda. Other

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69 Bessette
70 Congress on Facebook
71 Congress on Facebook
texts expressing similar partisan sentiments, can be found in both Appendices A and B, and they support the conclusion that congressional Republicans and Democrats found little to agree about in this debate.

One of the reasons congressional members make the kinds of statements noted in the previous paragraph is that today’s political culture rewards actors who provide consistent, unambiguous and well-timed messages across an ever-expanding number of media forums. Yet successful message campaigns place some burdens on congressional parties. They must get members to go out into the public realm to carry their messages and they must do so in ways that reach relevant audiences. Parties also frequently tie their communications campaigns to legislative actions and they must constantly confront and address the challenges of having members read from the same script when it comes to their collective policy preferences.72 Social media provides chamber leaders with a new tool as they design and implement message campaigns, and these new forums help chamber leaders meet the communication challenges just outlined.

Yet while Facebook, Twitter and web pages allow congressional members to extend the reach of their communication campaigns, chamber leaders cannot ignore more traditional media outlets. This is especially true regarding an issue as complicated as this health reform initiative which impacts the interests of virtually all citizens. Legislators were aware that since some important constituency groups were not familiar with social media that they would also have to promote their message on television. Some of those sources can be news reports such as Hardball, Good Morning America, Inside Politics, CSPAN, and CNBC. This reshaping of the news environment through both the web and

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72 Malecha & Reagan, Chapter 5
television has increased the number of forums through which our congressional leaders can enter the public realm and reach all relevant audiences. This new news environment has challenged the hegemony of the traditional news environment while fueling a 24-7 demand for news content.\textsuperscript{73}

This 24-7 demand for news content has created an avenue for Capitol Hill to take the deliberative process out of the Chamber and into the public realm. As discussed in Chapter two, floor debate represents one of the most public and official expressions of Congress’s deliberative character; its responsibility to reason about the merits of public policy. Legislators serve, in effect, as surrogate deliberators for their constituents. They are chosen to devote full care and attention to public matters and legislation.\textsuperscript{74} The PPACA as previously discussed has been a public issue for months. Our Congressional leaders have posted hundreds of blogs and articles in relation to the healthcare debate and it has made it easy to recognize the importance of the PPACA and its implications for every American. Unlike traditional sources of information like newspapers and television, these social networks are interactive, allowing citizens to communicate with each other as well as share information and debate on this issue. For these reasons, social networks are a great way for constituents to engage with their Members of Congress.\textsuperscript{75}

Congressional leaders as well as many other members of Congress post blogs on their websites where they discuss issues relating to legislation as well as post articles relating to the particular legislation that they would like to discuss. If you refer to Appendix C, it is a collection of articles and blogs posted by Chamber leaders in relation

\begin{footnotesize}
\begin{enumerate}
\item [73] Malecha & Reagan, Chapter 2
\item [74] Bessette
\item [75] S. Hoyer
\end{enumerate}
\end{footnotesize}
to the PPACA. One question that has been raised is if there is any common ground between parties on the issue of healthcare reform. In a blog posted by House Majority Leader Steny Hoyer, he applauds the announcement of the New Healthcare Reform rules. He states that:

“The intent of the Affordable Care Act was to put patients in control of their healthcare. The new rules announced by the Obama Administration will do just that, empowering Americans with new rights and resources that will help ensure that they have a strong voice if they are denied the care they need, when they need it. I have constantly fought for measures like this, and by simplifying the appeals process for consumers; we are taking one more step to ensure that families have control of their healthcare, not insurance companies.”

In order to compare as to whether or not there is common ground between parties, in a blog written by Senate Minority Leader Mitch McConnell; he states that,

“Americans never wanted this mass government-driven intrusion into their healthcare, and virtually every day it seems, we see that the concerns Americans had about this bill are being vindicated. Throughout the day, administration officials will tell people the things it wants Americans to believe about this bill. Based on the promises the administration made to pass it, Americans should be deeply skeptical.”

The conclusion could be drawn from reading these two excerpts as well as referring to Appendix C that there is no common ground between parties. Each party has their own political agenda and they both contrast with each other on the issue of the PPACA. In stating that, it can also be concluded that new social media sites serve several purposes. They promote the messages of the parties and get those directly out to the

77 M. McConnell, A pledge to America, the Disclose Act and the Health Spending Bill http://mcconnell.senate.gov/public/
media and other constituencies as well as users and they also serve to direct news organizations’ attention towards those members who have demonstrated their talents in advancing the parties’ collective messages.\textsuperscript{78} Whether or not there is an agreement or disagreement, it is a place where our congressional leaders can promote their messages as well as bring deliberative democracy into the homes of all Americans.

As previously discussed in Chapter two, Congress must also be open to what they can learn from their colleagues and others and be willing to reach conclusions that deviate from, and perhaps contradict their original dispositions on an issue. Formal legislative deliberations in today’s contemporary Congress are, with few exceptions, conducted in public. This necessarily created multiple audiences for questions and comments. These audiences may include members of the full body, interests groups, constituents, the American public, and the media.\textsuperscript{79} Almost every provision discussed about the PPACA has been debated not only on Capitol Hill but also in the media and the homes of Americans whether it be posting comments on Facebook or tweeting an opinion on a certain issue on Twitter. Social media invites its users to get involved in the deliberative process and in turn can help make a difference in Washington as well as in their own communities. It creates a way for more citizens to voice opinions, share information, engage in arguments and attempt to persuade fellow constituents on a political agenda.

New social media has become instrumental for disseminating information regarding what is transpiring on Capitol Hill as well as a way for our leaders to

\textsuperscript{78} Malecha & Reagan, Chapter 5
\textsuperscript{79} Bessette
communicate their views and explain their actions to constituents as well as the public.\textsuperscript{80}

The PPACA is one of the largest reform bills to pass through Congress in recent memory and with congressional leaders use of new social media sites such as Facebook and Twitter, it allowed them the opportunity for the first time in history when discussing healthcare to take their views and the deliberative process outside of the halls of Capitol Hill and into the homes of Americans in a way that allows them to express their own views as well as deliberate with other Americans.

\textsuperscript{80} Malecha & Regan, Chapter 2
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IRS issues guidelines explaining 2011 changes to flexible spending arrangements.


Malecha & Reagan, D. *The public congress*


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Appendix A:

Health Care Reform Chairman Waxman: "And despite all of the doomsday predictions from Republicans, premiums for Medicare Advantage will actually be going down next year. Part D plans are getting even better. All seniors in the donut hole will get a 50 percent discount on brand name drugs. And even more plans will offer additional donut hole coverage."

Committee Leaders Respond to 2011 Medicare Advantage and Part D Report
go.usa.gov
Committee on Energy and Commerce Chairman Henry A. Waxman, Chairman Emeritus John D. Dingell, and Subcommittee on Health Chairman Frank Pallone today commented on the news that the average premiums paid by individuals for private Medicare Advantage (MA) plans, would decline next year, even as ins...

Health Care Reform The grants represent the first release of funding for health centers under the Patient Protection and Affordable Care Act, signed in March, and will allow health centers to build 350 clinics in 2011, add to the services they provide and update to technology such as electronic medical records.

Health centers to get $250 million in grants to build clinics, boost services
bit.ly
Health centers across the country are lining up for a shot in the arm from the Obama administration: $250 million in federal grants to build clinics and bolster services at existing clinics for low-income patients such as public housing residents, the homeless, seasonal farmworkers and others who st..

Health Care Reform Some folks have mentioned in the comments that their insurance companies are increasing rates and blaming health insurance reform. Under the health reform law, states have a stronger regulatory power to review insurance premium increases.

Grants to aid states vs. health rate hikes $46M is set aside to curb insurance boost
www.usatoday.com
States plan to use $46 million in grants under the nation’s new health law to help curb health insurance rate increases for consumers by seeking new regulatory powers, hiring rate experts and posting insurance company financial documents on the Web, according to grant application details.

The Affordable Care Act is putting Americans – not insurance companies or the government – in charge of their health care decisions. And, today’s new regulations are a huge step in that direction.
A new alternative when your health insurance says NO!

bit.ly

Where do you turn when your health insurance company denies you coverage for care you really need? Until now millions of Americans had nowhere to go for help or would get caught up in a bureaucratic mess of an appeals process when they were turned down by their insurance company. But, today, the O...

July 22 at 4:56pm · View Feedback (189)Hide Feedback (189) · Share · Flag

Health Care Reform Watch this video (1:43) to learn about how healthcare.gov can help you better understand your options and take control of your health insurance and health care services.

Health Care and Preventive Services | The White House

www.whitehouse.gov

First Lady Michelle Obama and Second Lady Dr. Jill Biden describe the upcoming preventive care benefits made possible by the Affordable Care Act and explain how to find this information and more on HealthCare.gov.

July 19 at 10:32am · View Feedback (82)Hide Feedback (82) · Share · Flag

Health Care Reform The Affordable Care Act starts to close the donut hole this year, giving much-needed relief to millions of seniors. In 2011, the Affordable Care Act takes an additional step for Medicare beneficiaries in the donut hole by providing them with a 50 percent discount on their brand name medications. Every year from 2012 un...

See More

More Seniors to Receive One-Time Donut Hole Rebate Checks
go.usa.gov

The next round of more than 300,000 eligible seniors who have entered the Medicare Part D “donut hole” this year have been mailed their tax-free, one time rebate check for $250, U.S. Department of Health and Human Services Secretary Kathleen Sebelius announced today.

July 8 at 10:12am · View Feedback (112)Hide Feedback (112) · Share · Flag

● 54 people like this.
○ View all 58 comments

Health Care Reform Many others — more than 100 million people — are getting new benefits that improve their existing coverage. Overall costs appear modest at this point, split among taxpayers, employers and individuals who directly benefit.

First health overhaul provisions start to kick in

bit.ly

The first stage of President Barack Obama's health care overhaul is expected to provide coverage to about 1 million uninsured Americans by next year, according to government estimates.

July 6 at 1:33pm · View Feedback (220)Hide Feedback (220) · Share · Flag

Health Care Reform Here are a few quick facts about HealthCare.gov. The new site includes:

• 500+ pages of new content on consumers’ rights (existing and new), how to navigate the insurance marketplace, and benefits of the Affordable Care Act -- tailored to your life situation
• 1,000+ private insurance carriers with products represe...
www.healthcare.gov
HealthCare.gov is an innovative on-line tool that will help consumers take control of their health care by connecting them to new information and resources that will help them access quality, affordable health care coverage.

July 1 at 10:53am · View Feedback (110)Hide Feedback (110) · Share · Flag

57 people like this.
View all 53 comments

Health Care Reform
CBO’s Long-Term Budget Outlook - CBO reiterates that the Affordable Care Act will reduce the deficit by more than $100 billion in the current decade and more than $1 trillion in the decade after that — which represents the most deficit reduction enacted since the 1990s.

CBO’s Long-Term Budget Outlook

The Congressional Budget Office today released its long-term budget outlook. Just like the long-term outlook in our own Budget, the CBO report concludes that we are on an unsustainable fiscal course. About this, there is no ambiguity.

June 30 at 2:58pm · View Feedback (86)Hide Feedback (86) · Share · Flag

Health Care Reform
Health Care Reform in Action: Employers offering health coverage to early retirees can now begin applying for help with costs.

Regulations and Guidance

The U.S. Department of Health & Human Services is now accepting applications for the Early Retiree Reinsurance Program (ERRP). On June 29, 2010, the Department published the official ERRP Program Application, official ERRP Application Instructions, and Application Submission Dos and Don'ts (include...)

June 29 at 4:51pm · View Feedback (92)Hide Feedback (92) · Share · Flag

Health Care Reform
The Affordable Care Act, passed a little over 90 days ago, puts Americans—not the insurance companies—in control of their own health care. As directed by the health insurance reform legislation, the Administration issued regulations to implement the new Patient’s Bill of Rights.

The New Patient’s Bill of Rights

The regulations enable key protections to stop insurance companies from limiting care and remove insurance company barriers between patients and doctors—the new Patient’s Bill of Rights: Protects your choice of doctors, Removes insurance company barriers to emergency department services, Prohibi...

June 24 at 10:35am · View Feedback (153)Hide Feedback (153) · Share · Flag

Nancy Pelosi

Speaker Nancy Pelosi Today, 90 days after the Affordable Care Act was signed into law, the Obama Administration announced guidelines for the new Patient’s Bill of Rights to put those rights into practice (Congress first tried to pass a Patient’s Bill of Rights nearly 15 years ago). The new Patient’s Bill of Rights protects your choice of d...
Implementing the Affordable Care Act

President Obama details the efforts that have gone into implementing key benefits of the Affordable Care Act in the 90 days after its passage, including expanding consumer protections that amount to a Patient's Bill of Rights. June 22, 2010

June 22 at 9:18pm · View Feedback (376) · Hide Feedback (376) · Share · Flag

Speaker Nancy Pelosi The Affordable Care Act Congress passed in March lowers costs, improves and strengthens Medicare and gives seniors more control over their health care. Seniors have faced an onslaught of misinformation about health reform for more than a year. Today, President Obama held a tele-town hall with seniors on the bill's prov...

See More

First Round Of 'Donut Hole' Checks Being Mailed This Week
The Affordable Care Act Congress passed in March lowers costs, improves and strengthens Medicare and gives seniors more control over their health care. Seniors have faced an onslaught of misinformation about health reform for more than a year...

By: Speaker Nancy Pelosi

Speaker Nancy Pelosi Young Americans have long struggled with health care costs and have been far more likely than older adults to be uninsured. Health reform will provide nearly 14 million young adults with affordable access to insurance, lower out-of-pocket costs, and protection from crushing medical debt. Republicans who continue to call...

See More

The Gavel » Blog Archive » New Report Shows Health Reform Will Cover Nearly All Uninsured Young Amer

www.speaker.gov

Speaker Nancy Pelosi

Feedback (362) · Share · Flag

Steny Hoyer

Majority Leader Steny Hoyer Tomorrow, new protections go into effect with the Patient’s Bill of Rights. Learn about your new benefits:

50 States, 50 Stories – New Health Care Website Launches Today | The White House
www.whitehouse.gov

Today, President Obama is celebrating the six month anniversary of the Affordable Care Act. To help celebrate, we are unveiling a new website – www.whitehouse.gov/HealthReform that provides critical information regarding the Affordable Care Act. The site includes 50 stories from individuals and emp...

September 22 at 11:49am · View Feedback (39) · Hide Feedback (39) · Share · Flag

- 8 people like this.
- View all 31 comments

Majority Leader Steny Hoyer The White House just released a video of President Obama personally demoing the new HealthCare.gov website, which is a great resource on what health insurance options are available to you and on how health reform will affect you and your loved ones.

President Obama Explains Healthcare.Gov | The White House
www.whitehouse.gov

President Obama explains HealthCare.gov, the new consumer website that helps you take control of your health care coverage. This first-of-its-kind website makes it easier to find health care coverage and clearly explains how the Affordable Care Act will benefit you, your family, or your business
Majority Leader Steny Hoyer  Our Member Online All-Star Competition is nearing an end. Become fans of your favorite House Democrats at http://www.facebook.com/congress?v=app_244855997751 and if you’re on Twitter, follow your favorites at http://twitter.com/HouseDemocrats/Members and http://twitter.com/HouseDemocrats/Committees

Engaging on Social Networks - House Majority Leader Steny Hoyer

majorityleader.gov

...social networks are a great way for constituents to engage with their Members of Congress. That’s why I am hosting a friendly competition among my Democratic colleagues to see who can expand their reach into these networks the most.

Majority Leader Steny Hoyer  Nearly three months after we passed Health Reform, opponents are still waging a campaign of misinformation through bogus chain emails. Fortunately, the Pulitzer Prize winning journalists at PolitiFact.com thoroughly debunk the widespread falsehoods. Here is the latest example:

PolitiFact | 2011 W-2 tax forms and HR 3590: No, you won’t have to pay taxes for health insurance www.politifact.com

The e-mail is correct that employers will have to let employees know how much their health insurance costs the employer. But the e-mail’s main point -- and the fact that we’re checking here -- is that you will be taxed on your health insurance. That is not only wrong, but refuted by its own reference...

Majority Leader Steny Hoyer  Thanks to the new health reform law and pressure from Democrats in Congress, insurance companies have begun ending the practice of dropping people’s coverage when they get sick.

UnitedHealthcare Will Voluntarily End Rescissions, Second Insurer In Last Two Days
Within a day of House leaders calling on insurance companies to preemptively end the practice of rescinding plans when a patient gets sick, two major insurers have complied.

April 28 at 12:40pm · View Feedback (29)Hide Feedback (29) · Share · Flag

Majority Leader Steny Hoyer Legal experts agree – our new health reform law is constitutional. Yet Republicans are setting themselves up for a fruitless – and wasteful – endeavor, using taxpayer dollars to wage an ideological and political battle as states continue to struggle financially.

March 26 at 10:45am · View Feedback (38)Hide Feedback (38) · Share · Flag

Majority Leader Steny Hoyer How will President Obama signing health reform into law today impact you? What benefits happen immediately? In 90 days? In 6 months? In 9 months?

March 23 at 3:32pm · View Feedback (32)Hide Feedback (32) · Share · Flag

John Boehner Missouri became the first state in the nation to reject ObamaCare at the ballot box as 71% of voters said – loud & clear – they want nothing to do with Democrats’ unconstitutional mandates. Everyday Americans, state officials, small businesses, and Republicans are all fighting to scrap this government takeover and star...

August 4 at 11:58am · View Feedback (4,606)Hide Feedback (4,606)

John Boehner Another reason to repeal ObamaCare: the president promised, “If you like your doctor, you’re going to be able to keep your doctor.” (http://is.gd/dyq6s) But the NY Times reports that, under ObamaCare, new plans will “require participants to use a narrower selection of doctors or hospitals,” & Americans will “pay higher...

July 19 at 4:03pm · View Feedback (2,025)Hide Feedback (2,025)

John Boehner Another reason to repeal ObamaCare: despite the president's promise, the Administration will allow a high-risk pool insurance program in PA to use taxpayer dollars to fund abortions. This is
unconscionable, and a bold admission that the Executive Order on taxpayer-funded abortion was a sham. We need to repeal this life...

See More
July 14 at 8:52am · View Feedback (3,005)Hide Feedback (3,005)

● 2,408 people like this.
○ View all 597 comments

John Boehner Democrats are scared. While Republicans are backing measures to repeal ObamaCare & start over w/reforms that lower costs, audit the Federal Reserve, and cut government spending to create jobs, what are Democrats doing? Talking about me. They know their majority is in jeopardy because they’ve completely failed to govern...

See More
July 1 at 11:29am · View Feedback (2,855)Hide Feedback (2,855)

● 2,341 people like this.
○ View all 514 comments

John Boehner Met w/local small business operators from Greenville & northern Cincinnati who talked about ObamaCare's jobs-killing impact. Tyeis Baker-Baumann called the law a "logistical nightmare" (http://is.gd/chWgL) & Todd Wilber says his business faces $250,000 in new taxes (http://is.gd/cjbY1), hurting its ability to retain wo...

See More
May 21 at 12:21pm · View Feedback (912)Hide Feedback (912)

● 733 people like this.
○ View all 179 comments

John Boehner President Obama says "everything has to be on the table" when it comes to reducing the debt. We should start by repealing his unconstitutional federal takeover of health care.

April 28 at 8:56am · View Feedback (3,481)Hide Feedback (3,481)

● 2,916 people like this.
○ View all 565 comments

John Boehner

Health Care Pop Up Video
www.youtube.com
In another great web video, the NRCC takes on the Democrats who imposed a government takeover of health care using the "pop up video" concept.

April 21 at 4:34pm · View Feedback (650)Hide Feedback (650) · Share · Flag

● 482 people like this.
○ View all 168 comments

John Boehner With the stroke of a pen, President Obama has signed away another share of Americans' freedom. We will take it back.

March 23 at 11:58am · View Feedback (5,270)Hide Feedback (5,270)
Harry Reid

Sharron Angle And Her Husband Are On Government Health Care Plans | HarryReid.com

Huffington Post, 09/28/10 - Nevada GOP Senate candidate Sharron Angle's staunch opposition to federal involvement in health care -- or pretty much everything, for that matter -- was contorted Tuesday with recent news that she and her husband receive government provided health care.

21 hours ago · View Feedback (85)Hide Feedback (85) · Share · Flag

Harry Reid

Health chief says reform bill will expand care | HarryReid.com

AP, 9/27/10 - President Barack Obama's health care chief said Monday that animosity toward health care reform will continue to wane as insured and uninsured Americans learn more about the sweeping legislation that was signed into law in March.

21 hours ago · View Feedback (85)Hide Feedback (85) · Share · Flag

Harry Reid

Angle: Health Care Coverage Requirements Are Done For Some Politically Correct Special Interest |...

LAS VEGAS – Sharron Angle’s extreme and dangerous agenda to eliminate all coverage requirements on health insurance companies has received an enormous amount of attention in recent days – from her exceedingly crass remarks mocking “autism” coverage that have been viewed by more than 30,000 people to...

Monday at 1:54pm · View Feedback (59)Hide Feedback (59) · Share · Flag

Harry Reid

Nearly $3.4 Million for Health Care Improvements in Nevada | HarryReid.com

KTVN, 9/3/10 - Millions in federal funding from the Department of Health and Human Services is coming to Nevada. Senator Harry Reid announced nearly $3.4 million in grants will be used for training and prevention programs, along with improvements to health infrastructure across the state.

September 6 at 1:42pm · View Feedback (94)Hide Feedback (94) · Share · Flag
Harry Reid
Health reform already helps grad’s family | HarryReid.com

Las Vegas Review Journal, 5/17/10 - As college graduation approached, Brett Kincaid sent out résumés and wondered if he’d land a good job offer.

May 17 at 1:57pm · View Feedback (41)Hide Feedback (41) · Share · Flag

Mitch McConnell

Mitch McConnell This morning’s papers carry an important message for Washington, a message that many of us have been trying to get across for more than a year. If there was any doubt that Americans are tired of being told that their views are irrelevant by the people they elected to represent them in Washington, last night’s vote in Missouri should dispel it.

A Blowout Vote Against Obama’s Health Care Law In Missouri

www.foxnews.com

Missouri is a battleground state that is closely contested in almost every national election cycle. In 2008, only 4,000 votes separated Democratic candidate Barack Obama from Republican rival John McCain.

August 4 at 3:23pm · View Feedback (63)Hide Feedback (63) · Share

Mitch McConnell

All throughout the health care debate, Democrat leaders in Washington told themselves they could do what they want, and then persuade Americans after the fact that it was okay. Last night, the voters in Missouri overwhelmingly rejected that notion. The people of Missouri have sent a message to Washington: enough is enough.

Americans Weren’t Kidding When They Said They Opposed the Health Spending Bill

mcconnell.senate.gov

Washington, D.C. – U.S. Senate Republican Leader Mitch McConnell delivered the following statement Wednesday regarding the health care bill:

August 4 at 12:50pm · View Feedback (42)Hide Feedback (42) · Share
**Mitch McConnell** KENTUCKY HEALTH NEWS: The President’s health care plan will cut $3.4 billion from Kentucky’s hospitals over the next ten years, which would impact more than 79,000 individuals employed by Kentucky hospitals. Also, Medicare’s own experts say these cuts will make 1 in 6 Medicare Part A providers (like hospitals) unprof...

See More

**Hospital association says state will lose under health care reform - State Government and Politics -**

www.kentucky.com

The Kentucky Hospital Association said in a report on Monday that Kentucky hospitals will lose $1.2 billion in revenues in the next 10 years because of health care reform.

July 20 at 4:32pm · View Feedback (13)Hide Feedback (13) · Share

———

**Mitch McConnell** I just returned from the Senate floor where I spoke about the recess appointment of Dr. Donald Berwick. His appointment had everything to do with the administration’s fear of letting Americans hear Dr. Berwick’s well-known views about rationing and government-run health care and about how he plans to implement the Pre...

See More

**Americans Deserve to Hear Berwick’s Plans for Massive Medicare Cuts**

mcconnell.senate.gov

Washington, D.C. – U.S. Senate Republican Leader Mitch McConnell made the following remarks on the Senate floor Monday regarding the recess appointment of Dr. Donald Berwick:

July 12 at 2:32pm · View Feedback (53)Hide Feedback (53) · Share

———

**Dan Inouye**

NO RECENT POSTS

**Joe Biden**

NO POSTS RELATING TO HEALTHCARE REFORM
Appendix B:

House of Representatives:

House Speaker – Nancy Pelosi

RT@HealthReformNow: New Poll Finds Americans Support the Affordable Care Act By a 15-point Margin http://go.usa.gov/Otn

House R’s work to repeal #hcr benefits Americans like http://go.usa.gov/Oxq PS: If successful, they would add $75B to deficit

Today, House Republicans tried to repeal part of #hcr and raise premiums. They failed - http://go.usa.gov/3fc

Would only allow me to see tweets up till May 29th. (Must be a user privacy setting option)]

$143 BILLION: Amount the GOP plan unveiled today to take away Patients' Rights would add to the deficit over 10 years

House Majority Leader - Steny Hoyer

RT @HealthCareGov Ready to take your health care into your own hands? Get started at the new HealthCare.gov!

Since health reform became law, many parents have been able to keep their kids under 26 years of age on their health plans #hcr

Since health reform became law, small biz are taking advantage of tax credits making insurance for their employees more affordable #hcr

Since health reform became law, seniors in the “donut hole” are receiving a 1-time, tax free $250 check to help with rx drug costs #hcr

Since health reform became law, insurance companies have stopped rescinding care from patients when they need it most #hcr

Health reform was signed into law 3 months ago. Are you aware of all the immediate benefits for your & your family? http://go.usa.gov/3et
Today marks 90 days since health reform was signed into law. Read about the immediate benefits in your state: http://go.usa.gov/3Fn.

@davidcaryhart Health reform opens up many more insurance options for 55+ & extends solvency of Medicare by 12yrs–making it stronger for all.

Answered questions from reporters this morning. Now let's hear from you! What questions do you have about issues of the day? #5at5 #allstar

Have questions on the economy, health reform, Wall Street reform, etc? Ask me your questions and I'll answer 5 at 5pm today #5at5 #allstar

This week is National Women’s Health Week. Become familiar with the benefits specifically for women included in #HCR: http://go.usa.gov/iLK


Thx to #HCR & Dem pressure, insurance companies have begun ending the practice of dropping people when they get sick http://huff.to/9qS1ec

Graduating from college? #hcr covers you in Sept, but insurers are now keeping you covered between now and then http://to.pbs.org/9gVzCs

whitehouse

Good news - growing number of insurers voluntarily make it easier for young adults to get coverage ASAP http://bit.ly/afK4WY

I just released a new interactive graphic: what #HCR does for you this year http://go.usa.gov/ikw

GO FOR IT, REPUBLICANS: GOP seeks to repeal #HCR benefits. But which ones? They won't say. http://go.usa.gov/iaV

#HCR is law. What benefits happen immediately? In 90 days? In 6 months? In 9 months? http://go.usa.gov/i3d 1:53 PM Mar 23rd via web

At the White House watching President Obama sign health care reform into law. #hcr

The House has passed #HCR finally ensuring quality, affordable health care is available for all Americans

Senate GOP are spreading a memo that falsely claims that #HCR reconciliation will fail in the Senate #FactCheck http://go.usa.gov/ilH
The GOP's argument on the bill is 1) it's socialism and 2) it cuts Medicare too much? So, too socialist and not socialist enough?

Watch video of my statement from the House Floor opening general debate on the #HCR bill http://bit.ly/96dHgR

Rep. Issa (R-CA) was just on #CSPAN, falsely claiming that #HCR contains special deals #FactCheck http://go.usa.gov/ilA

Rep. Dreier (R-CA) was just on #CSPAN, giving intimidating and misleading info on IRS agents in #HCR #FactCheck http://go.usa.gov/il7

Rep. Buchanan (R-FL) was just on #CSPAN, giving misleading info on Medicare cuts: #HCR #FactCheck: http://go.usa.gov/ilG

Turn on #CSPAN - I will deliver the opening statement of the final debate on #HCR in a few minutes after this series of votes.

I was on NBC's “Meet the Press” this morning to discuss today's expected vote on #hcr http://go.usa.gov/ilv

I just had the pleasure of introducing President Obama to the Democratic Caucus at a final meeting on #hcr http://bit.ly/bVoFm3

CYMI: AARP and AMA - the nation’s largest senior citizens’ group and association of doctors - support the #hcr bill http://bit.ly/c9YbvA

Another great day for #hcr - 5 more confirmed votes show the momentum is growing http://go.usa.gov/ilW

I was on @TheEarlyShow on CBS this morning discussing growing support for #hcr that will cut costs and deficits http://bit.ly/bKyRly

Rep. Betsy Markey announced support for #hcr bill, which will lower costs for families, businesses & cut the deficit by more than $1trillion

Text of the final #hcr bill has just been posted http://go.usa.gov/lh6 After the promised 72 hours, the vote is expected as early as Sunday

It’s confirmed, #hcr is the largest deficit reducer in 17 yrs, since Clinton’s 1993 budget, which ushered in great economy of the 90s
I just announced the CBO numbers on final #hcr: cuts the deficit by more than $130B in the 1st 10 yrs, and more than $1T in the 2nd 10 yrs.


I was on ABC's @GMA this morning discussing #HCR and GOP hypocrisy: [http://bit.ly/c1OTBz](http://bit.ly/c1OTBz)

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**House Minority Leader - John Boehner**

Under ObamaCare, "U.S. healthcare costs projected to continue to climb" [http://ow.ly/2BUi1](http://ow.ly/2BUi1) (via @latimes) #gopcodered

Dr. Hal Scherz in @WSJ: "Dear Patients: Vote to Repeal ObamaCare" [http://is.gd/ePrmb](http://is.gd/ePrmb) #gopcodered

Obama: If u like ur plan, you'll be able to keep it. @AP: More than 3M seniors may have to switch drug plans [http://is.gd/eD0IO](http://is.gd/eD0IO) #gopcodered

Via @politico, "Endangered Dems quiet on key votes," hoping voters forget about ObamaCare, "stimulus," "cap & trade" [http://is.gd/eyLVv](http://is.gd/eyLVv)

RT @NRCC: Dems wave the white flag on their unpopular #hcr law [http://politi.co/9CMekn](http://politi.co/9CMekn) #gopcodered

.@CNN reports that 56 percent of Americans oppose ObamaCare [http://is.gd/erEWy](http://is.gd/erEWy) #gopcodered

We need to repeal ObamaCare & replace it w/common-sense reforms that lower costs & protect jobs [http://is.gd/eIL7q](http://is.gd/eIL7q) #gopcodered

We need to repeal #ObamaCare and start over with step-by-step reforms that will lower #hc costs [http://is.gd/e2k28](http://is.gd/e2k28)

Dem pollster says #ObamaCare is "a disaster" for Democrats. [http://is.gd/eevmU](http://is.gd/eevmU) It's a bigger disaster for families, small biz #gopcodered

Missouri voters reject #ObamaCare's unconstitutional mandates: [http://is.gd/e25L4](http://is.gd/e25L4) #gopcodered

In @WSJOpinion, "Yes, Virginia ... #ObamaCare is unconstitutional" [http://is.gd/e0ICT](http://is.gd/e0ICT) #gopcodered
#ObamaCare "is a threat to the health of small businesses," needs to be repealed http://is.gd/dSKdC #gopcodered (Via @BloombergNews)

House Democrats postponed a vote "on a GOP motion calling for repeal" of #ObamaCare small business mandates http://is.gd/dSJO #gopcodered

RT @NRCC: More evidence that seniors are on the losing end of new #hcr law http://bit.ly/bJrgHr #gopcodered

FLASHBACK: @cnsnews.com: Democratic Leader Laughs at Idea That House Members Would Actually Read #HCR Before Voting On It http://is.gd/dDrsg


In "Who Pays for #ObamaCare?" @WSJ says Obama Admin "believes in wealth redistribution first, economic growth second" http://is.gd/doX48

Via @ap, #ObamaCare “may mean longer ER waits, crowding” http://is.gd/dcWFx #gopcodered #hcr

RT @RedState ObamaCare - Three Months of Broken Promises http://bit.ly/bbQWzx #hcr

Via @politico, new report chronicles "ObamaCare’s three-month journey from hype to harsh reality" http://is.gd/d0ykR

Under #ObamaCare, @USAToday reports that "Doctors limit new Medicare patients" http://is.gd/cXFZQ #gopcodered

More @reviewjournal: "Dems rammed through #hcr w/a smokescreen of half-truths, fantastical promises & outright prevarications" #gopcodered

Via @reviewjournal: "Another empty pledge: Keep your health plan? Don't count on it" http://is.gd/cSLDK #gopcodered

Credibility gap: @AP reports ObamaCare "to force changes in employer plans" http://is.gd/cLSWZ #gopcodered

Via @AP, #ObamaCare to cause "steep jump in medical costs," workers to "share a bigger chunk of the expense" http://is.gd/cP9ND #gopcodered

Admin misses #ObamaCare deadlines, including publishing "a list of all of the authorities provided" the HHS secretary http://is.gd/czFkv
@gracemarietweet says #ObamaCare "will break the bank for taxpayers, consumers & American businesses" http://is.gd/czDxI #gopcodered

ObamaCare preview? RT @Drudge_Report: Soaring costs force Canada to reassess health model http://drudge.tw/bPwThX #gopcodered

Via @thehill, ObamaCare encourages "small businesses to stay small, not hire" http://is.gd/cnitS #gopcodered #jobs

Re: ObamaCare, @CNN says "CBO doubles some health care spending estimates" http://is.gd/c5Cew #gopcodered #hcr

RT @boblatta: Surprise! ObamaCare to Cost More Than Expected! #tcot #repealandreplace #GOP http://amplify.com/u/5y6a #gopcodered

ObamaCare to force employers to "cut back on operational costs - and jobs" http://is.gd/bVhCF (via @bostonherald) #gopcodered #jobs

More bad news re: the unconstitutional ObamaCare: @USAToday says it "traps some in pricey state plans" http://is.gd/bN2MB #gopcodered

Pres says "everything has to be on the table" to reduce the debt. Let's start by repealing his job-killing, deficit-hiking #hc takeover.

Columbus Dispatch: Flaws of health-care overhaul grow more apparent every day http://is.gd/bLygm #gopcodered

Days after Obama Admin admits ObamaCare will raise #hc costs, Dems admit it will hurt employers too: http://is.gd/bJvFB #gopcodered

@dcexaminer reports that "Obamacare will cost states their drug rebates" http://is.gd/blwEd #gopcodered
@brooksbyane ObamaCare’s individual mandate is unconstitutional; I've said it before & I'll keep saying it http://is.gd/9bJBX #tcot

Despite Dems' promises, experts say "premiums are likely to keep going up over the next few years" (via @AP) http://is.gd/blviq #gopcodered

Dems said ObamaCare would lower costs; it raises them http://is.gd/bEVNA #gopcodered

Pro-life groups take on Dems that voted for #hc takeover, taxpayer-funding for abortion: http://is.gd/bDxix #gopcodered
From @AP: "Opposition to President Barack Obama's health care law jumped after he signed it"
http://is.gd/btZIC #gopcodered

Under ObamaCare, "mandated benefits & other costs will be passed on to consumers, increasing their premiums" http://is.gd/bsCTz #gopcodered

Democrats promised lower costs, but "Healthcare overhaul won't stop premium increases" http://is.gd/bra4n (via @latimes) #gopcodered #hcr

58% of voters "favor repeal" of ObamaCare, 47% say repeal "good for the economy" (via @RasmussenPoll) http://is.gd/bpJ7O #gopcodered #hcr

"Healthcare law socks middle class with a $3.9 billion tax increase" http://is.gd/bpWEX (via @thehill) #gopcodered #hcr

@AP: ObamaCare will cost employers billions, "make them more likely to drop prescription drug coverage for retirees" http://is.gd/b0bDI

Kim Strassel in @WSJOpinion: "Democrats only got their ObamaCare victory by breaking every rule" http://is.gd/b0aHo #gopcodered

Castro likes it: http://is.gd/aYZME Dems’ jobs-killing #hc takeover gets a thumbs-up from Cuban dictator. #gopcodered

RT @CBNSnewsHotSheet: Poll: Most Want GOP to Keep Fighting on Health Bill http://bit.ly/9nqMxf #gopcodered #hc

@WSJOpinion: "Companies are already warning about higher health-care costs." http://is.gd/aYn4d #gopcodered #hc

@BloombergNews: "Americans remain skeptical" about ObamaCare, 53% say it "amounts to a government-run system." http://is.gd/aWzi3 #hellno

@DenverChannel: “Small Business Owners Fret Over Health Care Bill” http://is.gd/aWCEV #gopcodered #jobs #hellno

@DenverChannel: “Small Business Owners Fret Over Health Care Bill” http://is.gd/aWCEV #gopcodered #jobs #hellno

@IBDEditorials: ObamaCare means "higher costs, fewer practicing physicians, higher taxes & fewer jobs." http://is.gd/aUjX1 #hellno

RT @The_RGA: GOP Governors Blast Health Care Takeover http://bit.ly/9Kgt82 #gopcodered #hellno
RT @PoliticalTicker: CNN poll: Americans don’t like health care bill http://is.gd/aToVO #gopcodered #hellno

Will be speaking on the House floor re: the Democrats’ government takeover of #hc in just a few minutes.

Just finished addressing the Miami County GOP Convention via Skype, updated everyone on the fight against #hc takeover.

If we can stop the "Slaughter Solution," the American people can stop this #hc takeover. http://is.gd/aQx6a #gopcodered

Today I called on Speaker Pelosi to require every Member of Congress to stand & announce their #hc vote. http://is.gd/aPhxI #gopcodered

@galluppoll: most believe ObamaCare "will make things worse rather than better for the U.S." http://is.gd/aOl8y #gopcodered


Columbus Dispatch: "Health-care overhaul won't reduce costs, will drive up U.S. debt" http://is.gd/aNhyl #gopcodered

RT @michellemalkin: Boehner: "It’s not too late 4 American ppl to speak up & make it clear they don't like this; yell a little louder." #hcr

Pelosi on #hc takeover: "[O]nce we pass it in the House, it's going to be the law of the land." http://is.gd/aHX5U #gopcodered

RT @RNC: 2 Dem pollsters warn, "If Democrats ignore health-care polls, midterms will be costly" http://bit.ly/bzNdYB #gopcodered

From @WSJ: "Republicans Warn House Democrats They May Lose Their Jobs by Backing Health Bill" http://is.gd/albGX #gopcodered

Dems' latest scheme is the "Slaughter Solution": "passing" the Senate #hc bill without a vote http://is.gd/a93ZZ #gopcodered

Speaker Pelosi on #hc takeover: "We have to pass the bill so that you can find out what is in it" http://is.gd/a4BPT #gopcodered

Senate:
Senate Majority Leader – Harry Reid


Health reform to provide 41 million people with free preventive care: [http://bit.ly/b8PjR1 #nvsen #p2](http://bit.ly/b8PjR1 #nvsen #p2)

Nevadans with preexisting conditions can apply for health insurance: [http://bit.ly/aZZWj7 #nvsen](http://bit.ly/aZZWj7 #nvsen)


#hcr stops insurance companies from dropping #Nevadans like Katherine Duncan when they get sick or have preexisting condition: [http://bit.ly/avo0jL](http://bit.ly/avo0jL)

#hcr law helps Linda Ellen & all of #Nevada seniors pay for their prescriptions by closing the #medicare donut hole: [http://bit.ly/cjwLLl #p2](http://bit.ly/cjwLLl #p2)


Clear differences between Harry Reid and Sue Lowden on health care: [http://bit.ly/dDto1y #lowdencare](http://bit.ly/dDto1y #lowdencare)


Reid: Thanks to #HCR, tens of thousands of small businesses will soon receive tax credits: [http://bit.ly/dtt1v3 #p2](http://bit.ly/dtt1v3 #p2)

Reid: “Extending coverage to half a million Nevadans was the right thing to do” [http://bit.ly/bWkI36 #hcr #p2](http://bit.ly/bWkI36)

“The American people have waited for this moment for a century.” [http://bit.ly/c8h5Ba #hcr #p2](http://bit.ly/c8h5Ba)

[@BarackObama](https://twitter.com/BarackObama) just signed #hcr into law - a historic step forward for #Nevada families, seniors, and small businesses #p2

#HCR is about Nevadans struggling to keep their families healthy without going bankrupt [http://bit.ly/a2cXIR #p2](http://bit.ly/a2cXIR)


Reid working to move health care reform forward at #hcrsummit hosted by @BarackObama [http://bit.ly/agKtva #hcr #p2](http://bit.ly/agKtva)

**Senate Minority Leader – Mitch McConnell**

Currently has a twitter account set up but has yet to post any tweets.

**President Pro Tempore – Dan Inouye**


Reviewed tweets dating back to January 11th, 2010. This above tweet is the only one relating to healthcare reform

**President of Senate – Joe Biden**

Does not currently have a twitter account.
Appendix C:

House Speaker – Nancy Pelosi

The Real GOP Agenda: GOP Promising to Take Away the Rights of Millions of Americans the Same Week Patients’ Rights Takes Effect

September 22nd, 2010 by Karina

Congressional Republicans have made no secret of their wish to take away the protections for millions of patients by repealing their guaranteed rights. Republicans are continuing to push their repeal message this week, when many of the consumer protections in health reform – known as “the Patient’s Bill of Rights” – begin to take effect. These protections go into effect for health plan years beginning tomorrow. The New York Times:

“They’ll get not one dime from us,” the House Republican leader, John A. Boehner of Ohio, told The Cincinnati Enquirer recently. “Not a dime. There is no fixing this.”

The Patient’s Bill of Rights in the Affordable Care Act puts patients and doctors – not insurance company bureaucrats – in charge of health care decisions. Congressional Republicans would return consumers to a broken health care system where patients are at the mercy of the insurance companies. Insurance companies would:

Be allowed to drop people when they get sick.

Be allowed to deny coverage for children with pre-existing conditions.

Be allowed to put lifetime limits on coverage, which has caused thousands of insured, middle-class Americans to declare bankruptcy when a catastrophic illness strikes and they exceed the lifetime limit.

Be allowed to put unreasonable annual limits on coverage, cutting off coverage for hundreds of thousands of people when they need it most.

Be allowed to prevent parents from keeping their young adult children on their health plan as the children work to launch their careers.

Be allowed to make key preventive services, such as mammograms and immunizations, subject to deductibles and co-payments.

Be allowed to deny coverage for needed care without providing patients a chance to appeal to an independent third party.

Repealing health insurance reform would eliminate key protections for millions of Americans. We won’t go back to a broken, unsustainable health care system. We can’t afford it.
Beginning tomorrow, many of the consumer protections in health reform – known as the Patient’s Bill of Rights – will begin to go into effect. An article in this morning’s USA TODAY highlights them:

Several key consumer protections under the nation’s new health law begin taking effect Thursday…

…Insurers can no longer set a dollar limit on the amount of care they’ll provide over a person’s lifetime or deny coverage to sick children. Young adults can stay on their parents’ health plans until age 26. And consumers get greater rights to appeal insurers’ decisions.

“It’s really putting in place long overdue consumer protections,” Health Secretary Kathleen Sebelius said in an interview with USA TODAY. “It’s getting rid of some of the worst rules of the industry that prevented people from getting covered at all or, at a time they needed coverage the most, limited the coverage they had.”

…The Thursday changes are designed to help consumers between now and 2014, when the most significant provisions of the health law take effect. That’s when new health insurance marketplaces, called exchanges, will be created and most Americans will be required to purchase insurance. “This is sort of a bridge strategy,” Sebelius said.

Congressional Republicans promise to take away guaranteed protections for millions of patients and put insurance companies back in charge of their health care decisions.

The Patient’s Bill of Rights Begins to Take Effect Thursday
Tuesday, September 21st, 2010 by Karina

The Affordable Care Act is designed to put you, not the health insurance companies, back in charge of your health care. On Thursday, the Affordable Care Acts’ new “Patient’s Bill of Rights” to stop the worst insurance company abuses begins to take effect. Here’s what it means for you.

If you are privately-insured:

YOUR HEALTH COVERAGE CANNOT BE ARBITRARILY CANCELLED IF YOU BECOME SICK

Up until now, insurance companies had been able to retroactively cancel your policy when you became sick, if you or your employer had made an unintentional mistake on your paperwork.

Under the new law, health plans are now prohibited from rescinding coverage except in cases involving fraud or an intentional misrepresentation of facts. Due to pressure from Democrats in Congress and the Obama Administration, insurers agreed to begin implementing this protection early, this spring; so rescissions are now a thing of the past. This protection applies to all health plans.

YOUR CHILD CANNOT BE DENIED COVERAGE DUE TO A PRE-EXISTING CONDITION

Each year, thousands of children who were either born with or develop a costly medical condition are denied coverage by insurers. Research has shown that, compared to those with insurance, children who are uninsured are less likely to get critical preventive care including immunizations and well-baby checkups. That leaves them twice as likely to miss school and at much greater risk of hospitalization for avoidable conditions.

The new law prohibits insurance plans both from denying coverage and limiting benefits for children based on a pre-existing condition. This protection applies to all health plans, except “grandfathered” plans in the individual market. These protections will be extended to Americans of all ages starting in 2014.

YOUR CHILD UP TO AGE 26 CAN STAY ON YOUR HEALTH PLAN
Young people are the most likely to be uninsured – with currently one in three young people having no health coverage. One reason is that young people are less likely to be offered coverage through their jobs.

Under the new law, insurance companies are required to allow young people up to their 26th birthday to remain on their parents’ insurance plan, at the parent’s choice. This provision applies to all health plans. (For employer plans, only those young people not eligible for their own employer coverage receive the benefit, until 2014.)

YOUR HEALTH PLAN CANNOT PUT A LIFETIME LIMIT ON YOUR HEALTH COVERAGE

Millions of Americans who suffer from costly medical conditions are in danger of having their health insurance coverage vanish when the costs of their treatment hit lifetime limits. These limits can cause the loss of coverage at the very moment when patients need it most. Over 100 million Americans have coverage that imposes such lifetime limits. The new law prohibits the use of lifetime limits in all health plans.

YOUR HEALTH PLAN’S ANNUAL LIMITS ARE PHASED OUT OVER THREE YEARS

Even more aggressive than lifetime limits are annual dollar limits on what an insurance company will pay for health care. Annual limits are less common than lifetime limits – but 19% of individual market plans and 14% of small employer plans currently use them.

The new law phases out the use of annual limits over the next three years. For plan years beginning on September 23, 2010, the minimum level for the annual limit will be set at $750,000. This minimum is raised to $1.25 million in a year and $2 million in two years. In 2014, all annual limits are prohibited. The protection applies to all plans, except “grandfathered” plans in the individual market.

If you are purchasing a new plan, you will have the following additional protections:

YOU HAVE THE RIGHT TO KEY PREVENTIVE SERVICES WITHOUT DEDUCTIBLE OR CO-PAYMENTS

Today, too many Americans do not get the high-quality preventive care they need to stay healthy, avoid or delay the onset of disease, and lead productive lives. Nationally, Americans use preventive services at about half the recommended rate.

Under the new law, insurance companies must cover recommended preventive services, including mammograms, colonoscopies, immunizations, and pre-natal and new baby care, without charging deductibles, co-payments or co-insurance.

YOU HAVE THE RIGHT TO BOTH AN INTERNAL AND EXTERNAL APPEAL

Today, if your health plan tells you it won’t cover a treatment your doctor recommends, or it refuses to pay the bill for your child’s last trip to the emergency room, you may not know where to turn. Most plans have a process that lets you appeal the decision within the plan through an “internal appeal” – but there’s no guarantee that the process will be swift and objective. Moreover, if you lose your internal appeal, you may not be able to ask for an “external appeal” to an independent reviewer.

The new law guarantees the right to an “internal appeal.” Also, insurance companies will be prohibited from denying coverage for needed care without a chance to appeal to an independent third party.

YOU HAVE THE RIGHT TO CHOOSE YOUR OWN DOCTOR

Being able to choose and keep your doctor is highly valued by Americans. Yet, insurance companies don’t always make it easy to see the provider you choose. One survey found that three-fourths of the OB-GYNs reported that patients needed to return to their primary care physicians for permission to get follow-up care.

The new law: 1) guarantees you get to choose your primary care doctor; 2) allows you to choose a pediatrician as your child’s primary care doctor; and 3) gives women the right to see an OB-GYN without having to obtain a referral first.

YOU HAVE THE RIGHT TO ACCESS TO OUT-OF-NETWORK EMERGENCY ROOM CARE AT IN-NETWORK COST-SHARING RATES

Many insurers charge unreasonably high cost-sharing for emergency care by an out-of-network provider. This can mean financial hardship if you get sick or injured when you are away from home.
The new law makes emergency services more accessible to consumers. Health plans will not be able to charge higher cost-sharing for emergency services that are obtained out of a plan’s network.

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**The Truth About the GOP Agenda: GOP Claims that Health Reform Is Increasing Health Costs Are FALSE**

Monday, September 13th, 2010 by Speaker’s Press Shop

An editorial in USA Today this morning debunks the GOP talking point repeated this weekend by House Republican Leader John Boehner that the Affordable Care Act will “bankrupt our country” and should be repealed.

The editorial points out that health insurance reform achieves a remarkable result: bringing insurance coverage to an additional 32.5 million people and ending the worst insurance company abuses, without any significant increase in total health spending.

Indeed, a key graphic in the USA Today editorial points out that, by 2019, the impact of health reform will be to cut health spending per insured person by 9 percent, compared to prior law. Specifically, by 2019, overall health spending per insured person will average $14,720, according to the CMS Actuary, instead of the $16,210 projected before health reform was enacted into law. From the USA TODAY editorial:

For anyone concerned about rising health costs and their effect on the economy, consider this grim new projection: By 2019, the nation’s health care bill will have surged to $4.6 trillion, or nearly 20 cents of every dollar spent in America. That comes to $13,652 per person, up from $8,389 last year.

Outraged that you’ll be paying nearly two-thirds more than you do now? Ready to demand repeal of the reform law passed early this year?

Think again. The estimate, from the actuarial department at the Centers for Medicare and Medicaid Services, actually amounts to a kind of tacit endorsement of the measure. That’s because the new law would have virtually no effect on the upward trajectory of health care spending, while bringing insurance coverage to an additional 32.5 million people and ending the worst insurance company abuses.

Put another way, the controversial reform measure has enough cost controls to deliver protections to more Americans for roughly the same money as would have been spent otherwise…

Many Republicans have decided to blame any and all insurance premium increases on what they call ObamaCare, even though premiums have been rising for years. And they see a repeal-the-bill approach as a winner on the campaign trail…But repeal is a non-starter as long as Obama is president and, as the study shows, it would do nothing to change the cost trajectory…

The answer to soaring costs is not to go backward and undo the benefits of health care reform, but to move on to its unfinished business.

Democrats in Congress and President Obama enacted landmark health insurance reforms to make health coverage more affordable for small businesses and families, and protect young adults, the middle class, women, and seniors. Despite the clear benefits of health insurance reform – Republican leaders are standing with insurance companies and want to repeal the Patient’s Bill of Rights which protects Americans from discrimination when they need it most – when they get sick or have a pre-existing condition.

**Bottom line:** Repealing health insurance reform would eliminate key protections for millions of Americans. We won’t go back to a broken, unsustainable health care system. We can’t afford it.

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**President Obama Signs Reconciliation Act Into Law**

Tuesday, March 30th, 2010 by Karina
This morning, President Obama signed the Health Care and Education Reconciliation Act into law. The legislation not only improves the Senate health insurance reform bill by closing the prescription drug donut hole, improving affordability, strengthening efforts to fight waste and fraud, and removing special deals, but it also includes the Student Aid and Fiscal Responsibility Act which the House passed last fall.

The bill ensures that higher education is more affordable at no additional expense to taxpayers — in fact, it saves money. More students will go to college, they will graduate with less debt, and the federal loan initiatives that they and their families depend upon will be strengthened for decades to come. The legislation will generate almost $100 billion in savings over the next 10 years that will be used to increase Pell Grant scholarships, keep interest rates on federal loans affordable, and safeguard federal student loan access for families. Dr. Jill Biden discusses how the Health Care and Education Reconciliation Act makes college more affordable:

Speaker Pelosi on today’s signing:

Health insurance reform represents remarkable progress for the American people. Today, with President Obama's signature, health care becomes more affordable for the middle class, we begin closing the prescription drug donut hole, and we demand accountability from the insurance industry.

Health insurance reform is fiscally responsible for the budgets of America's families and the federal budget. It strengthens Medicare and improves benefits for our seniors. It will create millions of jobs and strengthen our economic security by keeping America competitive and igniting innovation and entrepreneurship.

This legislation is about expanding opportunity for millions of Americans, and essential to opportunity is higher education. This legislation contains the largest investment in college aid in our nation's history by lowering the cost of student loans, expanding Pell Grants, and investing in community colleges and the institutions that traditionally have served minorities. It is fiscally responsible, ending years of government subsidies to banks, making available $68 billion for college loans and deficit reduction.

I salute the efforts of the Members of Congress, particularly Chairman George Miller and many of our newer Members, who led the charge for reform, and President Obama, whose visionary leadership made this progress possible.

HHS Puts Insurance Industry on Notice: Now Is Not The Time to Search for Non-Existent Loopholes

Monday, March 29th, 2010 by Karina

In a letter to Karen Ignagni, President of America's Health Insurance Plans, Health and Human Services (HHS) Secretary Kathleen Sebelius announced today that she will be issuing regulations in the weeks ahead to reiterate that beginning in September 2010 (six months from enactment of our legislation):

Children with pre-existing conditions may not be denied access to their parents' health insurance plans

Insurance companies will no long be allowed to insure a child, but exclude treatment for the child's pre-existing condition

The Secretary issued the letter following reports that the industry “may be seeking to avoid or ignore a provision in the new law that prohibits insurance companies from excluding children with pre-existing conditions from coverage.”

The Secretary concluded by writing:

The American people debated and discussed health insurance reform for more than a year. Congress and the President have acted. Now is not the time to search for non-existent loopholes that preserve a broken system. Instead, we should work together to do the hard work of improving the affordability, quality, and accessibility of our health care system.

Last week, the three House Committee Chairs with jurisdiction of the legislation affirmed that “under the legislation that Congress passed and the President signed yesterday, plans that include coverage of children cannot deny coverage to a child based upon a pre-existing condition.” As they wrote, “the concept that insurance companies would even seek to deny children coverage exemplifies why we fought for this reform effort and will continue fighting to ensure all Americans have access to high quality, affordable care.”

Read Secretary Sebelius’ full letter:
March 29, 2010

Ms. Karen Ignagni
America’s Health Insurance Plans
601 Pennsylvania Ave., NW
South Building, Suite Five Hundred
Washington, DC 20004

Thank you for inviting me to address your members earlier this month to discuss health insurance reform. I appreciate all opportunities to discuss how this comprehensive, historic legislation will improve the health care system for all Americans.

Following the enactment of this legislation, our Department has begun work to quickly and carefully implement the provisions of the new law. As we move ahead, we look forward to working with you and your members as well as the public and other stakeholders interested in helping us fulfill the law’s potential.

Unfortunately, recent media accounts indicate that some insurance companies may be seeking to avoid or ignore a provision in the new law that prohibits insurance companies from excluding children with pre-existing conditions from coverage.

Health insurance reform is designed to prevent any child from being denied coverage because he or she has a pre-existing condition. Leaders in Congress have reaffirmed this in recent days in the attached statement. To ensure that there is no ambiguity on this point, I am preparing to issue regulations in the weeks ahead ensuring that the term “pre-existing condition exclusion” applies to both a child’s access to a plan and to his or her benefits once he or she is in the plan. These regulations will further confirm that beginning in September, 2010:

- Children with pre-existing conditions may not be denied access to their parents’ health insurance plan;

- Insurance companies will no longer be allowed to insure a child, but exclude treatments for that child’s pre-existing condition.

I urge you to share this information with your members and to help ensure they cease any attempt to deny coverage to some of the youngest and most vulnerable Americans. For too long, parents across the country have struggled as pre-existing conditions have prevented their children from accessing affordable, stable health insurance coverage. Health insurance reform eliminates this tremendous source of worry and helps ensure children have the care they need.

The American people debated and discussed health insurance reform for more than a year. Congress and the President have acted. Now is not the time to search for non-existent loopholes that preserve a broken system. Instead, we should work together to do the hard work of improving the affordability, quality, and accessibility of our health care system. I look forward to working with you to achieve that goal.

Sincerely,

Kathleen Sebelius

As Members of Congress worked on comprehensive health insurance reform, people like Robin Beaton were at the forefront of their minds. Robin testified that days before she was scheduled to have a double mastectomy for a very aggressive form of breast cancer, Blue Cross canceled her surgery, launched an investigation into whether she had not disclosed acne, and rescinded her coverage to get out of paying for her care. In the five months it took to get her insurance back, Robin’s tumor grew from 2.3cm to 7cm and she had to have all her Lymph nodes removed.

Health insurance reform signed into law last month puts Robin and all Americans—not the insurance companies—in control of their own health care. Of the many consumer protection benefits and insurance reforms that go into effect this year, is a ban on all health plans from dropping people’s coverage when they get sick.

SEC. 2712. PROHIBITION ON RESCISSIONS.
A group health plan and a health insurance issuer offering group or individual health insurance coverage shall not rescind such plan or coverage with respect to an enrollee once the enrollee is covered under such plan or coverage involved, except that this section shall not apply to a covered individual who has performed an act or practice that constitutes fraud or makes an intentional misrepresentation...
New Report Shows Health Reform Will Cover Nearly All Uninsured Young Americans
Friday, May 21st, 2010 by Karina

Young American adults are among those who most need health insurance reform:

A new report released today from the non-partisan Commonwealth Fund estimates the vast majority of uninsured young adults (around 13.7 million) could gain affordable health insurance coverage as a result of the Affordable Care Act – great news for the most uninsured age group. The report says:

The law’s provision requiring health insurers to extend dependent coverage up to age 26 for young adults on their parents’ plans will go into effect in September 2010, and could provide coverage to 1.2 million young adults next year. Many insurers are implementing this provision early, filling in the coverage gap for many new college graduates.

Newly-created insurance exchanges and lower premiums for lower- and moderate-income families beginning in 2014 could provide coverage for more than 6 million uninsured young adults.

Additionally, new insurance regulations, an essential benefits package, and limits on cost-sharing will ensure young adults have comprehensive health insurance that protects them from high out-of-pocket costs.

Other provisions, including expanding Medicaid eligibility, would provide health coverage to millions more young adults.

The Affordable Care Act will protect young adults from medical debt – the Act's elimination of lifetime limits on health insurance coverage, effective later this year, could go a long way to helping young adults who purchase health insurance on the individual market, or through their college or university, avoid medical debt in the event of a serious injury or illness.

Read the full report»

See the accompanying charts»

Get updates by following HealthReformNow on Twitter»

Learn more about what’s in the bill for Young Americans:

LOWER COSTS

PREVENTIVE CARE FOR BETTER HEALTH
Offers free preventive care to all people insured under new plans, and invests in public health to create a system that prevents illness and disease instead of just treating it when it’s too late and costs more. Simple prevention can stop a small health problem from getting worse.

INSURANCE INDUSTRY REFORMS THAT SAVE YOU MONEY
This year, reform eliminates lifetime limits on how much insurance companies cover if you get sick, and tightly restricts yearly limits. Starting in 2014, reform puts a cap on what insurance companies can force you to pay in co-pays and deductibles. In 2014, reform bans “gender rating” that allows women to be charged more for the same coverage, and bans new group plans from establishing eligibility requirements that have the effect of discriminating in favor of higher wage employees – who tend not be younger workers.

SECURITY AND STABILITY

EXTENDED HEALTH COVERAGE THROUGH PARENTS
Allows you to stay on your parents’ health care plans until your 26th birthday. (Between now and 2014, this provision applies to a young person only if their employer doesn’t offer them coverage. Beginning in 2014, the provision applies to all young people, even if their employer offers them coverage.) This will help to cover the one in three young adults who are uninsured.
HEALTH CARE NOT TIED TO A JOB
Offers affordable health insurance to those without job-based coverage, starting in 2014, and provides substantial premium assistance to those who still can't afford it. Young adults are just starting jobs and careers, and often don't have access to job-based coverage. Even when they do, they often don't have the money to spend on health insurance—or must endure a waiting period as a new employee.

HEALTH CARE WHEN YOU NEED IT MOST
If you become sick, you can no longer be dropped from your plan (starting this year). If you have a "pre-existing condition," beginning in 2014, you can no longer be denied coverage or charged higher rates—and between now and 2014, you can enter an interim high-risk pool to get insurance.

GREATER CHOICES
ONE-STOP SHOPPING AND COMPETITION
Creates Health Insurance Exchanges for those who don't get insurance through their employer, so you can gain the benefits of group purchasing power like big businesses have for more affordable plans with better benefits. These Exchanges allow you to simply and easily compare prices and health plans and decide which option is right for you. It's your choice.

INSURANCE SECURITY AS YOU BEGIN YOUR CAREER
Guarantees choices of quality, affordable health insurance. The typical young adult frequently changes jobs, moves, or holds part-time or temporary jobs. Under reform, it doesn't matter.

What Reduces Health Care Spending By $600,000,000,000 and the Deficit By $400,000,000,000 In Just Ten Years?
Friday, May 21st, 2010 by Karina
A new report released today by the Commonwealth Fund and the Center for American Progress finds the Affordable Care Act signed into law in March will:

Reduce health care spending by nearly $600 billion and lower the annual growth rate in national health expenditures from 6.3 percent to 5.7 percent during the first 10 years

Save the typical American family nearly $2,000 on annual health care premiums by 2019

Reduce the federal budget deficit by up to $400 billion over the first 10 years

Reduce the annual growth rate in Medicare expenditures from 6.8 percent to 4.9 percent

The Affordable Care Act will help ensure that all Americans have access to quality, affordable health care and significantly reduce long-term health care costs. Congressional Republicans calling for the repeal of this critical legislation would return American workers, their families and small businesses to a system with skyrocketing costs.

House Majority Leader – Steny Hoyer
Hoyer: All 3,584,000 Marylanders to Directly Benefit from Patient’s Bill of Rights

18,000 Young Adults, 741,000 Seniors Among Those to Benefit from

Reforms That Go Into Effect Tomorrow
WASHINGTON, DC – Congressman Steny H. Hoyer (MD-5) announced that starting on Thursday, September 23rd, key patient rights and protections included in the health insurance reform law will begin to take effect. The new “Patient’s Bill of Rights” is designed to put Maryland families and their doctors – not the health insurance companies – back in charge of their health care.

“Beginning this week, Fifth District families will see additional benefits of the health insurance reform law go into effect that will put them in control of their health care,” stated Congressman Hoyer. “The Patients’ Bill of Rights bans some of the worst insurance company abuses, while providing the stability and flexibility that families need to make the choices that work best for them. The reforms that take effect this week aim to not only improve health coverage for the people of the Fifth District, but they will give them the security and peace of mind that they can get and keep affordable health care regardless of pre-existing conditions, without going broke, and without being denied help when they get sick.”

The benefits that go into effect this week include the following:

- Prohibits insurance plans from rescinding coverage when a person gets sick
- Prohibits insurance plans both from denying coverage and limiting benefits for children based on pre-existing conditions
- Outlaws lifetime limits
- Tightly restricts the use of annual limits until they are completely banned starting in 2014
- Requires insurance plans offering family coverage to allow young people up to their 26th birthday to remain on their parents’ insurance plan at the parents’ discretion
- Guarantees that patients have their choice of primary care doctor within their plan’s network of doctors
- Prohibits insurance plans from charging higher cost-sharing for emergency services that are obtained out of a plan’s network
- Prohibits insurance companies from denying coverage for needed care without a chance to appeal to an independent third party

To learn more about the immediate benefits to Maryland families, click here.

These provisions take effect for the next plan year starting on or after tomorrow, which means that they’ll be in effect during this open enrollment season in the employer’s plan or the next time a person re-enrolls in or purchases a policy from an insurer. Many of these reforms will be expanded over time.

In addition, the new HealthCare.gov is an easy to use website that helps consumers take control of their health care and make the choices that are right for them by putting the power of information at their fingertips. In addition to more information about the Affordable Care Act, the website is the first of its kind to bring information and links on all of the health insurance coverage options out there, into one place, making it easier for consumers to learn about and compare their insurance options.

“Information is power, and this new website puts control over health care back into the hands of Maryland families and small businesses,” said Congressman Hoyer. “I urge all Marylanders to use this resource so you can make the most informed decisions about the health care coverage that works best for you.”

Maryland Employers Recipients of Health Reform’s New Program to Provide Health Coverage to Early Retirees

Program Will Help Give Early Retirees Greater Control Over Their Health Care, Provide Financial Relief to Employers

WASHINGTON, DC – Today, the U.S. Department of Health and Human Services announced the first round of applicants accepted into the Early Retiree Reinsurance Program. Out of the nearly 2,000 accepted applicants nationwide, 50 Maryland employers including businesses, county and local governments, educational institutions, not-for-profits, and unions, have been accepted into the program and will begin to receive reimbursements for employee claims this fall. Applications for this program are still being accepted.

“Health reform is helping provide access to quality, affordable health care for all Americans, and the Early Retiree Reinsurance program makes sure that early Retirees too young to qualify for Medicare have peace of mind and knowing their employers will continue offering them promised health benefits,” said Rep. Hoyer. “For far too long, American families and businesses struggled with the skyrocketing costs of health care, and today’s announcement is just another example of how health insurance reform is working to make health care more affordable and accessible.”
The Affordable Care Act created the Early Retiree Reinsurance Program, which provides $5 billion in financial assistance to employers and unions to help them maintain coverage for early retirees age 55 and older who are not yet eligible for Medicare. This temporary program, created as a bridge to the new health insurance Exchanges in 2014, will make it easier for employers to provide early retirees coverage and will provide premium relief of up to $1,200 for every family with insurance through those employers. Businesses and other employers and unions that are accepted into the program will receive reimbursement for medical claims for early retirees and their spouses, surviving spouses, and dependents. Savings can be used to reduce employer health care costs, provide premium relief to workers and families, or both. The program ends on January 1, 2014 when State health insurance Exchanges are up and running.

Congressman Hoyer Meets with Small Businesses on the Impact of Health Care Reform

BOWIE, MD – Congressman Steny H. Hoyer (MD-5), in conjunction with local area Chambers of Commerce, today met with local small businesses to discuss the short- and long-term benefits of health insurance reform, how reform will impact them, and how they can get involved in Maryland’s reform implementation process. Hoyer was joined by Marie C. Johns, Deputy Administrator, Small Business Administration; Elizabeth P. Sammis, Acting Insurance Commissioner, Maryland Insurance Administration; and Terry Gardiner, National Policy Director, Small Business Majority.

“Small businesses are our economic engines because they create the majority of new jobs for our economy,” stated Rep. Hoyer. “That is why, over the past two years, the House has passed eleven small business bills to assist small business lending and hiring. Of those eleven, five passed the Senate and have been signed into law. However, we also understand that in order for small businesses to create jobs, we must address a serious financial drain on their resources: the cost of health coverage,” continued Hoyer. “Prior to health insurance reform’s passage, small businesses faced unpredictable and skyrocketing health care costs from year to year, with no end in sight. Increases like that eat away at wages, re-investment, and at their ability to hire. That is why I supported the benefits in reform that will help put control over health care costs back into the hands of Maryland small businesses, and why I encourage Fifth District small businesses and chambers to get involved in Maryland’s reform implementation process.”

Hoyer Applauds Announcement of New Health Reform Rules

WASHINGTON, DC – Congressman Steny H. Hoyer (MD-5) released the following statement after the Obama Administration announced new regulations that give consumers in new health plans the right to appeal decisions, including claims denials and rescissions, made by their health plans. This is a provision made available by the Affordable Care Act and part of the Act’s critically important Patient’s Bill of Rights.

“The intent of the Affordable Care Act was to put patients in control of their healthcare,” stated Rep. Hoyer. “The new rules announced by the Obama Administration will do just that, empowering Americans with new rights and resources that will help ensure that they have a strong voice if they are denied the care they need when they need it. I have consistently fought for measures like this, and by simplifying the appeals process for consumers, we are taking one more step to ensure that families have control of their healthcare, not insurance companies.”

The new appeals regulations were issued by the Departments of Health and Human Services (HHS), Labor, and the Treasury and allow consumers in new health plans in every state the right to appeal decisions, including claims denials and rescissions, made by their health plans. This includes the right to appeal decisions made by a health plan through the plan’s internal process and, for the first time, the right to appeal decisions made by a health plan to an outside, independent decision-maker, no matter what state a patient lives in or what type of health coverage they have.

In addition, grant applications from the $30 million Consumer Assistance Program are now available to help states and territories establish consumer assistance offices or strengthen existing ones. The new funds will be used to provide consumers with the information they need to pick from a range of coverage options that best meets their needs, appeal decisions by plans to deny coverage of needed services, and to select an available primary care provider of their choosing.

WASHINGTON, DC – Congressman Steny H. Hoyer (D-MD) applauded the launch today of HealthCare.gov, the most comprehensive resource about health care available to give consumers access to all their health care options, their rights as patients, and the benefits of the new health insurance reform law. The website hosts a wealth of straightforward, jargon-free information, including a consumer-friendly tool that will help individuals and small businesses navigate the complicated process of shopping for health insurance. The creation of this website was one of the key features for consumers included in the Health Insurance Reform legislation that was signed into law in March.

"Information is power, and this website puts control over health care back into the hands of Maryland families and small businesses," said Rep. Hoyer. "Whether you’re a new college graduate, a small business owner, a family who has recently lost insurance or someone with a pre-existing condition – this site has a list of insurance options available for you. I urge all Marylanders to use this resource so you can make the most informed decisions about the health care coverage that works best for you.”

The core of the new website is the powerful insurance options finder. After consumers input a few pieces of background information – such as state, age range, and current insurance status – the tool will generate a list of both private and public health insurance options. The tool will list details of insurance plans offered in that state, and include contact information for each company so consumers can arrange the insurance coverage that best fit their particular needs. Beginning in October, the tool will also include pricing information, further simplifying health insurance shopping.

“This tool creates a marketplace of transparency and competition, and with the addition of price estimates later this year, consumers can compare both the quality and the cost of their health insurance options,” said Rep. Hoyer. “Not only will this website expand consumer choice, but it will increase competition among insurers to offer better quality and more affordable coverage.”

The insurance options finder has a database of three billion scenarios, with listings from more than 1,000 insurance carriers and over 5,500 insurance products. The website also hosts over 500 new pages of content, such as a health care reform implementation timeline and state-by-state information for individuals with pre-existing conditions.

House Minority Leader - John Boehner

Boehner Signs Ohio “Health Care Freedom” Amendment

At his office in West Chester last week, Congressman Boehner signed on to the Ohio Health Care Freedom Amendment, a proposed state constitutional amendment that would protect Ohioans from costly, jobs-killing federal health care mandates (and the fines and penalties that come with them). The Cincinnati Tea Party has the story:

"House Minority Leader, John Boehner, signed the petition for Ohio’s Healthcare Freedom Amendment on Wednesday morning in his home town of West Chester, OH.

“This proposed amendment to the Ohio Constitution would nullify the mandate from the healthcare bill, and is the single strongest statement against the bill in the United States. Initiated by Ohio citizens, the amendment is close to 210,000 gathered signatures having already reached the state required number of counties participating. …

“Thanks to Congressman Boehner for stepping out on this amendment and making a very clear statement that – state sovereignty is alive and well and Ohioans will not take unconstitutional mandates from the healthcare bill!”

Boehner was an early supporter of the Tea Party movement here in southwest Ohio. In March 2009, just as it was getting off the ground, Boehner filmed this video to thank participants in the Cincinnati Tea Party Rally.

Today, Boehner is leading the fight to repeal ObamaCare and start over with common-sense, step-by-step reforms that will actually lower costs for small businesses right here in our district. In addition to signing on to the Health Care Freedom Amendment, John has:

>> Signed on to two efforts in Congress aimed at forcing a vote on repealing the Democrats’ jobs-killing government takeover of health care;
Endorsed Ohio House Joint Resolution 3, legislation “that would allow Ohioans to opt out of any mandated health-care plan they don’t want to join”;

Urged Ohio’s attorney general to join other state attorneys general in challenging ObamaCare; and

Written Governor Strickland and demanded that he guarantee Ohioans that tax dollars won’t be used to pay for abortions under ObamaCare.

We’ve outlined before how ObamaCare is hurting job growth in Ohio, causing uncertainty for private sector employers (see here where Boehner addressed the jobs-killing “1099 mandate” specifically), and sending health care spending skyward. We’ve also shown how a majority of Ohioans favor repealing the law.

Voters Reject ObamaCare’s Unconstitutional Mandates in Missouri

Everyday Americans, small businesses, and elected officials are all fighting to scrap ObamaCare. Yesterday, voters in Missouri became the first in the nation to take the fight to the ballot box and make clear: they want nothing to do with the Democrats’ government takeover of health care and its unconstitutional mandates.

Congressman Boehner is leading the fight to repeal ObamaCare and start over with common-sense, step-by-step reforms that will actually lower costs for small businesses right here in our district. For example:

John signed on to two efforts in Congress aimed at forcing a vote on repealing the Democrats’ jobs-killing government takeover of health care;

He’s endorsed Ohio House Joint Resolution 3, legislation “that would allow Ohioans to opt out of any mandated health-care plan they don’t want to join”;

He’s urged Ohio’s attorney general to join other state attorneys general in challenging ObamaCare;

He’s written Governor Strickland and demanded that he guarantee Ohioans that tax dollars won’t be used to pay for abortions under ObamaCare; and

He’s backed the proposed “Health Care Freedom Amendment” that would “preserve the freedom of Ohioans to choose their health care and health care coverage.”

We’ve outlined before how ObamaCare is hurting job growth in Ohio, causing uncertainty for private sector employers, and sending health care spending skyward. We’ve also shown how a majority of Ohioans favor repealing the law. Yesterday’s vote in Missouri shows that the fight to stop this reckless, jobs-killing, unconstitutional government takeover isn’t limited to the Buckeye State – it’s nationwide. Here’s the story:

70% OF MISSOURI VOTERS REJECT OBAMACARE: “Missouri voters on Tuesday overwhelmingly rejected a key provision of President Barack Obama’s health care law, sending a clear message of discontent to Washington and Democrats less than 100 days before the midterm elections. With about 70 percent of the vote counted late Tuesday, nearly three-quarters of voters had supported the measure.” (Associated Press, 8/4/10)

MISSOURI IS FIRST IN THE NATION TO REJECT OBAMACARE: “Missouri voters on Tuesday easily approved a measure aimed at nullifying the new federal health care law, becoming the first state in the nation where ordinary people made known their dismay over the issue at the ballot box. The measure was intended to invalidate a crucial element of President Obama’s health care law — namely, that most people be required to get health insurance or pay a tax penalty.” (New York Times, 8/4/10)

VOTE TO BLOCK OBAMACARE WAS BIPARTISAN: “According to preliminary results, just under 668,000 Missourians voted in favor of Proposition C. Only 578,000 Republicans voted in their party’s primaries. Another 40,000 voters appear to have cast votes on Proposition C without voting in either the Republican or Democratic primaries. So, even if you assume that every single Republican voted for the initiative and every person who didn’t vote in a primary voted for it, at least 40,000 Democrats — more than one in every eight Democratic primary voters — voted against the centerpiece of President Obama’s health-care plan. And these aren’t just any registered Democrats; these are the party activists, the Democratic base. Do we need any more evidence of how unpopular this bill is?” (National Review, 8/4/10)
ObamaCare’s Broken Promises Strengthen the Case for Repeal

Several of the promises made by President Obama and top Democrats while selling a government takeover of health care have been proven false, strengthening Congressman Boehner’s fight to repeal ObamaCare and replace it with common-sense solutions that will lower costs for families and small businesses. For example:

>> President Obama promised that “If you like your doctor, you’re going to be able to keep your doctor.” But Boehner highlighted a story by the New York Times on his Facebook page today which outlines how, under ObamaCare, plans are being developed that “require participants to use a narrower selection of doctors or hospitals.” It says “[M]ore Americans will be asked to pay higher prices for the privilege of choosing or keeping their own doctors if they are outside the new networks.”

>> Speaker Pelosi said ObamaCare is “about jobs,” and that it “will create 4 million jobs – 400,000 jobs almost immediately.” But the Columbus Dispatch highlights today how ObamaCare’s new federal mandates, penalties, and taxes are hurting job creators. The Dispatch says “this poorly designed law” could discourage small businesses “from hiring more workers,” and that “[t]hey also might be inclined to lay off employees” in order to avoid steep government fines.

>> HHS Secretary Kathleen Sebelius said “There will be no federal funding for abortion.” But as we noted last week, and CNSNews.com reported today, “Maryland will join Pennsylvania as the second state to use federal tax dollars to pay for abortions under the new health care law signed by President Barack Obama in March, according to information released by Maryland’s State Health Insurance Plan.”

But that’s not all. As the Wall Street Journal wrote on Saturday, ObamaCare also vastly increased the powers of the Internal Revenue Service (IRS):

“[T]hose new duties include audits to determine who has the insurance ‘as required by law’ and collecting penalties from Americans who don’t. Companies that don’t sponsor health plans will also be punished. This crackdown will ‘involve nearly every division and function of the IRS,’ Ms. Olson reports.

“Well, well. Republicans argued during the health debate that the IRS would have to hire hundreds of new agents and staff to enforce ObamaCare. They were brushed off by Democrats and the press corps as if they believed the President was born on the moon. The IRS says it hasn’t figured out how much extra money and manpower it will need but admits that both numbers are greater than zero.”

The simple fact is that Boehner and Republicans have better, common-sense solutions that will actually lower costs for families and small businesses, create jobs, and prevent taxpayer-funding of abortion. And our plan doesn’t require thousands of new IRS agents either. Read more about these reforms here, and if you want to help in the fight to repeal ObamaCare and start over, join the team today by becoming a Boehner Campaigner!

ObamaCare to Force Taxpayers to Subsidize Abortion in Pennsylvania

If you needed another reason to support Congressman Boehner’s fight to repeal ObamaCare, here it is: the Obama Administration has approved a plan that would force taxpayers to subsidize abortions in Pennsylvania.

The National Right to Life Committee explains in a release today how the Administration “quietly approved a plan submitted by an appointee of Governor Edward Rendell (D) under which” a taxpayer-subsidized health care plan “will cover any abortion that is legal in Pennsylvania”:

“The section on abortion (see page 14) asserts that ‘elective abortions are not covered.’ However, that statement proves to be a red herring, because the operative language does not define ‘elective.’ Rather, the proposal specifies that the coverage ‘includes only abortions and contraceptives that satisfy the requirements of’ several specific statutes, the most pertinent of which is 18 Pa. C.S. § 3204, which says that an abortion is legal in Pennsylvania (consistent with Roe v. Wade) if a single physician believes that it is ‘necessary’ based on ‘all factors (physical, emotional, psychological, familial and the woman’s age) relevant to the well-being of the woman.’ Indeed, the cited statute provides only a single circumstance in which an abortion prior to 24 weeks is NOT permitted under the Pennsylvania statute: ‘No abortion which is sought solely because of the sex of the unborn child shall be deemed a necessary abortion.’

MISSOURI’S NOT ALONE – THE FIGHT IS GOING ON ALL OVER THE COUNTRY: “Similar initiatives are being pushed in several U.S. states by Republicans and groups who say the new healthcare law marks an unprecedented seizure of power by the federal government. The effort was invigorated on Monday when a federal judge ruled that Virginia could proceed with a lawsuit that argues the federal requirement that its residents have health insurance is unconstitutional. Some 20 other states have made a similar legal challenge.”

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“As a result, ‘Under the Rendell-Sebelius plan, federal funds will subsidize coverage of abortion performed for any reason, except sex selection,’ said NRLC’s Johnson. ‘The Pennsylvania proposal conspicuously lacks language that would prevent funding of abortions performed as a method of birth control or for any other reason, except sex selection — and the Obama Administration has now approved this.’”

President Obama and Speaker Pelosi successfully thwarted an amendment to their government takeover of health care that would have prevented taxpayer dollars from being used for abortions. At the same time, they convinced a group of “pro-life Democrats” to abandon their principles and back ObamaCare anyway, clearing the way for its passage by promising a presidential “executive order” that would “eliminate the need for such an amendment.”

But the promise turned out to be phony. Congressman Boehner says “the Obama administration hasn’t lifted a finger to implement the executive order.” And National Review’s Kathryn Jean Lopez says that when Boehner asked Secretary of Health and Human Services Kathleen Sebelius about the executive order’s implementation…

“Sebelius eventually responded with a bit of a non-response response: She said the administration was working on guidance, no specifics. Boehner, I am told, subsequently raised similar questions with the president and got nowhere. Sebelius’s progress report on Obamacare last week mentioned nothing about it.”

This is yet another reason why Boehner is fighting to repeal this government takeover of health care and start over with common-sense reforms that will actually lower costs for families and small businesses.

If you want to help John repeal the Democrats’ government takeover of health care and stop taxpayer funding of abortion, join the team and become a Boehner Campaigner today.

ObamaCare Hurting Job Growth, Causing Uncertainty for Ohio Businesses

ObamaCare isn’t only a “gigantic burden” on Ohio taxpayers, it’s also making it more difficult for our small businesses to grow and hire new workers – the last thing we need with an unemployment rate in the double-digits. That’s why Congressman Boehner is fighting to repeal this jobs-killin government takeover of health care and start over with reforms that will actually lower costs for families and employers.

The Cleveland Plain Dealer reported today the ObamaCare is forcing local restaurants like White Castle to choose between raising prices or slashing coverage – and jobs:

“[T]he bill levies a $3,000-per-employee penalty on companies whose workers pay more than 9.5 percent of household income in premiums for company-provided insurance.

“White Castle, which currently provides insurance to all of its full-time workers and picks up 70 to 89 percent of their premium costs, believes it will likely end up paying those penalties. The financial hit will make it hard for the company to maintain its 421 restaurants, let alone create new jobs, says company spokesman Jamie Richardson. White Castle employs more than 10,000 people nationwide; and more than 1,200 in Ohio. …

“House Republican Leader John Boehner of Ohio, a vocal foe of the changes, says White Castle’s analysis shows how the law’s ‘job-crushing’ impact will be most severe in lower-income areas, where jobs like those at White Castle are most needed.

“‘The irony is that in the name of expanding health care coverage, the administration is making it harder than ever for unskilled workers to get started in the workforce,’ Boehner said in a missive on White Castle’s plight. …

“George Ebinger of New Jersey, who owns several International House of Pancakes restaurants, says the penalties for not insuring his 140 workers will cost roughly half as much as insuring them. He figures he will have to raise prices and possibly lay off workers to come up with the $220,000 he anticipates the penalties will cost.”

Several reports today highlight how the Democrats’ agenda is hurting our economic recovery.

The Daily Caller says “businesses won’t expand or hire because Obama’s policies – particularly the health care bill and the financial regulation bill that is poised to pass – have created too many unknown unknowns.”
And the *Los Angeles Times* says “[a]dding to the uncertainties” are “the prospects of higher taxes to deal with the federal deficit and higher costs to deal with healthcare and the recent government overhaul of financial regulations.”

On issue after issue, John is championing better solutions that will help create new jobs, cut government spending, stop the bailouts, and get our economy back on track. If you want to help John repeal the Democrats’ government takeover of health care and fight for better solutions, join the team and become a Boehner Campaigner today!

**Boehner Backs Efforts to Repeal ObamaCare, Start Over With Reforms That Lower Costs**

With an “$8 billion deficit” looming for Ohio taxpayers and ObamaCare set to become a “gigantic burden” on the Buckeye State, Congressman Boehner signed on to two efforts aimed at forcing a vote on repealing the Democrats’ jobs-killing government takeover of health care:

>> “The top two House Republicans are renewing their calls to repeal the health care overhaul and will back efforts to force votes on the House floor. … House Minority Leader John Boehner of Ohio and Minority Whip Eric Cantor of Virginia plan to announce Wednesday that they’ll support two discharge petitions — one from Rep. Steve King (R-Iowa) to repeal a portion of the law and a forthcoming petition from Rep. Wally Herger (R-Calif.) to repeal the entire law — and encourage other Republicans to follow suit.” (Republicans seek to resurrect repeal of health care reform, Politico, 6/30/10)

>> “Boehner and Cantor’s support also stakes out an aggressive position behind full repeal of the health reform law. King’s petition would repeal parts of the healthcare reform law that originated in the Senate, while Herger’s petition would repeal all of the healthcare law and the reconciliation bill. The GOP has consistently maintained that any effort to repeal the bill would be replaced with Republican ideas on reform…” (Boehner and Cantor back efforts to repeal entirety of healthcare reform, The Hill, 6/30/10)

*The Hill* notes that discharge petitions are a “method to force a vote in the House. A majority of the House — 218 members — must sign onto a discharge petition, though, to force a vote.”

Recent surveys show sixty-three percent of Americans, including a majority of Ohioans, want to see ObamaCare repealed. But scrapping this jobs-killing, debt-driven law is only step one. Boehner is a signatory on the Club for Growth pledge to “support legislation to repeal any federal health care takeover passed in 2010, and replace it with real reforms that lower health care costs without growing government.”

And Boehner is keeping his word, fighting to start over with common-sense, free market reforms that will actually lower costs for Ohio families and small businesses. Reforms such as:

>> Ending junk lawsuits that drive up costs;

>> Allowing small businesses to pool together and purchase coverage at a lower price;

>> Allowing Americans to shop around for coverage across state lines;

>> Encouraging state innovations that lower costs; and much, much more.

You can read more about the GOP reforms backed by Boehner — the only plan out there, according to the nonpartisan Congressional Budget Office, that will actually lower costs and cut the deficit — by clicking here.

If you want to help John repeal the Democrats’ government takeover of health care and fight for better solutions, join the team and become a Boehner Campaigner today!

**Already Deep in Debt, ObamaCare Slaps Ohio Taxpayers With Another $1.45B**

Already suffering from 14 straight months of 10%+ unemployment, a deep budget gap, and a Democratic Governor with no plan to fix any of it, Ohio taxpayer are in for more bad news: another $1.45 billion in costs thanks to ObamaCare. The *Columbus Dispatch* reports:

“The sharp Medicaid expansion under the new federal health-care law will cost Ohio taxpayers $1.45 billion from 2014 through 2019, according to projections released to The Dispatch yesterday by the state.”
“Wow. We couldn’t afford Medicaid before the expansion,” said veteran state Rep. Jay Hottinger, R-Newark. …

“Ohio’s cost, according to the Kaiser analysis, would be $266 million a year, nearly $1.6 billion over the six years and slightly higher than the state projection.”

This is the last thing Ohio needs, and it’s one big reason why Congressman Boehner led the fight this week on a proposal to repeal the jobs-killing, unconstitutional “individual mandate” at the heart of ObamaCare. The Hill reported:

“The resolution takes aim at one of the parts of President Barack Obama and congressional Democrats’ signature legislation, the individual mandate. Republicans had often protested the measure within the healthcare bill, arguing that it would drive up costs for consumers and that it was possibly unconstitutional.”

Democrats ultimately rejected the proposal, but Boehner isn’t giving up the fight to repeal ObamaCare and start over with common sense solutions that drive down costs for families, small businesses, and taxpayers. And sixty-three percent of Americans – including a majority of Ohioans – agree with him.

Local Small Business Faces $250,000 in New Taxes Under ObamaCare

In a meeting with local small businesses yesterday, Congressman Boehner spoke with Todd Wilber of CTI Restaurants. CTI employs hundreds of workers in northern Cincinnati and faces roughly $250,000 in new taxes under ObamaCare. As Todd says, ObamaCare is directly hurting his small business’ ability to retain or hire new workers. The Dayton Daily News reports:

“Todd Wilber, Vice President of CTI Restaurants, which employs hundreds of Ohioans in the northern Cincinnati area at its Taco Bell and UNOs restaurants, said one provision alone in the new law could cost his small business an estimated $250,000 in new taxes.

“‘I don’t know how we are going to stay in business – let alone think about retaining employees or hiring new ones,’ Wilber said. ‘At a time when Ohio’s unemployment rate is 11 percent, the President’s health care law is only going to make it harder on people who might not have a lot going for them, but are just looking for someone to give them a chance.’”

Boehner also spoke with Tyeis Baker-Baumann of Rebsco, a small business in Greenville. She said ObamaCare is a “‘logistical nightmare’ for small businesses like hers.” DarkeJournal.com has video from the event.

With “fifty-seven percent (57%) of voters” in Ohio in favor of repealing ObamaCare, Congressman Boehner is promoting a plan to replacing it with common-sense reforms that will actually lower costs for families and small businesses. If you want to help Boehner fight for better health care solutions, join the team and become a Boehner Campaigner today!

Boehner On FOX: Recent Reports Show ObamaCare Will Increase Costs

Congressman Boehner appeared on Fox News last night to discuss recent reports that have up-turned claims used by Democrats to sell their government takeover of health care. For example, this week the nonpartisan Congressional Budget Office (CBO) said ObamaCare will almost certainly cost much more than advertised. But that’s not all. Watch Boehner here:

BOEHNER: “I’m not at all surprised. And it’s not just the $115 billion that the Congressional Budget Office says this bill is going to cost more than what the president said it was. It’s also the Secretary of Health and Human Services own actuaries of Medicare and Medicaid who say people’s health insurance premiums are going up and other quality of medicine is going down. All the things that the president promised for a year leading up to the passage of this health care bill are turning out to not be true. He’s the one who said we need do this to save the budget, that it won’t cost people more, and it will increase the quality of health care. And we get his own administration now admitting that’s not really true.”

Senate Majority Leader – Harry Reid

America’s healthcare system is broken. That’s why Senator Harry Reid is leading the charge to pass fiscally responsible health insurance reform that cuts costs, protects patients’ choice of their doctors and ensures quality affordable healthcare for all Americans.
If you like the health insurance you have, you can keep it. However, health insurance reform will provide the kind of choices and competition currently lacking.

And it does so in a fiscally responsible way. In fact, the Senate legislation, The Patient Protection and Affordable Care Act, cuts the deficit by $130 billion in the first ten years and an estimated $650 billion in the second ten years.

It protects Nevada’s seniors by strengthening Medicare and lowering the cost of prescription drug medications. In fact, 58,200 Nevada Medicare beneficiaries are hit by the Medicare “donut hole” that can cost seniors an average of $4,080 per year. The legislation reduces this coverage gap while providing a 50% discount on brand name prescription drugs and biologics for low and middle-income seniors. Furthermore, the legislation offers free preventive care for 328,000 Nevada Medicare beneficiaries on procedures such as colonoscopies and mammograms.

Additionally, The Patient Protection and Affordable Care Act will drive down costs by covering the uninsured. Right now, Nevadans shoulder the hidden costs associated with the $335 million spent on uncompensated care in the state. By expanding coverage to the 518,000 uninsured Nevadans, the legislation relieves some of the pressure off of our state’s already cash strapped families.

The Senate legislation also invests in small business. While small firms make up 70% of Nevada’s businesses, only 49% of them offered health coverage benefits in 2008. One of the primary reasons for this is that the average small business pays nearly 20 percent more per worker than a larger company for the same healthcare policy. To address this, the Patient Protection and Affordable Care Act provides tax credits that could assist 24,000 small businesses throughout the state to make premiums more affordable.

Finally, The Patient Protection and Affordable Care Act keeps insurance companies honest. To inject some much needed competition into the healthcare marketplace, the legislation includes a voluntary public option that allows state’s ability to opt-out. Furthermore, insurance companies will no longer be able to discriminate based on pre-existing conditions, being a woman, or getting older.

But most importantly, health insurance reform will ensure that medical decisions are made by patients and their doctors, not insurance company bureaucrats or anybody else.

“Taking your child to the doctor, filling a prescription or giving your workers health insurance should not have to be choices. They should not end in question marks. And that’s exactly why we are working to bring stability and security back to health care.” -Senator Harry Reid

Health chief says reform bill will expand care

AP, 9/27/10 - President Barack Obama's health care chief said Monday that animosity toward health care reform will continue to wane as insured and uninsured Americans learn more about the sweeping legislation that was signed into law in March.

Health and Human Services Secretary Kathleen Sebelius blasted health insurance companies for denying coverage to the nation’s neediest patients. She said the health care law will foster a competitive market that forces companies to provide affordable and thorough coverage or lose customers.

"No longer do insurance companies in the United States get to pick and choose who gets coverage,” Sebelius told a crowd of Democratic supporters in Henderson. “Insurance companies have to actually cover people when they get sick.”

The visit was part of a nationwide tour to promote the legislation during a critical midterm election in which Republicans have made opposition to the law a driving issue.

Under the law, insurance companies can no longer deny coverage to children with pre-existing conditions, consider gender when setting fees, establish lifetime dollar caps or cancel policies retroactively when people get very sick. Adults can continue under their parents’ insurance plan up to the age of 26, and insurance companies must cover preventive care.

At least 30 million people could gain coverage in 2019 when the law is fully phased in. More than 20 million others would remain uninsured.

A recent Associated Press poll found that Americans who think the law does not do enough outnumber those who think the government should stay out of health care by 2-to-1.

Sebelius said the law will promote a healthier America while also reducing the federal deficit.
Jeff Walker, a Las Vegas electrician, said his family nearly went bankrupt after his youngest son was diagnosed with cancer despite having what he then thought was quality health insurance. He said his insurance company would only cover $100,000 toward his son's $180,000 stem cell transplant treatment.

If his son relapses, Walker said he will have to sell his house and his car to pay for a second transplant.

"I can't look him in the eyes and say, 'Hey, son, I can't afford the treatment,'” Walker said.

Walker will now be able to obtain coverage for his son under the law if he decides to change providers.

Sebelius, who stopped first in Reno on Monday for a similar event, said she has visited roughly 26 states in recent months to promote the massive legislation.

Sebelius denied that her tour was designed to buoy struggling Democrats facing fierce opposition from rivals who support repealing the law.

"It's really not about the politics of the bill," she said.

But Nevada Republicans quickly tied the event to Senate Majority Leader Harry Reid and Rep. Dina Titus, Nevada Democrats who voted for the legislation and are now in tight re-election races. Titus hosted Monday's event with Sebelius in her suburban Las Vegas district.

"Sharron Angle sides with the citizens of Nevada and strongly supports repealing and replacing ObamaCare while Harry Reid has totally ignored Nevadans in order to please President Obama," said Jerry Stacy, a spokesman for Angle, who is running against Reid.


Sebelius also urged Americans to rally against insurance companies plotting to diminish their services or fight the reform in other ways. She said some insurers have threatened to stop providing coverage to children to avoid some of the law's mandates.

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**Senate Minority Leader – Mitch McConnell**

"Americans don’t want the one-party bill Democrats in Washington are planning to force on them, or any variation of it — and they certainly don’t want Democrats to push it through with even more backroom deals. Americans are already seething about the kinds of deals that were used to get the earlier version of this bill through Congress. The Cornhusker Kickback and the Louisiana Purchase became household expressions. But using reconciliation to jam this health care plan through would make the Cornhusker Kickback look like an exercise in good government.

"Using reconciliation to fundamentally change the health care of every American would be one of the most brazen single-party power grabs in legislative history. It would be the death of bipartisanship. And Americans won’t stand for it. They know that bills of this scope only work if they’re done along bipartisan lines."

- Senator Mitch McConnell

March 21, 2010

**Washington, D.C. – U.S. Senate Republican Leader Mitch McConnell delivered the following remarks Thursday regarding ‘A Pledge to America,’ the Disclose Act and the health spending bill:**
"We're now on day two of debate regarding the DISCLOSE Act; two more days Senate Democrats have chosen to ignore the jobs of the American people in an effort to save their own.

"Americans are speaking out, but Democrats in Congress still aren’t listening.

"At a time when Americans are clamoring for Democrats in Congress to do something about jobs and the economy, Democrats are not only turning a deaf ear, they’re spending two full days here working to silence the voices of even more people with a bill that picks and chooses who has a right to political speech. This is precisely why Americans are speaking out more loudly than ever about the excesses of the administration and this Congress. And this is why Senate Republicans strongly support the effort Republicans in the House will unveil later this morning in Virginia.

"The proposals House Republicans will put forward today are clear proof that, unlike Democrats in Washington, Republicans have been listening intently to Americans over the past year and a half.

"Americans have been telling us they want us to focus on jobs first, fight wasteful Washington spending, repeal and replace the health spending bill, and shrink an exploding deficit. They’ve been telling us they want a smaller, less costly and more accountable government.

"The House Republican plan is a clear and forceful response to these concerns, and working together, House and Senate Republicans will continue to fight for the principles upon which it is based. Together, we will focus our efforts on making America more competitive, reducing the size and cost of government, keeping our nation strong and secure, and reining in the massive health care costs and mandates imposed by the Democrats’ health spending bill.

"This is an appropriate statement to make on the six-month anniversary of the passage of the Democrat health spending bill, which both in its contents and in the process used to enact it, so clearly undermined the principles House Republicans will discuss this morning.

"Americans never wanted this massive government-driven intrusion into their health care, and virtually every day it seems, we see that the concerns Americans had about this bill are being vindicated. Throughout the day, administration officials will tell people the things it wants Americans to believe about this bill. Based on the promises the administration made to pass it, Americans should be deeply skeptical.

"They said that ‘if you like your plan you’ll be able to keep it.’ Now we know that wasn’t true. As the Associated Press recently put it, ‘this is a promise that’s beyond the President’s power to keep.’

"They said it wouldn’t raise taxes — not by one penny. Yet even the administration’s own lawyers now acknowledge that it does. One report, from the Joint Committee on Taxation, says 40 million individuals and families will get hit with a tax hike as a result of this bill.

"They said it would slow the growth of health care costs — and that it was essential for that reason. Yet now the government itself says costs will go up as a result of this bill.

"What about premiums? Well, the administration now says it knew all along insurance premiums would go up as a result of this bill. Less than a year after the President said Democrats had agreed to ‘reforms’ that would enable families to save on their premiums, the Secretary of Health and Human Services now says rates will increases substantially as a result of this bill.
“And in what may turn out to be the most thoroughly discredited pledge about this bill, the President and other Democrat leaders assured their colleagues that Americans would come to like their health spending bill once it passed. As for that claim, well, I think Politico put it best this morning: ‘Rarely have so many strategists been so wrong about something so big.’

“So Democrats were eager to listen to the strategists and the administration officials who told them what this bill would do and how it would be received, when what they should have been doing is listening to the American people, who never liked this bill and who knew it couldn’t deliver on the promises Democrats made. So this is no anniversary Democrats should be celebrating.

“Americans have had it. They’ve had it with Democrats focusing on their own pet issues at the exclusion of Americans’ top priorities, and they’re tired of being told that if only the Democrats pass their agenda those priorities will be met. The results are in. The Democrat agenda has been a failure for the economy and for jobs. It’s time to move on. It’s time to start listening instead of dictating. Americans are speaking out. It’s time Democrats in Congress start listening.”

The American People Aren’t Fooled

WASHINGTON, DC - U.S. Senate Republican Leader Mitch McConnell made the following remarks on the Senate floor Tuesday regarding the health care bill:

“A little earlier today the President signed the Democrat health spending bill into law, and he used the occasion to point out a number of the things he wants people to know about it. Now he’ll travel the country talking the bill up to a skeptical public. Clearly, Democrats in Washington still don’t get it. Americans already know what’s in this bill. That’s precisely why they don’t like it.

“Most Americans out there aren’t celebrating today. They’re dumfounded by the fact that Congress just passed this 2,685-page monstrosity against their wishes, on the backs of their children and grandchildren, who they know will have to pick up the tab.

“With all due respect, you don’t pass a bill the American people didn’t want, then try to sell them on it. You win their support first, then pass it, on a bipartisan basis, just as we’ve done on every other piece of major social legislation we’ve passed over the past 45 years.

“People oppose this bill not because they don’t know what’s in it, but because they know exactly what’s in it. But for some reason, Democrats in Washington still think they can continue to spin the public on this bill. They’re still trying to sell it as the one and only solution to problems that we all recognize in our health care system.

“They’ll say this is the only solution to controlling costs.

“This is the only solution to covering pre-existing conditions.

“This is the only way to keep people from getting kicked off their insurance plans. The American people aren’t stupid. They know these are false choices.

“They know you don’t have to slash Medicare by half a trillion dollars to get lower premiums.

“You don’t have to impose job-killing taxes to keep people from being kicked off their plans.

“People know you won’t save money on health care by spending another $2.6 trillion on health care.

“They know you can do these things without forcing taxpayers to cover the cost of abortions.
“They know you don’t reduce the deficit by creating a massive new government program that even Democrats have described as a Ponzi scheme.

“They know you can go a long ways towards doing all these things without creating a brand new entitlement at a time when we can’t even cover the cost of the entitlements we have.

“And they know that Democrats can claim to know the verdict of history all they want, but that history will remember this past week not for giving America a boost, but for diverting us from the real task of enacting commonsense health care reforms that actually lower the cost of care without undermining the health care system we already have.

“Amerians wanted us to get at the root of this problem, which is cost. Instead, Democrats are spending trillions more on a system that already costs too much and forcing seniors, small business owners and middle class families to pay for it. You can call that a lot of things. You might even call it historic. But you can’t call it reform.

“The fact is, this bill spends $2.6 trillion at a time of near double digit inflation while putting the real problem off for another day. It kicks the can down the road.

“So Democrats here in Washington can celebrate all they want. But that celebration is going to be short-lived.

“The American people aren’t fooled.”

President Pro Tempore – Dan Inouye

By Daniel K. Inouye and Daniel K. Akaka

United States Senators

The health insurance reform bills passed by Congress this past week will extend coverage to 32 million Americans, reduce the cost of health care for the middle class, ensure health security for seniors and provide tax credits to small businesses and individuals to further reduce the cost of health care coverage. The Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act represent the most sweeping overhaul of America’s health care system since President Harry S. Truman enrolled as Medicare’s first participant in July of 1965.

This sweeping reform changes the paradigm. Americans will no longer struggle to see a health care professional while big health insurance companies raise premiums and executives reap multi-million dollar bonuses. They will not be denied health insurance for having a pre-existing medical condition. More children will have basic health insurance, and seniors will not have to choose between food and filling their prescriptions.

The bill is not perfect. It can be improved, and we have no doubt that it will be over time, no different than the many changes and improvements over the past 45 years since Medicare was signed into law.
Hawaii is already home to the nation’s most comprehensive and effective health care plan, and as such, this measure leaves intact the Hawaii Prepaid Health Care Act of 1975 which ensures that virtually every employee working more than 20 hours a week receive health insurance from their employer. This reform is decades overdue and we are proud to stand in support. There are times when we must step forward with strength of conviction to take a measured risk, rather than be content to criticize and condemn without a reasonable alternative. “No” was not an option, and neither was “let’s go back to the drawing board and start the discussion all over again.” Too many would continue to have been hurt irreparably, particularly our children and grandchildren, and hardworking everyday families.

Forty-five years ago, the Medicare law was enacted amidst great controversy after a fiery and protracted debate, very similar to what we are experiencing today. We would like to hope that 45 years from now, the Patient Protection and Affordable Care Act will likewise be supported by a good majority of Americans, as Medicare is today. Because with good health, comes more stable families, comes more thriving communities and a more robust nation - this is one of the greatest gifts we can give – a gift of peace of mind and hope.

President of Senate – Joe Biden

"Real Changes that Will Benefit Americans"

First Lady Michelle Obama held a conference call with nurses from across the country today to discuss the new Patient’s Bill of Rights and other important benefits from the Affordable Care Act. Joined by Dr. Mary Wakefield, Administrator for the Health Resources and Services Administration, and six nurses from a cross-section of practices and hometowns, the First Lady emphasized what the new reforms mean for nurses and their patients.

Last week, we hit the six-month anniversary of the Affordable Care Act. That means that we’re starting to see more of the reforms take effect, including new protections and benefits in the Patient’s Bill of Rights.

So for example, insurance companies can no longer discriminate against kids because they have a preexisting condition. Patients can no longer be dropped by their insurance companies because they get sick. People suffering from a serious illness like breast cancer can focus on their treatment because they no longer have to worry about hitting their lifetime limit on coverage. And college kids and young adults just starting out on their own can now get coverage through their parents’ plan.

Now, all this means that individuals and families have more control over their health care. But here’s the important point: These reforms aren’t abstract theories that just make for good talking points. These are real changes that will benefit Americans all across the country.

Encouraging access to preventive care is an important part of the Affordable Care Act and the Let’s Move! initiative, which is focused on ending the epidemic of childhood obesity within a generation. As the First Lady discussed, preventing illness helps cut health care costs and keeps families healthy.

And some of the biggest new changes and benefits are the reforms that deal with preventative care, because we all know, everyone on this call, that the best way to keep families healthy and cut health care costs is to keep people from getting sick in the first place.

And, as a result of the Affordable Care Act, that’s going to be easier because many preventative services are now covered at no out-of-pocket costs. Things like mammograms, cervical screenings, colonoscopies, childhood immunizations, prenatal and new baby care, high blood pressure treatment, all of these are included in new insurance plans with no deductible, no co-pay, no coinsurance,
nothing. These steps are crucial because they can help combat preventable conditions that can have serious health consequences later in life.

Lastly, the First Lady recognized the significant impact nurses have had throughout the reform process and asked for their help in sharing information about the new law with their peers.

But in closing, just let me say this to all of you on this line. So many of you have played such an important role throughout this process. From the very beginning, it’s been nurses who have sat at the table sharing your ideas, sharing your concerns and your experiences. And as a result, all of you have helped to make this law even better. So I want to thank you for that. And we needed your help then and we need your help again to spread the word.

La Tricolor Radio Hosts Town Hall with Administration Officials on Health Reform this Wednesday

On Wednesday evening, Cecilia Muñoz, White House Director of Intergovernmental Affairs, and Mayra Alvarez, Director of Public Health Policy in the HHS Office of Health Reform will participate in a call-in radio town hall on CNN’s Spanish-language La Tricolor radio network to talk to and take questions from the Hispanic community on the benefits of health insurance reform and the new protections that took effect last week, six months after President Obama signed the Affordable Care Act into law. Health reform is particularly important to the Hispanic community, since more than one of every three Hispanics lacks health care coverage and nearly half don’t have a regular doctor.

The new provisions of the law that went into effect last week will hold insurance companies accountable, lower health care costs, guarantee more health care choices, and enhance the quality of health care for Hispanics and all Americans. The town hall is scheduled to begin at 6pm PT (9pm ET) on La Tricolor radio stations. Tune in on all La Tricolor radio stations including KDLD-FM and KDEL-FM (Los Angeles), KMXX-FM (El Centro/Yuma), KLOK-FM (Salinas/Monterey), KMXK-TV (Stockton and Modesto), KRCX-FM (Sacramento), KRNK-FM (Reno), KRRT-FM (Las Vegas), KRZY-AM (Albuquerque), KKNZ-FM (Phoenix), KYSE-FM El Paso, KBZO-FM (Lubbock), KXPK-FM (Denver) and KPVW-FM (Aspen) or listen to the live stream here.

On September 23, critical new consumer protections in the new law – a Patient’s Bill of Rights – began to take effect. The Patient’s Bill of Rights puts an end to some of the worst insurance company abuses, and puts consumers, not insurance companies, in control of their health care. These new protections include:

Ban on Discriminating Against Kids with Pre-Existing Conditions
Ban on Insurance Companies Dropping Coverage
Ban on Insurance Companies Limiting Coverage
Ban on Insurance Companies Limiting Choice of Doctors
Ban on Insurance Companies Restricting Emergency Room Care
Guarantee You a Right to Appeal
Covering Young Adults on Parent’s Plan
Covering Preventive Care With No Cost

Reducing Health Care Costs for Employers and Employees

As a new study from Hewitt Associates reveals, the cost of health care has been rising by up to double digits for more than a decade. The study also demonstrates that the passage of the Affordable Care Act came at a critical time.

The study confirms our own analysis – that the potential premium impact of the new consumer protections that went into effect last week – from covering adult children on parent’s plans to eliminating lifetime limits, preventing insurance companies from dropping you when you are sick, and eliminating discrimination against children with pre-existing conditions – is roughly 1-2 percent of the more than 8 percent projected increase in the study. And it’s important to remember that any increases will be offset by a number of provisions in the new law that will save money for consumers and employers.
Appendix D:

Summary of New Health Reform Law

Overall approach to expanding access to coverage:

- Require most U.S. citizens and legal residents to have health insurance. Create state-based American Health Benefit Exchanges through which individuals can purchase coverage, with premium and cost sharing credits available to individuals/families with income between 133-400% of the federal poverty level (the poverty level is $18,310 for a family of three in 2009) and create separate Exchanges through which small businesses can purchase coverage.
- Require employers to pay penalties for employees who receive tax credits for health insurance through an Exchange, with exceptions for small employers.
- Impose new regulations on health plans in the Exchanges and in the individual and small group markets.
- Expand Medicaid to 133% of the federal poverty level.

Individual Mandate Requirement to have coverage:

- Require U.S. citizens and legal residents to have qualifying health coverage.
- Those without coverage pay a tax penalty of the greater of $695 per year up to a maximum of three times that amount ($2,085) per family or 2.5% of household income.
- The penalty will be phased-in according to the following schedule: $95 in 2014, $325 in 2015, and $695 in 2016 for the flat fee or 1.0% of taxable income in 2014, 2.0% of taxable income in 2015, and 2.5% of taxable income in 2016. Beginning after 2016, the penalty will be increased annually by the cost-of-living adjustment. Exemptions will be granted for financial hardship, religious objections, American Indians, those without coverage for less than three months, undocumented immigrants, incarcerated individuals, those for whom the lowest cost plan option exceeds 8% of an individual’s income, and those with incomes below the tax filing threshold (in 2009 the threshold for taxpayers under age 65 was $9,350 for singles and $18,700 for couples).

Employer Requirements to offer coverage:
• Assess employers with more than 50 employees that do not offer coverage and have at least one fulltime employee who receives a premium tax credit a fee of $2,000 per full-time employee, excluding the first 30 employees from the assessment.
• Employers with more than 50 employees that offer coverage but have at least one full-time employee receiving a premium tax credit, will pay the lesser of $3,000 for each employee receiving a premium credit or $2,000 for each full-time employee. (Effective January 1, 2014)
• Exempt employers with 50 or fewer employees from any of the above penalties.
• Require employers that offer coverage to their employees to provide a free choice voucher to employees with incomes less than 400% FPL whose share of the premium exceeds 8% but is less than 9.8% of their income and who choose to enroll in a plan in the Exchange. The voucher amount is equal to what the employer would have paid to provide coverage to the employee under the employer’s plan and will be used to offset the premium costs for the plan in which the employee is enrolled.
• Employers providing free choice vouchers will not be subject to penalties for employees that receive premium credits in the Exchange. (Effective January 1, 2014)

Other Requirements:
• Require employers with more than 200 employees to automatically enroll employees into health insurance plans offered by the employer.
• Employees may opt out of coverage.

Expansion of Public Programs: Treatment of Medicaid:
• Expand Medicaid to all individuals under age 65 (children, pregnant women, parents, and adults without dependent children) with incomes up to 133% FPL based on modified adjusted gross income (as under current law and in the House and Senate-passed bills undocumented immigrants are not eligible for Medicaid).
• All newly eligible adults will be guaranteed a benchmark benefit package that at least provides the essential health benefits.
• To finance the coverage for the newly eligible (those who were not previously eligible for a full benchmark benefit package or who were eligible for a capped program but on March 23, 2010, President Obama signed comprehensive health reform, the Patient Protection and Affordable Care Act, into law.
• The following summary of the new law, and changes made to the law by subsequent legislation, focuses on provisions to expand coverage, control health care costs, and improve health care delivery system.
• States will receive 100% federal funding for 2014 through 2016, 95% federal financing in 2017, 94% federal financing in 2018, 93% federal financing in 2019, and 90% federal financing for 2020 and subsequent years.
• States that have already expanded eligibility to adults with incomes up to 100% FPL will receive a phased-in increase in the federal medical assistance percentage (FMAP) for non-pregnant childless adults so that by 2019 they receive the same federal financing as other states (93% in 2019 and 90% in 2020 and later).
• States have the option to expand Medicaid eligibility to childless adults beginning on April 1, 2010, but will receive their regular FMAP until 2014.
• In addition, increase Medicaid payments in fee-for-service and managed care for primary care services provided by primary care doctors (family medicine, general internal medicine or pediatric medicine) to 100% of the Medicare payment rates for 2013 and 2014. States will receive 100% federal financing for the increased payment rates. (Effective January 1, 2014)

Treatment of CHIP:
• Require states to maintain current income eligibility levels for children in Medicaid and the Children’s Health Insurance Program (CHIP) until 2019 and extend funding for CHIP through 2015.
• CHIP benefit package and cost-sharing rules will continue as under current law. Beginning in 2015, states will receive a 23 percentage point increase in the CHIP match rate up to a cap of 100%. CHIP-eligible children who are unable to enroll in the program due to enrollment caps will be eligible for tax credits in the state Exchanges.

Premium and Cost-Sharing Subsidies to Individuals Eligibility:
• Limit availability of premium credits and cost-sharing subsidies through the Exchanges to U.S. citizens and legal immigrants who meet income limits.
• Employees who are offered coverage by an employer are not eligible for premium credits unless the employer plan does not have an actuarial value of at least 60% or if the employee share of the premium exceeds 9.5% of income.
• Legal immigrants who are barred from enrolling in Medicaid during their first five years in the U.S. will be eligible for premium credits.

Premium credits:
• Provide refundable and advanceable premium credits to eligible individuals and families with incomes between 133-400% FPL to purchase insurance through the Exchanges.
• The premium credits will be tied to the second lowest cost silver plan in the area and will be set on a sliding scale such that the premium contributions are limited to the following percentages of income for specified income levels:
  o Up to 133% FPL: 2% of income
  o 133-150% FPL: 3 – 4% of income
  o 150-200% FPL: 4 – 6.3% of income
  o 200-250% FPL: 6.3 – 8.05% of income
  o 250-300% FPL: 8.05 – 9.5% of income
  o 300-400% FPL: 9.5% of income
• Increase the premium contributions for those receiving subsidies annually to reflect the excess of the premium growth over the rate of income growth for 2014-2018.
• Beginning in 2019, further adjust the premium contributions to reflect the excess of premium growth over CPI if aggregate premiums and cost sharing subsidies exceed .54% of GDP.
• Provisions related to the premium and cost-sharing subsidies are effective January 1, 2014.

Cost-sharing subsidies:
• Provide cost-sharing subsidies to eligible individuals and families.
• The cost-sharing credits reduce the cost-sharing amounts and annual cost-sharing limits and have the effect of increasing the actuarial value of the basic benefit plan to the following percentages of the full value of the plan for the specified income level:
  o 100-150% FPL: 94%
  o 150-200% FPL: 87%
  o 200-250% FPL: 73%
  o 250-400% FPL: 70%

Verification:
• Require verification of both income and citizenship status in determining eligibility for the federal premium credits.

Subsidies and abortion coverage:
• Ensure that federal premium or cost-sharing subsidies are not used to purchase coverage for abortion if coverage extends beyond saving the life of the woman or cases of rape or incest (Hyde amendment).
• If an individual who receives federal assistance purchases coverage in a plan that chooses to cover abortion services beyond those for which federal funds are permitted, those federal subsidy funds (for premiums or cost-sharing) must not be used for the purchase of the abortion coverage and must be segregated from private premium payments or state funds.

Premium Subsidies to Employers: Small business tax credits:
• Provide small employers with no more than 25 employees and average annual wages of less than $50,000 that purchase health insurance for employees with a tax credit.
  o Phase I: For tax years 2010 through 2013, provide a tax credit of up to 35% of the employer’s contribution toward the employee’s health insurance premium if the employer contributes at least 50% of the total premium cost or 50% of a benchmark premium. The full credit will be available to employers with 10 or fewer employees and average annual wages of less than $25,000. The credit phases-out as firm size and average wage increases. Tax-exempt small businesses meeting these requirements are eligible for tax credits of up to 25% of the employer’s contribution toward the employee’s health insurance premium.
  o Phase II: For tax years 2014 and later, for eligible small businesses that purchase coverage through the state Exchange, provide a tax credit of up to
50% of the employer’s contribution toward the employee’s health insurance premium if the employer contributes at least 50% of the total premium cost. The credit will be available for two years. The full credit will be available to employers with 10 or fewer employees and average annual wages of less than $25,000. The credit phases-out as firm size and average wage increases. Tax-exempt small businesses meeting these requirements are eligible for tax credits of up to 35% of the employer’s contribution toward the employee’s health insurance premium.

**Reinsurance program**

- Create a temporary reinsurance program for employers providing health insurance coverage to retirees over age 55 who are not eligible for Medicare.
- Program will reimburse employers or insurers for 80% of retiree claims between $15,000 and $90,000.
- Payments from the reinsurance program will be used to lower the costs for enrollees in the employer plan. Appropriate $5 billion to finance the program. (Effective 90 days following enactment through January 1, 2014)

**Tax Changes Related to Health Insurance or Financing Health Reform**

- Impose a tax on individuals without qualifying coverage of the greater of $695 per year up to a maximum of three times that amount or 2.5% of household income to be phased-in beginning in 2014.
- Exclude the costs for over-the-counter drugs not prescribed by a doctor from being reimbursed through an HRA or health FSA and from being reimbursed on a tax-free basis through an HSA or Archer Medical Savings Account. (Effective January 1, 2011)
- Increase the tax on distributions from a health savings account or an Archer MSA that are not used for qualified medical expenses to 20% (from 10% for HSAs and from 15% for Archer MSAs) of the disbursed amount. (Effective January 1, 2011)
- Limit the amount of contributions to a flexible spending account for medical expenses to $2,500 per year increased annually by the cost of living adjustment. (Effective January 1, 2013)
- Increase the threshold for the itemized deduction for unreimbursed medical expenses from 7.5% of adjusted gross income to 10% of adjusted gross income for regular tax purposes; waive the increase for individuals age 65 and older for tax years 2013 through 2016. (Effective January 1, 2013)
- Increase the Medicare Part A (hospital insurance) tax rate on wages by 0.9% (from 1.45% to 2.35%) on earnings over $200,000 for individual taxpayers and $250,000 for married couples filing jointly and impose a 3.8% tax on unearned income for higher-income taxpayers (thresholds are not indexed). (Effective January 1, 2013)
- Impose an excise tax on insurers of employer-sponsored health plans with aggregate values that exceed $10,200 for individual coverage and $27,500 for family coverage (these threshold values will be indexed to the consumer price index for urban consumers (CPI-U) for years beginning in 2020).
• The threshold amounts will be increased for retired individuals age 55 and older who are not eligible for Medicare and for employees engaged in high-risk professions by $1,650 for individual coverage and $3,450 for family coverage.

• The threshold amounts may be adjusted upwards if health care costs rise more than expected prior to implementation of the tax in 2018.

• The threshold amounts will be increased for firms that may have higher health care costs because of the age or gender of their workers.

• The tax is equal to 40% of the value of the plan that exceeds the threshold amounts and is imposed on the issuer of the health insurance policy, which in the case of a self-insured plan is the plan administrator or, in some cases, the employer.

• The aggregate value of the health insurance plan includes reimbursements under a flexible spending account for medical expenses (health FSA) or health reimbursement arrangement (HRA), employer contributions to a health savings account (HSA), and coverage for supplementary health insurance coverage, excluding dental and vision coverage. (Effective January 1, 2018)

• Eliminate the tax deduction for employers who receive Medicare Part D retiree drug subsidy payments. (Effective January 1, 2013)

Tax Changes Related to Health Insurance or Financing Health Reform (continued):

• Impose new annual fees on the pharmaceutical manufacturing sector, according to the following schedule:
  - $2.8 billion in 2012-2013;
  - $3.0 billion in 2014-2016;
  - $4.0 billion in 2017;
  - $4.1 billion in 2018; and
  - $2.8 billion in 2019 and later.

• Impose an annual fee on the health insurance sector, according to the following schedule:
  - $8 billion in 2014;
  - $11.3 billion in 2015-2016;
  - $13.9 billion in 2017;
  - $14.3 billion in 2018
  - For subsequent years, the fee shall be the amount from the previous year increased by the rate of premium growth.

• For non-profit insurers, only 50% of net premiums are taken into account in calculating the fee.

• Exemptions granted for non-profit plans that receive more than 80% of their income from government programs targeting low-income or elderly populations, or people with disabilities, and voluntary employees’ beneficiary associations (VEBAs) not established by an employer. (Effective January 1, 2014)

• Impose an excise tax of 2.3% on the sale of any taxable medical device. (Effective for sales after December 31, 2012)

• Limit the deductibility of executive and employee compensation to $500,000 per applicable individual for health insurance providers. (Effective January 1, 2009)
• Impose a tax of 10% on the amount paid for indoor tanning services. (Effective July 1, 2010)
• Exclude unprocessed fuels from the definition of cellulosic biofuel for purposes of applying the cellulosic biofuel producer credit. (Effective January 1, 2010)
• Clarify application of the economic substance doctrine and increase penalties for underpayments attributable to a transaction lacking economic substance. (Effective upon enactment)

Health Insurance Exchanges: Creation and structure of health insurance exchanges:
• Create state-based American Health Benefit Exchanges and Small Business Health Options Program (SHOP) Exchanges, administered by a governmental agency or non-profit organization, through which individuals and small businesses with up to 100 employees can purchase qualified coverage.
• Permit states to allow businesses with more than 100 employees to purchase coverage in the SHOP Exchange beginning in 2017. States may form regional Exchanges or allow more than one Exchange to operate in a state as long as each Exchange serves a distinct geographic area. (Funding available to states to establish Exchanges within one year of enactment and until January 1, 2015)

Eligibility to purchase in the exchanges:
• Restrict access to coverage through the Exchanges to U.S. citizens and legal immigrants who are not incarcerated.

Public plan option:
• Require the Office of Personnel Management to contract with insurers to offer at least two multi-state plans in each Exchange.
• At least one plan must be offered by a non-profit entity and at least one plan must not provide coverage for abortions beyond those permitted by federal law.
• Each multi-state plan must be licensed in each state and must meet the qualifications of a qualified health plan. If a state has lower age rating requirements than 3:1, the state may require multi-state plans to meet the more protective age rating rules.
• These multi-state plans will be offered separately from the Federal Employees Health Benefit Program and will have a separate risk pool.

Consumer Operated and Oriented Plan: (CO-OP)
• Create the Consumer Operated and Oriented Plan (CO-OP) program to foster the creation of non-profit, member-run health insurance companies in all 50 states and District of Columbia to offer qualified health plans.
• To be eligible to receive funds, an organization must not be an existing health insurer or sponsored by a state or local government, substantially all of its activities must consist of the issuance of qualified health benefit plans in each state in which it is licensed, governance of the organization must be subject to a majority vote of its members, must operate with a strong consumer focus, and any profits must be used to
lower premiums, improve benefits, or improve the quality of health care delivered to its members. (Appropriate $6 billion to finance the program and award loans and grants to establish CO-OPs by July 1, 2013)

**Health Insurance Exchanges (continued): Benefit tiers**

- Create four benefit categories of plans plus a separate catastrophic plan to be offered through the Exchange, and in the individual and small group markets:
  - Bronze plan represents minimum creditable coverage and provides the essential health benefits, cover 60% of the benefit costs of the plan, with an out-of-pocket limit equal to the Health Savings Account (HSA) current law limit ($5,950 for individuals and $11,900 for families in 2010)
  - Silver plan provides the essential health benefits, covers 70% of the benefit costs of the plan, with the HSA out-of-pocket limits
  - Gold plan provides the essential health benefits, covers 80% of the benefit costs of the plan, with the HSA out-of-pocket limits
  - Platinum plan provides the essential health benefits, covers 90% of the benefit costs of the plan, with the HSA out-of-pocket limits
  - Catastrophic plan available to those up to age 30 or to those who are exempt from the mandate to purchase coverage and provides catastrophic coverage only with the coverage level set at the HSA current law levels except that prevention benefits and coverage for three primary care visits would be exempt from the deductible. This plan is only available in the individual market.
- Reduce the out-of-pocket limits for those with incomes up to 400% FPL to the following levels:
  - 100-200% FPL: one-third of the HSA limits ($1,983/individual and $3,967/family)
  - 200-300% FPL: one-half of the HSA limits ($2,975/individual and $5,950/family)
  - 300-400% FPL: two-thirds of the HSA limits ($3,987/individual and $7,973/family)
- These out-of-pocket reductions are applied within the actuarial limits of the plan and will not increase the actuarial value of the plan.

**Insurance market and rating rules:**

- Require guarantee issue and renewability and allow rating variation based only on age (limited to 3 to 1 ratio), premium rating area, family composition, and tobacco use (limited to 1.5: to 1 ratio) in the individual and the small group market and the Exchange.
- Require risk adjustment in the individual and small group markets and in the Exchange. (Effective January 1, 2014)

**Qualifications of participating health plans:**
• Require qualified health plans participating in the Exchange to meet marketing requirements, have adequate provider networks, contract with essential community providers, contract with navigators to conduct outreach and enrollment assistance, be accredited with respect to performance on quality measures, use a uniform enrollment form and standard format to present plan information.

• Require qualified health plans to report information on claims payment policies, enrollment, disenrollment, number of claims denied, cost-sharing requirements, out-of-network policies, and enrollee rights in plain language.

**Requirements of the exchanges:**

• Require the Exchanges to maintain a call center for customer service, and establish procedures for enrolling individuals and businesses and for determining eligibility for tax credits.

• Require states to develop a single form for applying for state health subsidy programs that can be filed online, in person, by mail or by phone.

• Permit Exchanges to contract with state Medicaid agencies to determine eligibility for tax credits in the Exchanges.

• Require Exchanges to submit financial reports to the Secretary and comply with oversight investigations including a GAO study on the operation and administration of Exchanges.

**Basic health plan:**

• Permit states the option to create a Basic Health Plan for uninsured individuals with incomes between 133-200% FPL who would otherwise be eligible to receive premium subsidies in the Exchange.

• States opting to provide this coverage will contract with one or more standard plans to provide at least the essential health benefits and must ensure that eligible individuals do not pay more in premiums than they would have paid in the Exchange and that the cost-sharing requirements do not exceed those of the platinum plan for enrollees with income less than 150% FPL or the gold plan for all other enrollees.

• States will receive 95% of the funds that would have been paid as federal premium and cost-sharing subsidies for eligible individuals to establish the Basic Health Plan. Individuals with incomes between 133-200% FPL in states creating Basic Health Plans will not be eligible for subsidies in the Exchanges.

**Abortion coverage:**

• Permit states to prohibit plans participating in the Exchange from providing coverage for abortions.

• Require plans that choose to offer coverage for abortions beyond those for which federal funds are permitted (to save the life of the woman and in cases of rape or incest) in states that allow such coverage to create allocation accounts for segregating premium payments for coverage of abortion services from premium payments for coverage for all other services to ensure that no federal premium or cost-sharing subsidies are used to pay for the abortion coverage. Plans must also estimate the
actuarial value of covering abortions by taking into account the cost of the abortion benefit (valued at no less than $1 per enrollee per month) and cannot take into account any savings that might be reaped as a result of the abortions.

- Prohibit plans participating in the Exchanges from discriminating against any provider because of an unwillingness to provide, pay for, provide coverage of, or refer for abortions.

**Effective dates:**

- Unless otherwise noted, provisions relating to the American Health Benefit Exchanges are effective January 1, 2014.

**Benefit Design: Essential benefits package:**

- Create an essential health benefits package that provides a comprehensive set of services, covers at least 60% of the actuarial value of the covered benefits, limits annual cost-sharing to the current law HSA limits ($5,950/individual and $11,900/family in 2010), and is not more extensive than the typical employer plan. Require the Secretary to define and annually update the benefit package through a transparent and public process. (Effective January 1, 2014)
- Require all qualified health benefits plans, including those offered through the Exchanges and those offered in the individual and small group markets outside the Exchanges, except grandfathered individual and employer-sponsored plans, to offer at least the essential health benefits package. (Effective January 1, 2014)
- Prohibit abortion coverage from being required as part of the essential health benefits package. (Effective January 1, 2014)

**Changes to Private Insurance: Temporary high-risk pool:**

- Establish a temporary national high-risk pool to provide health coverage to individuals with pre-existing medical conditions. U.S. citizens and legal immigrants who have a pre-existing medical condition and who have been uninsured for at least six months will be eligible to enroll in the high-risk pool and receive subsidized premiums.
- Premiums for the pool will be established for a standard population and may vary by no more than 4 to 1 due to age; maximum cost-sharing will be limited to the current law HSA limit ($5,950/individual and $11,900/family in 2010).
- Appropriate $5 billion to finance the program. (Effective within 90 days of enactment until January 1, 2014)

**Medical loss ratio and premium rate reviews:**

- Require health plans to report the proportion of premium dollars spent on clinical services, quality, and other costs and provide rebates to consumers for the amount of the premium spent on clinical services and quality that is less than 85% for plans in the large group market and 80% for plans in the individual and small group markets. (Requirement to report medical loss ratio effective plan year 2010; requirement to provide rebates effective January 1, 2011)
• Establish a process for reviewing increases in health plan premiums and require plans to justify increases.
• Require states to report on trends in premium increases and recommend whether certain plan should be excluded from the Exchange based on unjustified premium increases.
• Provide grants to states to support efforts to review and approve premium increases. (Effective beginning plan year 2010)

**Administrative simplification:**
• Adopt standards for financial and administrative transactions to promote administrative simplification. (Effective dates vary)

**Dependent coverage:**
• Provide dependent coverage for children up to age 26 for all individual and group policies. (Effective six months following enactment)

**Insurance market rules:**
• Prohibit individual and group health plans from placing lifetime limits on the dollar value of coverage and prohibit insurers from rescinding coverage except in cases of fraud.
• Prohibit pre-existing condition exclusions for children. (Effective six months following enactment)
• Beginning in January 2014, prohibit individual and group health plans from placing annual limits on the dollar value of coverage.
• Prior to January 2014, plans may only impose annual limits on coverage as determined by the Secretary.
• Grandfather existing individual and group plans with respect to new benefit standards, but require these grandfathered plans to extend dependent coverage to adult children up to age 26, prohibit rescissions of coverage, and eliminate waiting periods for coverage of greater than 90 days.
• Require grandfathered group plans to eliminate lifetime limits on coverage and beginning in 2014, eliminate annual limits on coverage. Prior to 2014, grandfathered group plans may only impose annual limits as determined by the Secretary.
• Require grandfathered group plans to eliminate pre-existing condition exclusions for children within six months of enactment and by 2014 for adults. (Effective six months following enactment, except where otherwise specified)
• Impose the same insurance market regulations relating to guarantee issue, premium rating, and prohibitions on pre-existing condition exclusions in the individual market, in the Exchange, and in the small group market. (See new rating and market rules in Creation of insurance pooling mechanism.) (Effective January 1, 2014)
- Require all new policies (except stand-alone dental, vision, and long-term care insurance plans), including those offered through the Exchanges and those offered outside of the Exchanges, to comply with one of the four benefit categories.
- Existing individual and employer-sponsored plans do not have to meet the new benefit standards. (See description of benefit categories in Creation of insurance pooling mechanism.) (Effective January 1, 2014)
- Limit deductibles for health plans in the small group market to $2,000 for individuals and $4,000 for families unless contributions are offered that offset deductible amounts above these limits.
- This deductible limit will not affect the actuarial value of any plans. (Effective January 1, 2014)
- Limit any waiting periods for coverage to 90 days. (Effective January 1, 2014)
- Create a temporary reinsurance program to collect payments from health insurers in the individual and group markets to provide payments to plans in the individual market that cover high-risk individuals.
- Finance the reinsurance program through mandatory contributions by health insurers totaling $25 billion over three years. (Effective January 1, 2014 through December 2016)
- Allow states the option of merging the individual and small group markets. (Effective January 1, 2014)

**Consumer protections:**
- Establish an internet website to help residents identify health coverage options (effective July 1, 2010) and develop a standard format for presenting information on coverage options (effective 60 days following enactment).
- Develop standards for insurers to use in providing information on benefits and coverage. (Standards developed within 12 months following enactment; insurer must comply with standards within 24 months following enactment)

**Health care choice compacts and national plans:**
- Permit states to form health care choice compacts and allow insurers to sell policies in any state participating in the compact.
- Insurers selling policies through a compact would only be subject to the laws and regulations of the state where the policy is written or issued, except for rules pertaining to market conduct, unfair trade practices, network adequacy, and consumer protections.
- Compacts may only be approved if it is determined that the compact will provide coverage that is at least as comprehensive and affordable as coverage provided through the state Exchanges. (Regulations issued by July 1, 2013, compacts may not take effect before January 1, 2016)

**Health insurance administration:**
• Establish the Health Insurance Reform Implementation Fund within the Department of Health and Human Services and allocate $1 billion to implement health reform policies.

State role:
• Create an American Health Benefit Exchange and a Small Business Health Options Program (SHOP) Exchange for individuals and small businesses and provide oversight of health plans with regard to the new insurance market regulations, consumer protections, rate reviews, solvency, reserve fund requirements, premium taxes, and to define rating areas.
• Enroll newly eligible Medicaid beneficiaries into the Medicaid program no later than January 2014 (states have the option to expand enrollment beginning in 2011), coordinate enrollment with the new Exchanges, and implement other specified changes to the Medicaid program. Maintain current Medicaid and CHIP eligibility levels for children until 2019 and maintain current Medicaid eligibility levels for adults until the Exchange is fully operational.
• A state will be exempt from the maintenance of effort requirement for non-disabled adults with incomes above 133% FPL for any year from January 2011 through December 31, 2013 if the state certifies that it is experiencing a budget deficit or will experience a deficit in the following year.
• Establish an office of health insurance consumer assistance or an ombudsman program to serve as an advocate for people with private coverage in the individual and small group markets. (Federal grants available beginning fiscal year 2010)
• Permit states to create a Basic Health Plan for uninsured individuals with incomes between 133% and 200% FPL in lieu of these individuals receiving premium subsidies to purchase coverage in the Exchanges. (Effective January 1, 2014)
• Permit states to obtain a five-year waiver of certain new health insurance requirements if the state can demonstrate that it provides health coverage to all residents that is at least as comprehensive as the coverage required under an Exchange plan and that the state plan does not increase the federal budget deficit. (Effective January 1, 2017)

Cost Containment Administrative simplification:
• Simplify health insurance administration by adopting a single set of operating rules for eligibility verification and claims status (rules adopted July 1, 2011; effective January 1, 2013), electronic funds transfers and health care payment and remittance (rules adopted July 1, 2012; effective January 1, 2014), and health claims or equivalent encounter information, enrollment and disenrollment in a health plan, health plan premium payments, and referral certification and authorization (rules adopted July 1, 2014; effective January 1, 2016).
• Health plans must document compliance with these standards or face a penalty of no more than $1 per covered life. (Effective April 1, 2014)

Medicare:
- Restructure payments to Medicare Advantage (MA) plans by setting payments to different percentages of Medicare fee-for-service (FFS) rates, with higher payments for areas with low FFS rates and lower payments (95% of FFS) for areas with high FFS rates.
- Phase-in revised payments over 3 years beginning in 2011, for plans in most areas, with payments phased-in over longer periods (4 years and 6 years) for plans in other areas.
- Provide bonuses to plans receiving 4 or more stars, based on the current 5-star quality rating system for Medicare Advantage plans, beginning in 2012; qualifying plans in qualifying areas receive double bonuses.
- Modify rebate system with rebates allocated based on a plan’s quality rating.
- Phase-in adjustments to plan payments for coding practices related to the health status of enrollees, with adjustments equaling 5.7% by 2019.
- Cap total payments, including bonuses, at current payment levels.
- Require Medicare Advantage plans to remit partial payments to the Secretary if the plan has a medical loss ratio of less than 85%, beginning 2014.
- Require the Secretary to suspend plan enrollment for 3 years if the medical loss ratio is less than 85% for 2 consecutive years and to terminate the plan contract if the medical loss ratio is less than 85% for 5 consecutive years.
- Reduce annual market basket updates for inpatient hospital, home health, skilled nursing facility, hospice and other Medicare providers, and adjust for productivity. (Effective dates vary)
- Freeze the threshold for income-related Medicare Part B premiums for 2011 through 2019, and reduce the Medicare Part D premium subsidy for those with incomes above $85,000/individual and $170,000/ couple. (Effective January 1, 2011)
- Establish an Independent Payment Advisory Board comprised of 15 members to submit legislative proposals containing recommendations to reduce the per capita rate of growth in Medicare spending if spending exceeds a target growth rate.
- Beginning April 2013, require the Chief Actuary of CMS to project whether Medicare per capita spending exceeds the average of CPI-U and CPI-M, based on a five year period ending that year. If so, beginning January 15, 2014, the Board will submit recommendations to achieve reductions in Medicare spending.
- Beginning January 2018, the target is modified such that the board submits recommendations if Medicare per capita spending exceeds GDP per capita plus one percent. The Board will submit proposals to the President and Congress for immediate consideration.
- The Board is prohibited from submitting proposals that would ration care, increase revenues or change benefits, eligibility or Medicare beneficiary cost sharing (including Parts A and B premiums), or would result in a change in the beneficiary premium percentage or low-income subsidies under Part D.
- Hospitals and hospices (through 2019) and clinical labs (for one year) will not be subject to cost reductions proposed by the Board.
• The Board must also submit recommendations every other year to slow the growth in national health expenditures while preserving quality of care by January 1, 2015.
• Reduce Medicare Disproportionate Share Hospital (DSH) payments initially by 75% and subsequently increase payments based on the percent of the population uninsured and the amount of uncompensated care provided (Effective fiscal year 2014)
• Eliminate the Medicare Improvement Fund. (Effective upon enactment)
• Allow providers organized as accountable care organizations (ACOs) that voluntarily meet quality thresholds to share in the cost savings they achieve for the Medicare program.
• To qualify as an ACO, organizations must agree to be accountable for the overall care of their Medicare beneficiaries, have adequate participation of primary care physicians, define processes to promote evidence-based medicine, report on quality and costs, and coordinate care. (Shared savings program established January 1, 2012)
• Create an Innovation Center within the Centers for Medicare and Medicaid Services to test, evaluate, and expand in Medicare, Medicaid, and CHIP different payment structures and methodologies to reduce program expenditures while maintaining or improving quality of care.
• Payment reform models that improve quality and reduce the rate of cost growth could be expanded throughout the Medicare, Medicaid, and CHIP programs. (Effective January 1, 2011)
• Reduce Medicare payments that would otherwise be made to hospitals by specified percentages to account for excess (preventable) hospital readmissions. (Effective October 1, 2012)
• Reduce Medicare payments to certain hospitals for hospital-acquired conditions by 1%. (Effective fiscal year 2015)

Medicaid:
• Increase the Medicaid drug rebate percentage for brand name drugs to 23.1 (except the rebate for clotting factors and drugs approved exclusively for pediatric use increases to 17.1%); increase the Medicaid rebate for non-innovator, multiple source drugs to 13% of average manufacturer price. (Effective January 1, 2010)
• Extend the drug rebate to Medicaid managed care plans. (Effective upon enactment)
• Reduce aggregate Medicaid DSH allotments by $.5 billion in 2014, $.6 billion in 2015, $.6 billion in 2016, $1.8 billion in 2017, $5 billion in 2018, $5.6 billion in 2019, and $4 billion in 2020.
• Require the Secretary to develop a methodology to distribute the DSH reductions in a manner that imposes the largest reduction in DSH allotments for states with the lowest percentage of uninsured or those that do not target DSH payments, imposes smaller reductions for low-DSH states, and accounts for DSH allotments used for 1115 waivers. (Effective October 1, 2011)
• Prohibit federal payments to states for Medicaid services related to health care acquired conditions. (Effective July 1, 2011)
Prescription drugs:
- Authorize the Food and Drug Administration to approve generic versions of biologic drugs and grant biologics manufacturers 12 years of exclusive use before generics can be developed. (Effective upon enactment)

Waste, fraud, and abuse:
- Reduce waste, fraud, and abuse in public programs by allowing provider screening, enhanced oversight periods for new providers and suppliers, including a 90-day period of enhanced oversight for initial claims of DME suppliers, and enrollment moratoria in areas identified as being at elevated risk of fraud in all public programs, and by requiring Medicare and Medicaid program providers and suppliers to establish compliance programs.
- Develop a database to capture and share data across federal and state programs, increase penalties for submitting false claims, strengthen standards for community mental health centers and increase funding for anti-fraud activities. (Effective dates vary)

Improving Quality/Health System Performance: Comparative effectiveness research:
- Support comparative effectiveness research by establishing a non-profit Patient-Centered Outcomes Research Institute to identify research priorities and conduct research that compares the clinical effectiveness of medical treatments.
- The Institute will be overseen by an appointed multi-stakeholder Board of Governors and will be assisted by expert advisory panels.
- Findings from comparative effectiveness research may not be construed as mandates, guidelines, or recommendations for payment, coverage, or treatment or used to deny coverage. (Funding available beginning fiscal year 2010) Terminate the Federal Coordinating Council for Comparative Effectiveness Research that was founded under the American Recovery and Reinvestment Act. (Effective upon enactment)

Medical malpractice:
- Award five-year demonstration grants to states to develop, implement, and evaluate alternatives to current tort litigations.
- Preference will be given to states that have developed alternatives in consultation with relevant stakeholders and that have proposals that are likely to enhance patient safety by reducing medical errors and adverse events and are likely to improve access to liability insurance. (Funding appropriated for five years beginning in fiscal year 2011)

Medicare:
- Establish a national Medicare pilot program to develop and evaluate paying a bundled payment for acute, inpatient hospital services, physician services, outpatient hospital
services, and post-acute care services for an episode of care that begins three days prior to a hospitalization and spans 30 days following discharge.

- If the pilot program achieves stated goals of improving or not reducing quality and reducing spending, develop a plan for expanding the pilot program. (Establish pilot program by January 1, 2013; expand program, if appropriate, by January 1, 2016)
- Create the Independence at Home demonstration program to provide high-need Medicare beneficiaries with primary care services in their home and allow participating teams of health professionals to share in any savings if they reduce preventable hospitalizations, prevent hospital readmissions, improve health outcomes, improve the efficiency of care, reduce the cost of health care services, and achieve patient satisfaction. (Effective January 1, 2012)
- Establish a hospital value-based purchasing program in Medicare to pay hospitals based on performance on quality measures and extend the Medicare physician quality reporting initiative beyond 2010. (Effective October 1, 2012)
- Develop plans to implement value-based purchasing programs for skilled nursing facilities, home health agencies, and ambulatory surgical centers. (Reports to Congress due January 1, 2011)

**Dual eligibles:**

- Improve care coordination for dual eligibles by creating a new office within the Centers for Medicare and Medicaid services, the Federal Coordinated Health Care Office, to more effectively integrate Medicare and Medicaid benefits and improve coordination between the federal government and states in order to improve access to and quality of care and services for dual eligibles. (Effective March 1, 2010)

**Medicaid:**

- Create a new Medicaid state plan option to permit Medicaid enrollees with at least two chronic conditions, one condition and risk of developing another, or at least one serious and persistent mental health condition to designate a provider as a health home.
- Provide states taking up the option with 90% FMAP for two years. (Effective January 1, 2011)
- Create new demonstration projects in Medicaid to pay bundled payments for episodes of care that include hospitalizations (effective January 1, 2012 through December 31, 2016); to make global capitated payments to safety net hospital systems (effective fiscal years 2010 through 2012); to allow pediatric medical providers organized as accountable care organizations to share in cost-savings (effective January 1, 2012 through December 31, 2016); and to provide Medicaid payments to institutions of mental disease for adult enrollees who require stabilization of an emergency condition (effective October 1, 2011 through December 31, 2015).
- Expand the role of the Medicaid and CHIP Payment and Access Commission to include assessments of adult services (including those dually eligible for Medicare and Medicaid). ($11 million in additional funds appropriated for fiscal year 2010)
Primary care:
- Increase Medicaid payments in fee-for-service and managed care for primary care services provided by primary care doctors (family medicine, general internal medicine or pediatric medicine) to 100% of the Medicare payment rates for 2013 and 2014.
- States will receive 100% federal financing for the increased payment rates. (Effective January 1, 2013)
- Provide a 10% bonus payment to primary care physicians in Medicare from 2011 through 2015. (Effective for five years beginning January 1, 2011)

National quality strategy:
- Develop a national quality improvement strategy that includes priorities to improve the delivery of health care services, patient health outcomes, and population health. Create processes for the development of quality measures involving input from multiple stakeholders and for selecting quality measures to be used in reporting to and payment under federal health programs. (National strategy due to Congress by January 1, 2011)
- Establish the Community-based Collaborative Care Network Program to support consortiums of health care providers to coordinate and integrate health care services, for low-income uninsured and underinsured populations. (Funds appropriated for five years beginning in FY 2011)

Financial disclosure:
- Require disclosure of financial relationships between health entities, including physicians, hospitals, pharmacists, other providers, and manufacturers and distributors of covered drugs, devices, biologicals, and medical supplies. (Report due to Congress April 1, 2013)

Disparities:
- Require enhanced collection and reporting of data on race, ethnicity, sex, primary language, disability status, and for underserved rural and frontier populations.
- Also require collection of access and treatment data for people with disabilities.
- Require the Secretary to analyze the data to monitor trends in disparities. (Effective two years following enactment)

Prevention/Wellness National strategy:
- Establish the National Prevention, Health Promotion and Public Health Council to coordinate federal prevention, wellness, and public health activities.
- Develop a national strategy to improve the nation’s health. (Strategy due one year following enactment)
- Create a Prevention and Public Health Fund to expand and sustain funding for prevention and public health programs. (Initial appropriation in fiscal year 2010)
• Create task forces on Preventive Services and Community Preventive Services to develop, update, and disseminate evidenced-based recommendations on the use of clinical and community prevention services. (Effective upon enactment)
• Establish a Prevention and Public Health Fund for prevention, wellness, and public health activities including prevention research and health screenings, the Education and Outreach Campaign for preventive benefits, and immunization programs.
• Appropriate $7 billion in funding for fiscal years 2010 through 2015 and $2 billion for each fiscal year after 2015. (Effective fiscal year 2010)
• Establish a grant program to support the delivery of evidence-based and community-based prevention and wellness services aimed at strengthening prevention activities, reducing chronic disease rates and addressing health disparities, especially in rural and frontier areas. (Funds appropriated for five years beginning in FY 2010)

Coverage of preventive services:
• Improve prevention by covering only proven preventive services and eliminating cost-sharing for preventive services in Medicare and Medicaid. (Effective January 1, 2011)
• For states that provide Medicaid coverage for and remove cost-sharing for preventive services recommended by the US Preventive Services Task Force and recommended immunizations, provide a one percentage point increase in the FMAP for these services. Increase Medicare payments for certain preventive services to 100% of actual charges or fee schedule rates. (Effective January 1, 2011)
• Provide Medicare beneficiaries access to a comprehensive health risk assessment and creation of a personalized prevention plan. (Health risk assessment model developed within 18 months following enactment)
• Provide incentives to Medicare and Medicaid beneficiaries to complete behavior modification programs. (Effective January 1, 2011 or when program criteria is developed, whichever is first)
• Require Medicaid coverage for tobacco cessation services for pregnant women. (Effective October 1, 2010)
• Require qualified health plans to provide at a minimum coverage without cost-sharing for preventive services rated A or B by the U.S. Preventive Services Task Force, recommended immunizations, preventive care for infants, children, and adolescents, and additional preventive care and screenings for women. (Effective six months following enactment)

Wellness programs:
• Provide grants for up to five years to small employers that establish wellness programs. (Funds appropriated for five years beginning in fiscal year 2011)
• Provide technical assistance and other resources to evaluate employer-based wellness programs.
• Conduct a national worksite health policies and programs survey to assess employer-based health policies and programs. (Conduct study within two years following enactment)
• Permit employers to offer employees rewards—in the form of premium discounts, waivers of cost-sharing requirements, or benefits that would otherwise not be provided—of up to 30% of the cost of coverage for participating in a wellness program and meeting certain health-related standards.
• Employers must offer an alternative standard for individuals for whom it is unreasonably difficult or inadvisable to meet the standard.
• The reward limit may be increased to 50% of the cost of coverage if deemed appropriate. (Effective January 1, 2014)
• Establish 10-state pilot programs by July 2014 to permit participating states to apply similar rewards for participating in wellness programs in the individual market and expand demonstrations in 2017 if effective.
• Require a report on the effectiveness and impact of wellness programs. (Report due three years following enactment)

**Nutritional information:**
• Require chain restaurants and food sold from vending machines to disclose the nutritional content of each item. (Proposed regulations issued within one year of enactment)

**Long-term Care: CLASS Act:**
• Establish a national, voluntary insurance program for purchasing community living assistance services and supports (CLASS program).
• Following a five-year vesting period, the program will provide individuals with functional limitations a cash benefit of not less than an average of $50 per day to purchase nonmedical services and supports necessary to maintain community residence.
• The program is financed through voluntary payroll deductions: all working adults will be automatically enrolled in the program, unless they choose to opt-out. (Effective January 1, 2011)

**Medicaid:**
• Extend the Medicaid Money Follows the Person Rebalancing Demonstration program through September 2016 (effective 30 days following enactment) and allocate $10 million per year for five years to continue the Aging and Disability Resource Center initiatives (funds appropriated for fiscal years 2010 through 2014).
• Provide states with new options for offering home and community-based services through a Medicaid state plan rather than through a waiver for individuals with incomes up to 300% of the maximum SSI payment and who have a higher level of need and permit states to extend full Medicaid benefits to individual receiving home and community-based services under a state plan. (Effective October 1, 2010)
• Establish the Community First Choice Option in Medicaid to provide community-based attendant supports and services to individuals with disabilities who require an institutional level of care.
• Provide states with an enhanced federal matching rate of an additional six percentage points for reimbursable expenses in the program. Sunset the option after five years. (Effective October 1, 2011)
• Create the State Balancing Incentive Program to provide enhanced federal matching payments to eligible states to increase the proportion of non-institutionally-based long-term care services. Selected states will be eligible for FMAP increases for medical assistance expenditures for non-institutionally based long-term services and supports. (Effective October 1, 2011 through September 30, 2015)

**Skilled nursing facility requirements:**
• Require skilled nursing facilities under Medicare and nursing facilities under Medicaid to disclose information regarding ownership, accountability requirements, and expenditures.
• Publish standardized information on nursing facilities to a website so Medicare enrollees can compare the facilities. (Effective dates vary)

**Other Investments: Medicare:**
• Make improvements to the Medicare program:
  o Provide a $250 rebate to Medicare beneficiaries who reach the Part D coverage gap in 2010 (Effective January 1, 2010)
  o Phase down gradually the beneficiary coinsurance rate in the Medicare Part D coverage gap from 100% to 25% by 2020:
    • For brand-name drugs, require pharmaceutical manufacturers to provide a 50% discount on prescriptions filled in the Medicare Part D coverage gap beginning in 2011, in addition to federal subsidies of 25% of the brand-name drug cost by 2020 (phased in beginning in 2013)
    • For generic drugs, provide federal subsidies of 75% of the generic drug cost by 2020 for prescriptions filled in the Medicare Part D coverage gap (phased in beginning in 2011)
  o Between 2014 and 2019, reduce the out-of-pocket amount that qualifies an enrollee for catastrophic coverage:
    • Make Part D cost-sharing for full-benefit dual eligible beneficiaries receiving home and community-based care services equal to the cost-sharing for those who receive institutional care (Effective no earlier than January 1, 2012)
    • Expand Medicare coverage to individuals who have been exposed to environmental health hazards from living in an area subject to an emergency declaration made as of June 17, 2009 and have developed certain health conditions as a result (Effective upon enactment)
    • Provide a 10% bonus payment to primary care physicians and to general surgeons practicing in health professional shortage areas, from 2011 through 2015
    • Provide payments totaling $400 million in fiscal years 2011 and 2012 to qualifying hospitals in counties with the lowest quartile Medicare spending
Prohibit Medicare Advantage plans from imposing higher cost-sharing requirements for some Medicare covered benefits than is required under the traditional fee-for-service program. (Effective January 1, 2011)

**Workforce:**

- Improve workforce training and development:
  - Establish a multi-stakeholder Workforce Advisory Committee to develop a national workforce strategy. (Appointments made by September 30, 2010)
  - Increase the number of Graduate Medical Education (GME) training positions by redistributing currently unused slots, with priorities given to primary care and general surgery and to states with the lowest resident physician-to-population ratios (effective July 1, 2011)
  - Increase flexibility in laws and regulations that govern GME funding to promote training in outpatient settings (effective July 1, 2010)
  - Ensure the availability of residency programs in rural and underserved areas.
  - Establish Teaching Health Centers, defined as community-based, ambulatory patient care centers, including federally qualified health centers and other federally-funded health centers that are eligible for Medicare payments for the expenses associated with operating primary care residency programs. (Initial appropriation in fiscal year 2010)
  - Increase workforce supply and support training of health professionals through scholarships and loans
  - Support primary care training and capacity building; provide state grants to providers in medically underserved areas
  - Train and recruit providers to serve in rural areas
  - Establish a public health workforce loan repayment program
  - Provide medical residents with training in preventive medicine and public health
  - Promote training of a diverse workforce; and promote cultural competence training of health care professionals. (Effective dates vary)
  - Support the development of interdisciplinary mental and behavioral health training programs (effective fiscal year 2010)
  - Establish a training program for oral health professionals. (Funds appropriated for six years beginning in fiscal year 2010)
  - Address the projected shortage of nurses and retention of nurses by increasing the capacity for education, supporting training programs, providing loan repayment and retention grants, and creating a career ladder to nursing. (Initial appropriation in fiscal year 2010)
  - Provide grants for up to three years to employ and provide training to family nurse practitioners who provide primary care in federally qualified health centers and nurse-managed health clinics. (Funds appropriated for five years beginning in fiscal year 2011)
  - Support the development of training programs that focus on primary care models such as medical homes, team management of chronic disease, and
those that integrate physical and mental health services. (Funds appropriated for five years beginning in fiscal year 2

**Community health centers and school-based health centers:**
- Improve access to care by increasing funding by $11 billion for community health centers and the National Health Service Corps over five years (effective fiscal year 2011)
- Establishing new programs to support school-based health centers (effective fiscal year 2010) and nurse-managed health clinics (effective fiscal year 2010).

**Trauma care:**
- Establish a new trauma center program to strengthen emergency department and trauma center capacity.
- Fund research on emergency medicine, including pediatric emergency medical research, and develop demonstration programs to design, implement, and evaluate innovative models for emergency care systems. (Funds appropriated beginning in fiscal year 2011)

**Public health and disaster preparedness:**
- Establish a commissioned Regular Corps and a Ready Reserve Corps for service in time of a national emergency. (Funds appropriated for five years beginning in fiscal year 2010)

**Requirements for non-profit hospitals:**
- Impose additional requirements on non-profit hospitals to conduct a community needs assessment every three years and adopt an implementation strategy to meet the identified needs, adopt and widely publicize a financial assistance policy that indicates whether free or discounted care is available and how to apply for the assistance, limit charges to patients who qualify for financial assistance to the amount generally billed to insured patients, and make reasonable attempts to determine eligibility for financial assistance before undertaking extraordinary collection actions. Impose a tax of $50,000 per year for failure to meet these requirements. (Effective for taxable years following enactment)

**American Indians:**
- Reauthorize and amend the Indian Health Care Improvement Act. (Effective upon enactment)

**Financing Coverage:**
- The Congressional Budget Office (CBO) estimates the new health reform law will provide coverage to an additional 32 million when fully implemented in 2019 through a combination of the newly created Exchanges and the Medicaid expansion.
- CBO estimates the cost of the coverage components of the new law to be $938 billion over ten years.
• These costs are financed through a combination of savings from Medicare and Medicaid and new taxes and fees, including an excise tax on high-cost insurance, which CBO estimates will raise $32 billion over ten years.
• CBO also estimates that the health reform law will reduce the deficit by $124 billion over ten years.

Sources of information: www démocraticleader. house.gov/